

Molina Healthcare of Iowa

New Provider Monthly Onboarding Education

Updated: August 2024



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Welcome to Molina Healthcare of Iowa



On behalf of all of us at Molina Healthcare of Iowa, we are pleased to welcome you to our provider network and our health plan. As some of you know, Molina Healthcare is a national, for-profit company that serves more than 5 million members across 20 states. While our scope is vast, we also have strong local roots in Iowa.

This presentation will give you a high-level explanation of who we are and how best we can partner with you to care for our members, our patients. We look forward to years of serving both you and your patients!

Sincerely,

Jennifer Vermeer
President/CEO

Timothy Gutshall, M.D.
Chief Medical Officer

Claims Update



Claims and EFT Update

➤ Claims and Billing Updates

1. Adjudication Information

- Extensive review of claims before finalizing
- We conduct DAILY check runs

2. Top Rejection Issues

- Taxonomy in Box 33b
- Nine Digit Zip code (no hyphen)

3. Important Reminders

- Ambulatory Surgical Centers (ASC) need to bill on a valid claim form (HCFA 1500)
- FQHC's and RHC's
 - Claims **should not include** rendering practitioner NPI when submitting for encounters
 - Missing encounter code T1015 on encounter claim submissions
- Individual CDAC providers should have received payment and if not, contact the member's case manager or Call our Provider Services Contact Center: (844) 236-1464

➤ ERA/EFT Updates



Important Reminders

- Ensure you are signing up for the **FREE** ERA/EFT service; there is **NO CHARGE** for EFT with Molina
- To register with Change Healthcare/ECHO Health, go to [ECHO Enrollment](#)
- **Questions?** Call ECHO Health at **(888) 834-3511** or email edi@echohealthinc.com

➤ Molina System Configuration Updates

- To keep up to date on configuration updates and timelines for resolution, go here: [Molina Iowa Weekly Configuration Log](#)

Electronic Payment Requirement

Participating providers are encouraged to enroll in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Providers enrolled in EFT payments will automatically receive ERAs as well. EFT/ERA services give providers the ability to reduce paperwork, utilize searchable ERAs, and receive payment and ERA access faster than the paper check and remittance advice (RA) processes.

There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll. Molina uses a vendor to facilitate the HIPAA compliant EFT payment and ERA delivery processes.

Molina contracts with our payment vendor, ECHO Health, Inc. You may contact ECHO Customer Service at (888) 834-3511 or edi@echohealthinc.com

Electronic Payment Requirement



1 Once you have enrolled for electronic payments, you will receive the associated ERAs from ECHO with the Molina Payer ID. **Please ensure that your Practice Management System is updated to accept the Payer ID referenced below.** All will be accessible to download here: www.providerpayments.com

2 ECHO has a Customer Services team available to assist with this transition. Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Customer Services team at [\(888\) 834-3511](tel:8888343511).

3 Molina's Payer ID: MLNIA

4 Once your account is activated, you will begin receiving all payments through EFT, and **you will no longer receive a paper explanation of payment (EOP) (i.e., Remittance) through the mail.** You will receive 835s (by your selection of routing or via manual download) and can view, print, download and save historical and new ERAs with a two-year lookback.

5 Additional instructions on how to register are here: [ECHO Enrollment](#)

Claims Submission Options

- Molina requests that contracted providers **submit all claims electronically**.
- These are submitted via a clearinghouse using the EDI process.
- The [Availity Provider Portal](#) is available *free of charge* and allows for attachments to be included.

- Via your regular Clearinghouse - Providers may use the Clearinghouse of their choosing. (Note that fees may apply).
- **SSI** is Molina Healthcare's chosen clearinghouse.
- When submitting EDI Claims (**via a clearinghouse**) to Molina Healthcare, providers must use the applicable payor ID: **#MLNIA**

Claims Processing Standards

These standards must be met on a **monthly basis**:

- Over 90% of *clean claims* received by Molina from our health plan network providers are processed within **30 calendar days**.
- 100% of *clean claims* are processed within **90 working days**.

EDI Claim Submission Issues:

- Providers can submit an email to EDI.Claims@molinahealthcare.com.

Availity Essentials



Availity Essentials

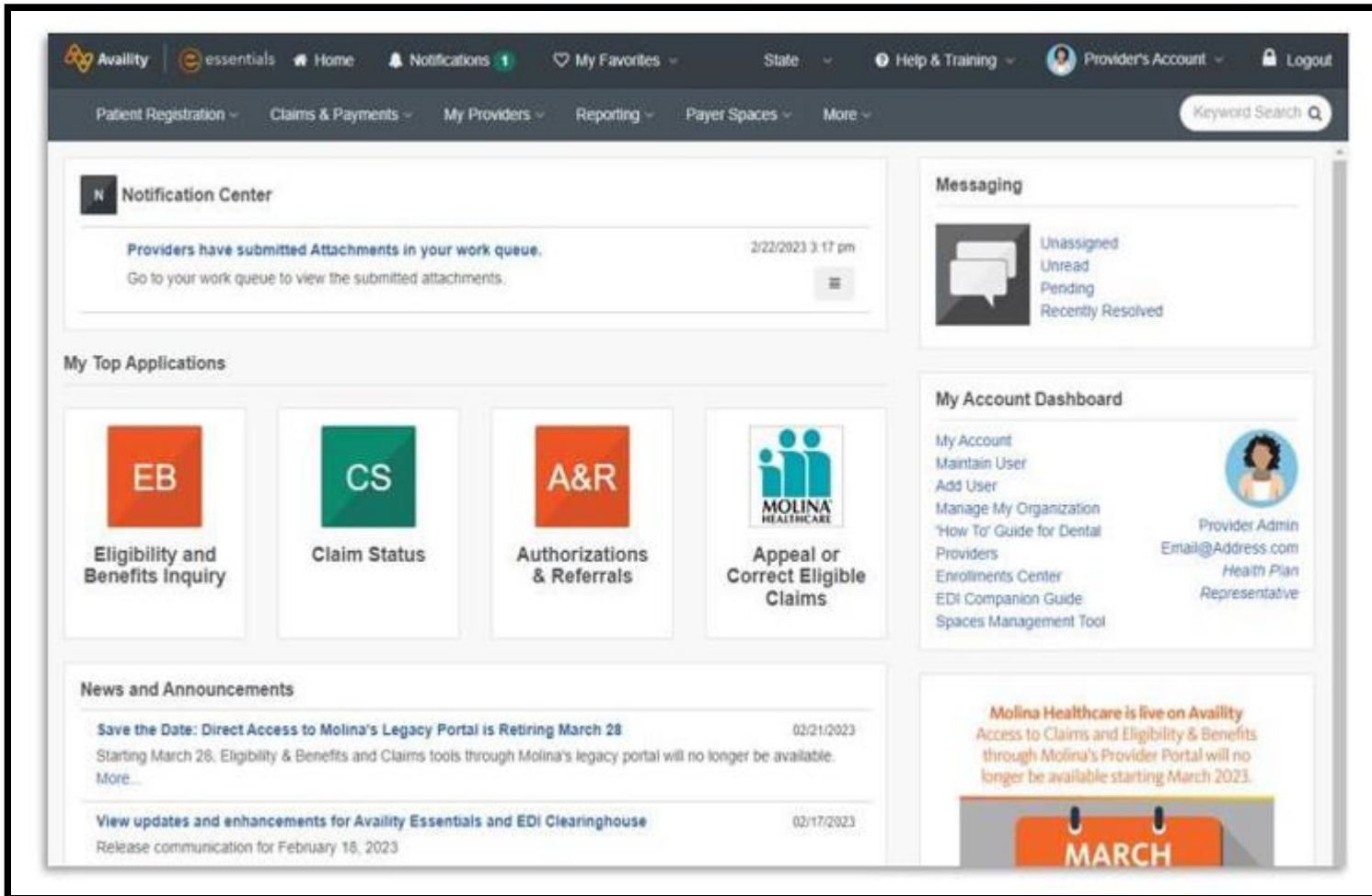
Availity Essentials portal:

Participating providers are encouraged to use the Availity Essentials portal for prior authorization submissions whenever possible. Instructions for how to submit a prior authorization request are available on the Availity Essentials portal:
<https://availity.com/molinahealthcare>

The benefits of submitting your prior authorization request through the Availity Essentials portal are:

- ❖ Create and submit Prior Authorization Requests
- ❖ Check status of Authorization Requests
- ❖ Access dashboard where you can easily see your authorizations and the status update.
- ❖ Attach medical documentation required for timely medical review and decision making

Availity Registration



Organization Registration Resource:

<http://www.availity.com/registration-tips>

Availity Payor ID: MLNIA

Availity Payor Name: Molina Healthcare of Iowa

Services Offered by Availity and Molina:

- Claim Submission/Resubmission
- Self service member eligibility
- Provider searches
- Submit requests for authorizations
- Submit claims
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information

Availity Update

➤ Availity Troubleshooting

Remittance Viewer

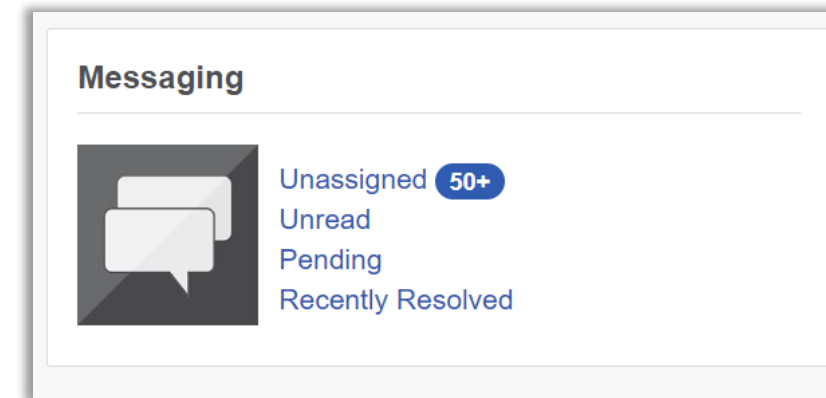
- To view remittances, please authenticate your organization
- How-To Webinar available in the remittance viewer

Availity Access

- Be sure to check in with your organization's Availity admin to manage your access

Get logged in to our Portal:

- Availity Essentials: [Molina Provider Portal](#)
- Inquire via 'Secure Claims Messaging' or 'Claims Inquiry Tool'
- For further assistance, call Availity Help Desk:
1-800-282-4548 / 7am – 7pm CST / Monday - Friday



Recoupments & Overpayments



Recoupments

➤ Important Updates



Molina adjustments appear as ‘full claim takeback adjustment’ (original claim ID with suffix “R#” followed by a new claim with suffix “A#”).



Molina uses a “backout and replace” claims system.



Refunds applied appear as ‘recoupments/offsets’, but are reflected by a refund amount on the EOP/825 which “nets” against the takeback claim in the amount of the refund.



Please log in to [Availity Essentials](#) to see all overpayment letters. This is where you can also dispute, agree to recoup, etc. in the portal directly.

Availity Overpayment Feature

- Availity and Molina Healthcare have developed a better way to help provider offices manage overpayments in the provider portal. This functionality is **live** in [Availity Essentials](#).

View the status and details of any claims that Molina has identified an overpayment

Request additional information, and dispute or resolve the overpayment

Upload documents and use the conversation feature within the tool



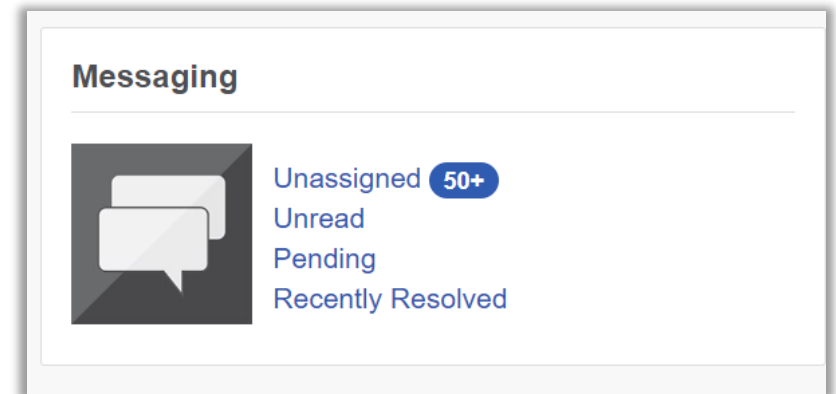
Availity: Overpayment Tool

➤ Availity Access

- To use the overpayments application, your organization's Availity administrator must assign the **Claim Status** and **Claims Overpayment Recovery** roles to your user account.
- Contact your administrator(s) to get more or different permissions.

➤ Highlights and Insights

- In My Account Dashboard, click **My Account > Organizations > Open My Administrators** to find administrators for your business.

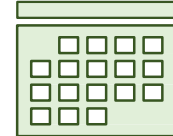


Claims Submission – Timely Filing

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

All claims shall be submitted electronically, and include medical records pertaining to the claim if requested by Molina Healthcare



Out-of-network providers = 365 calendar days after discharge from Date of Service

Corrected Claims = 365 calendar days from the last adjudication date for up to 2 years from Date of Service

Claims Submission and Disputes

Corrected Claims

- Corrected claims are considered **new claims** and may be submitted electronically via the [Availity Provider Portal](#), or through an EDI clearinghouse.
- Correct and Void claims must be submitted with a valid Molina Claim ID. If the ICN is blank, or does not contain a Molina Claim ID, the claim will be rejected. **277 Remark Code:**

Category Code	Status Code	Status Code Description	Entity Code	Entity code description	Error description
A3	748	Missing incomplete/invalid payer claim control number. Corrected	n/a	n/a	Invalid/Missing Original ClaimID

Claims Disputes/Adjustments

- Providers seeking a redetermination of a claim previously adjudicated must request such action within **one hundred-eighty (180) days** of Molina Healthcare's original remittance advice date.
- Additionally, any claim(s) dispute requests (including denials) should be submitted to Molina Healthcare using the standard claims reconsideration review form (CRRF). This form can be found on the provider website.

Claims Disputes & Reconsiderations

Providers are encouraged to submit claim disputes electronically, using the Availity Essentials portal.

The item(s) being resubmitted should be clearly marked as reconsideration and must include the following documentation:

- Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the reconsideration request.
- The Claim number clearly marked on all supporting documents.

Claim reconsiderations shall be submitted at:

Availity Essentials portal:

<https://availity.com/Essentials>

Fax:

(855) 275-3082



Provider Escalation Process Update



Provider Escalation Steps

1

Call Provider Services Contact Center

(844) 236-1464

7:30 am – 6:00 pm, M-F

2

Contact Availability

- Availability Essentials: [Molina Provider Portal](#)
- Provider can inquire via **Secure Claims Messaging** or **Claims Inquiry Tool**

3

Reach out to your Provider Services Rep

- View our map to locate your county's rep: [Molina IA Rep Map](#)
- Email the provider relations general box: IAProviderRelations@MolinaHealthcare.com

4

Contact Health Plan Leadership

Angela Schmidt – Manager, Provider Relations:
Angela.Schmidt@MolinaHealthcare.com
Rondine Anderson – Director, Provider Relations:
Rondine.Anderson@MolinaHealthcare.com

Provider Relations Rep Map

- [Molina IA Rep Map Link](#)

Health Systems Contacts:

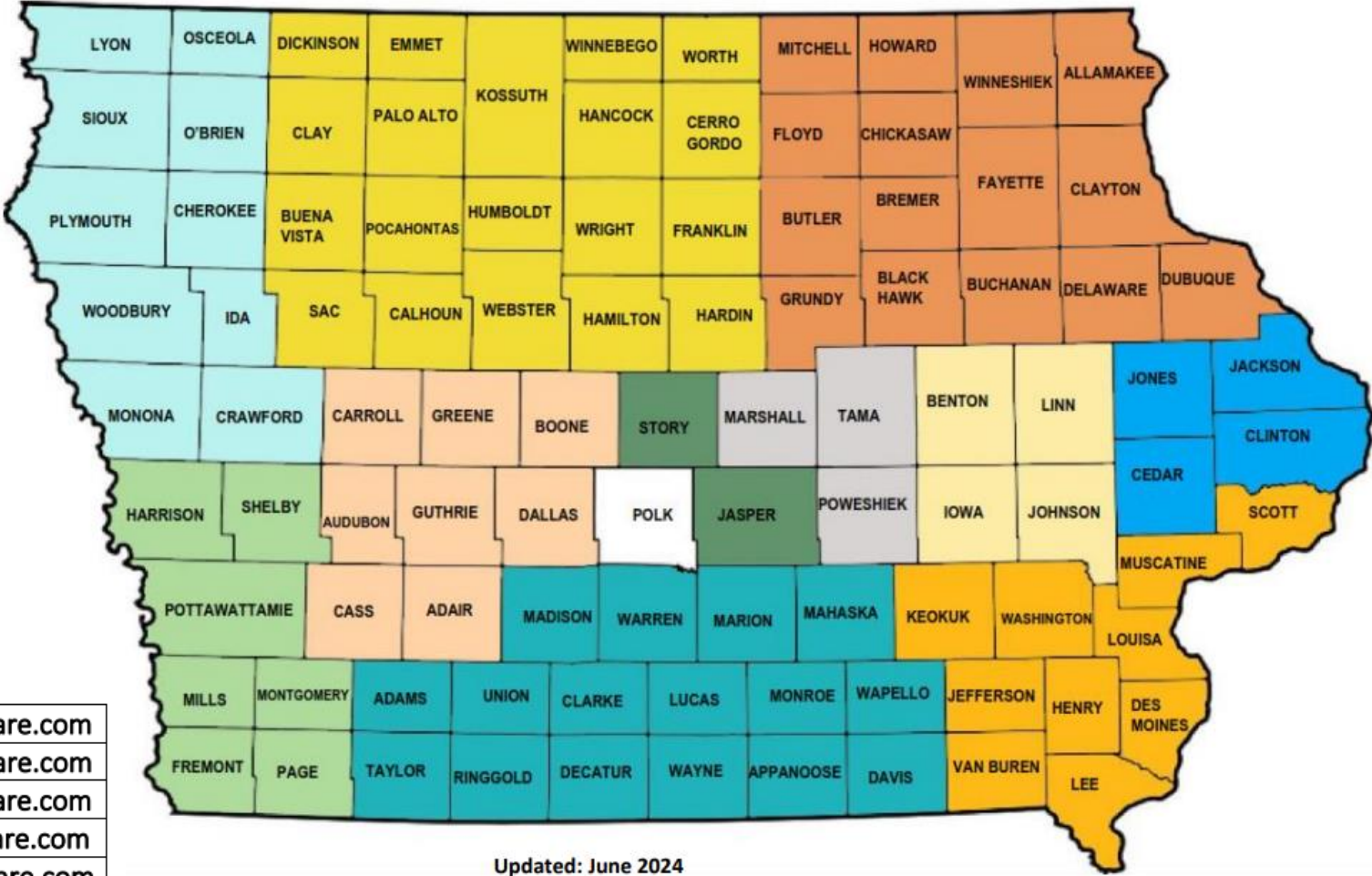
Theresa Ellis – Unity Point, CHI, Methodist
 Adrian Cain – MercyOne, Genesis
 Kendra Abel – University of Iowa, Paramount

Border States:

Illinois – Sara Tubbs
 Minnesota – Jordan Kohlmeyer
 Missouri – Erica Baker
 Nebraska – Theresa Ellis
 South Dakota – Maria Markham
 Wisconsin – Marcia Petsche

Polk County cities are divided:

Veronica – Altoona, Beaverdale, Bondurant, Des Moines, Elkhart, Mitchellville, Pleasant Hill, Runnells
 Elizabeth – Ankeny, Clive, Grimes, Huxley, Johnston, Polk City, Urbandale, West Des Moines, Windsor Heights



Updated: June 2024

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Provider Services: (844) 236-1464

Provider Data Accuracy and Validation



Provider Data Accuracy and Validation

It is important for providers to ensure Molina has accurate practice and business information.

This allows us to better support and serve Molina members and provider network.

Maintaining an accurate and current Provider Directory is a State and Federal regulatory requirement, as well as an NCQA required element.

Invalid information can negatively impact member access to care, member/PCP assignments and referrals.

Providers must validate their provider information on file with Molina at least once every 90 days for correctness and completeness.



Provider Data Accuracy and Validation

Please visit our Provider Online Directory at

MolinaHealthcare.com/IA

to validate your information.

For corrections/updates, providers can make updates through the [CAQH portal](#), or submit a full roster that includes the required information for each health care provider and/or health care facility in your practice.

Providers unable to make updates through the [CAQH portal](#) or roster process should contact their Provider Services representative for assistance.



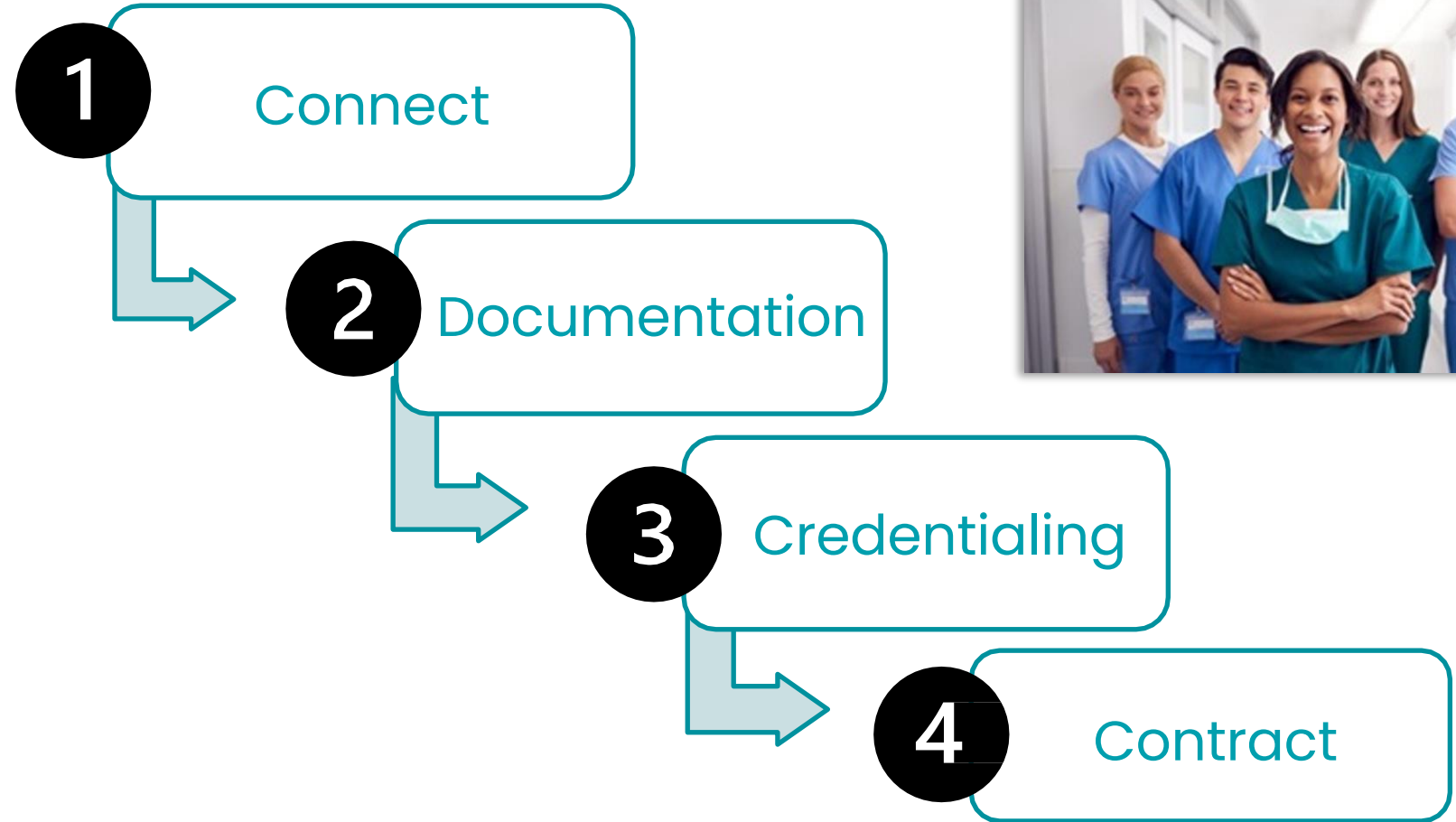
Contracting & Credentialing



Join Our Network

To join Molina Healthcare of Iowa's network, providers **must be enrolled** as an Iowa Medicaid provider and have an active Medicaid ID number.

Follow these steps to join our network:



Connect

Points of contact and the process for joining our network will differ depending on provider type.

Vision Providers

Please contact our vision vendor, March Vision, for participation at **(844) 496-2724** or by visiting MarchVision.com

Pharmacy Providers

Please contact our Pharmacy benefits manager, CVS Pharmacy, by visiting CVS website here: [Join CVS Caremark Network](#).

All Other Providers

Please complete a Contract Request Form found on our website: www.molinahealthcare.com/providers/ia and submit to IAProviderContracts@MolinaHealthcare.com.

CDAC Enrollment Process

Steps:

CDAC Provider completes the **Iowa Medicaid HCBS Waiver Provider Application** (pages 56 only) Form 470-2917 and W-9 Form

Submit to Case Manager

Case Manager submits to IA Provider Contracting Team for enrollment and loading into claims payment system

Provider Resources for Questions and Concerns

Contact a Molina team member:

- Please email our Provider Contracting department directly, at IAProviderContracts@MolinaHealthcare.com
- You may also call Molina's Provider Contact Center at **(844) 236-1464**
- Additionally, the Provider Services team is also ready to assist with next steps at IAProviderRelations@MolinaHealthcare.com

Molina Iowa Website:

- www.MolinaHealthcare.com/IA – our website includes our provider manual, as well as educational resources around this process
- [Provider Network Forms](#) – this link directs you to the documents you may fill out and submit for a faster turn around time on credentialing
- [Join Our Network](#) – this link thoroughly walks you through all contracting and credentialing steps in this presentation

Provider Online Resources



Provider Online Resources

MolinaHealthcare.com/IA

- ✓ 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

The screenshot shows the Molina Healthcare provider portal. At the top left is the Molina Healthcare logo. To its right, it says "Availity Essential Portal | Find a Doctor or Pharmacy". There is a search bar with "Search" and "Go" buttons, and a "Sign in Register" button. Below the header is a navigation menu with "Home", "Provider Resources", "Claims & Authorizations", "Health Resources", "Communications", 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 sub-headline "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!". There are "Login" and "Register" buttons. Below the banner is a teal section titled "Need a Prior Authorization?" with a "Code LookUp Tool" button. At the bottom, there are two columns of text: "Welcome Molina Healthcare of Iowa Providers" and "Important Reminder".

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!

Login Register

Need a Prior Authorization?

Code LookUp Tool

Welcome Molina Healthcare of Iowa Providers

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate 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 [Provider Services](#).

Important Reminder

It is important to Molina Healthcare and your patients that your provider directory demographics are accurate. Please visit our [Provider Online Directory](#) to validate your information and notify us if there are any updates.

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

Provider Online Directory

Providers may use Molina’s Provider Online Directory (POD) located on our website or request a copy of the Provider Directory from their Provider Services Representative(s).

Molina is committed to improving your online experience. The new Provider Online Directory enhances search functionality so information is available quickly and easily.



Key benefits include:



User-friendly and intuitive navigation



Provider profile cards for quick access to information



Browsing by category, search bar and common searches



Expanded search options and filtering for narrowing results



Provider information you can save to use later

Nurse Advice Line

This telephone-based nurse advice line is available to all Molina members. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available **(24) hours a day, seven (7) days a week** to assess symptoms and help make good health care decisions.



Nurse Advice Line (NAL)
24 hours per day, 365 days per year

(866) 236-2096- TTY/TDD: 711 Relay



Note: The Nurse Advice Line telephone number is also printed on member ID cards.

Includes Behavioral Health: BH Crisis Line only

Utilization Management Update



PA Update – Effective October 1, 2024:

Currently, for a standard authorization request, Molina makes the determination and provides notification **no later than 14 calendar days** from the receipt of complete request.

Beginning **10/01/2024**, Molina will make the determination and provide notification **no later than 7 calendar days** from the receipt of complete request.

You can access Molina's Prior Authorization Look Up Tool [here](#)

You may reach out to the UM team through our Provider Relations Contact Center by calling **(844) 236-1464**, 7:30am-6:00pm CST, M-F to assist with:

- Answering your questions
- Provide guidance
- Help schedule a peer-to-peer conversation
- Assist clinical providers navigate our Prior Authorization process



PA Update – Effective October 1, 2024:

- We will only ask for clinical information **one time**.
- We will wait twenty-four (**24**) hours after receipt of the authorization request and initial clinical.
- Our request for clinical information will include information we are still needing to complete the review of the request.

Molina will make the determination and provide notification no later than 7 calendar days from the receipt of complete request.

→ Please include all clinical information needed when you submit your prior authorization request.

→ Prior Authorization Requests that do not include all the clinical information needed to efficiently and effectively make a decision may be denied.

→ No Prior Authorization is required when Molina is secondary

For any questions, please reach out to the UM team through our Provider Relations Contact Center:

(844) 236-1464
7:30am-6:00pm CST
Monday - Friday

Utilization Management

Our Utilization Management (UM) program functions by:

Assuring	Assuring that services are Iowa Medicaid, MLTSS, and CHIP covered benefits
Ensuring	Ensuring that Molina staff does not approve requested services that are deemed to be experimental and investigational
Applying	Applying nationally accepted evidence-based criteria that support decision making to determine the medical necessity or appropriateness of services
Monitoring	Monitoring of our members benefits to ensure a safe discharge plan with appropriate follow up services

Referrals and Prior Authorization

Referrals are made when medically necessary services are beyond the scope of the PCPs practice. Most referrals to in-network specialists do not require an authorization from Molina.

Information is to be exchanged between the PCP and Specialist to coordinate care of the patient

Prior Authorization is a request for prospective review. It is designed to:

- ✓ Assist in benefit determination
- ✓ Prevent unanticipated denials of coverage
- ✓ Create a collaborative approach to determining the appropriate level of care for members receiving services
- ✓ Identify Case Management and Disease Management opportunities
- ✓ Improve coordination of care



Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff that have the authority to approve services.

A list of services and procedures that require prior authorization is included in our Provider Manual, and is also posted on our website: [MolinaHealthcare.com/IA](https://www.molinahealthcare.com/IA)

Request for Prior Authorization

- The list of services that require prior authorization is available in narrative form, along with a more detailed list by CPT and HCPCS codes.
- Molina prior authorization documents are updated annually, or more frequently as appropriate, and the current documents are posted on the Molina website

Prior Authorization
Request Fax:
877-319-6828

Radiology/Imaging Prior
Authorization Request Fax:
877-731-7218

Authorization for elective services should be requested with supporting clinical documentation for medical necessity review. Information generally required to support decision making includes:

1. Current (up to 6 months), adequate patient history related to the requested services
2. Physical examination that addresses the problem
3. Lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results)
4. PCP or Specialist progress notes or consultations
5. Any other information or data specific to the request



Request Responses

Molina makes UM decisions in a timely manner to accommodate the urgency of the situation as determined by the member's clinical situation.

On 10/1/24: For a standard authorization request, Molina makes the determination and provides response within seven (7) calendar days.

For an expedited request for authorization, Molina makes a determination as promptly as the member's health requires and no later than seventy-two (72) hours after Molina receives the initial request for service.

In the event a provider indicates, or if we determine that a standard authorization decision timeframe could jeopardize a member's life or health, Molina will process such requests as expedited as well.

Prior Authorization Look Up Tool

Need a Prior Authorization?

[Code LookUp Tool](#)

Prior Authorization LookUp Tool

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

[This LookUp tool is for Out-Patient services.](#) All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law. All Medicaid LTSS services require prior authorization regardless of code.

We attempt to provide the most current and accurate information on this PA LookUp Tool. Note prior authorization requirements change quarterly. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

Healthcare Administered Drug Requests faxed to: Medicaid: 877-733-3195

State: Health Plan Benefit: LOB:

CPT / HCPCS Code: [Lookup](#)

Prior Authorization Status: **Required**

Code Description	Notes
TX SPEECH LANG VOICE COMMJ AND /AUDITORY PROC IND	PA Required after 12 visits per calendar year for PT/OT/ST.

The Prior Authorization Look-up Tool allows providers to enter a CPT or HCPCS code to determine authorization requirements in real-time!

To access the Prior Authorization Look-up Tool instructions, go to: [Provider Look Up Tool Walk Through](#)

This will also direct you to the most current Prior Authorization Guidelines and the Prior Authorization Request Form.

Prior Authorization Review Guide (cont'd)

For emergency admissions, notification of the admission shall occur once the patient has been stabilized in the emergency department. Notification of admission is required to verify eligibility, authorize care, including level of care (LOC), and initiate inpatient review and discharge planning.

Emergent inpatient admission services performed without meeting notification and Medical Necessity requirements or failure to include all of the needed documentation to support the need for an inpatient admission will result in a denial of authorization for the inpatient admission.

Molina performs concurrent inpatient review in order to ensure patient safety, Medical Necessity of ongoing inpatient services, adequate progress of treatment and development of appropriate discharge plans. Molina will request updated original clinical records from inpatient facilities at regular intervals during a member's inpatient admission.

We require that the notification includes:

- Member demographic information
- Facility information
- Date of admission
- Clinical information sufficient to document the Medical Necessity of the admission



Molina requires notification of all emergent inpatient admissions within twenty-four (24) hours of admission or by the close of the next business day when emergent admissions occur on weekends or holidays

Molina's Partners



Molina Healthcare Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

March Vision
Vision Services

- Toll Free #: (844) 496-2724
- [March Vision](#)

Carebridge
Electronic Visit Verification

- Toll Free #: (844) 496-2724
- [EVV Carebridge Iowa](#)

Teladoc
Virtual Care

- Toll Free #: (800) 835-2362
- [Teladoc - Molina Iowa](#)

Access 2 Care (A2C)
Non-Emergency Transportation

- Toll Free #: (844) 544-1389
- [A2C](#)

StationMD
Telehealth (I/DD)

- Toll Free #: (844) 544-1389
- [StationMD](#)



Molina Healthcare Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

Healthmap Solutions, Inc.
Kidney Health Management

- Toll Free #: (800) 819-5175
- www.healthmapsolutions.com

Progeny Health
Neonatal Care Management

- Toll Free #: (888) 832-2006
- www.ProgenyHealth.com

Mae
Doula Services

- Email support@meetmae.com
- <https://meetmae.com/doula>

Pyx Health
Doula Services

- Toll Free #: (855) 499-4777
- [Pyx Health - Molina Iowa BH](#)

TCare & Trualta
Telehealth (I/DD)

- Caregiver specialty, and eLearning-based caregiver support program
- [Caregiver Connect](#)



Provider Website Demonstration

Thank You

