

Molina Healthcare of Iowa, Inc.	<a href="http://www.MolinaHealthcare.com/IA">www.MolinaHealthcare.com/IA</a> Location: 500 SW 7th St Suite 304, Des Moines, IA 50315
Provider Services Contact Center	Call: (844) 236-1464 for assistance with Claims Reprocessing, Claims Inquiry & Status, updating Provider information, and all other general questions. Email <a href="mailto:ProviderRelations:IAProviderRelations@MolinaHealthcare.com">Provider Relations: IAProviderRelations@MolinaHealthcare.com</a> View: <a href="#">Molina Iowa Provider Manual</a> ; <a href="#">Provider Online Directory (POD)</a>
Provider Contracting	Email: <a href="mailto:IAProviderContracts@MolinaHealthcare.com">IAProviderContracts@MolinaHealthcare.com</a>
Behavior Health Prior Authorization	Call: (844) 236-1464 Fax: (877) 319-6828
Availity Essentials Provider Portal	Availity Essentials Provider Portal: <a href="https://Availity.com/MolinaHealthcare">Availity.com/MolinaHealthcare</a> <ul style="list-style-type: none"> <li>• Eligibility &amp; Benefits</li> <li>• Attachments</li> <li>• Claims Correction</li> <li>• Overpayments</li> <li>• Member Search</li> <li>• Claim Status</li> <li>• Payer Space</li> <li>• MCG Advanced Imaging Cite Auto Auth</li> </ul>
Member Appeals	<a href="#">Member Appeal form with AOR</a> must be completed with request and sent using one of the following methods: <ul style="list-style-type: none"> <li>• Fax: (833) 832-1922</li> <li>• Email: <a href="mailto:IowaMemberAppealsGrievances@MolinaHealthcare.com">IowaMemberAppealsGrievances@MolinaHealthcare.com</a></li> <li>• Mail: Appeals &amp; Grievances Molina Healthcare of Iowa, Inc PO Box 93010, Des Moines, IA 50393</li> </ul>
Claims Disputes	Fax: (855) 275-3082 Email: <a href="mailto:IowaProviderInquiry@MolinaHealthcare.com">IowaProviderInquiry@MolinaHealthcare.com</a> <ul style="list-style-type: none"> <li>• Corrected claims are considered new claims and can be submitted electronically via the <a href="#">Availity Essentials Portal</a> or through an EDI clearinghouse.</li> <li>• Providers seeking a redetermination of a claim previously adjudicated must request within 180 days of Molina’s original remittance advice date.</li> <li>• <a href="#">Provider Dispute Form</a>: Overpayment disputes should be received within 90 days of overpayment notification letter date and should be mailed to: Molina Healthcare of Iowa, Inc, PO Box 2470, Spokane, WA 99210-2470</li> </ul>
Dental	For more information on dental carriers, visit the <a href="#">Dental Carrier Options page</a> .
Emergency Room (ER) Policy	Emergent and urgent care services are covered by Molina without an authorization. This includes non-contracted Providers inside or outside of Molina’s service area. The IME Website has a detailed <a href="#">list of diagnosis codes</a> used to determine emergency room payment.
ETF/ERA Sign Up	Email: <a href="https://Enrollments.EchoHealthInc.com/EFTERA">https://Enrollments.EchoHealthInc.com/EFTERA</a>
Fraud, Waste and Abuse	Call Molina’s Compliance Hotline: (866) 606-3889 Email: <a href="http://www.MolinaHealthcare.Alertline.com">www.MolinaHealthcare.Alertline.com</a> Iowa Medicaid Program Integrity Unit: (877) 446-3787 or locally (515) 256-4615
Health Care Services (HCS) Department	Call: (844) 236-1464 Fax: (319) 774-1295 Email Care Management: <a href="mailto:IA_CM@MolinaHealthcare.com">IA_CM@MolinaHealthcare.com</a> HCS Provides: 24/7 access to online submission and status checks, ensures HIPAA compliance, ability to receive real-time authorization status, ability to upload medical records, and more.

Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS)	Call Des Moines: (515) 323-9639 Call Toll-free: (800) 338-7752, Available 24/7
Lab Services (Quest Lab Diagnostics)	Call: 866-MY-QUEST
Member Services	Call: (844) 236-0894, TTY: 711
Non-Emergency Medical Transportation (Access2Care)	<ul style="list-style-type: none"> <li>• Unlimited free round-trip or one-way trips for covered medically necessary services each calendar year</li> <li>• Members can call Access2Care at (844) 544-1389</li> </ul>
NPI Look Up	<a href="https://NPIregistry.cms.hhs.gov/search">https://NPIregistry.cms.hhs.gov/search</a>
Pharmacy Services	<p>Call: (844) 236-1464 Fax: (855) 275-3082 Email: <a href="mailto:IowaProviderInquiry@MolinaHealthcare.com">IowaProviderInquiry@MolinaHealthcare.com</a></p> <ul style="list-style-type: none"> <li>• Pharmacy benefit coverage is aligned with the Iowa Medicaid Preferred Drug List (PDL): <a href="https://www.IowaMedicaidPDL.com/">https://www.IowaMedicaidPDL.com/</a></li> <li>• Prior Authorization (PA) criteria will also align with Iowa Medicaid</li> <li>• PA Form Fax: (877) 733-3195</li> </ul>
Prior Authorization Ways to Submit	<p><b>*Preferred*</b> Submit electronically via the <a href="#">Availity Essentials portal</a> Call: (844) 236-1464 Fax (Medical): (877) 319-6828 Fax (Pharmacy): (877) 733-3195</p>
Provider Communications	<p>For all general Communications questions, email the Molina Iowa Sr. Specialist: <a href="mailto:Tiffany.Verhey@MolinaHealthcare.com">Tiffany.Verhey@MolinaHealthcare.com</a>. Directly sign up for Provider email blasts through <a href="#">Constant Contact here</a>. Click these links for <a href="#">News &amp; Updates</a> and quarterly <a href="#">Newsletters</a>.</p>
Submit electronic claims	<ul style="list-style-type: none"> <li>• Submit Claims directly to Molina via the <a href="#">Availity Essentials portal</a></li> <li>• Submit Claims to Molina via your regular EDI clearinghouse</li> <li>• Molina Iowa Payer ID: <b>MLNIA</b></li> </ul> <p>View our Claims &amp; Billing Guide <a href="#">here</a>.</p>
Timely Claims Filing	Claims must be submitted by Provider to Molina Healthcare within 180 days. Out-of-network providers: 365 days after discharge from date of service Corrected claims: 365 days from the last adjudication date for up to 2 years from date of service
Utilization Management (UM)	Call: (844) 236-1464 All criteria used for UM decision-making are available to providers upon request.
Vision	Call March Vision Network: (844) 496-2724 <a href="https://www.marchvisioncare.com/becomeprovider.aspx">https://www.marchvisioncare.com/becomeprovider.aspx</a>
24/7 Nurse Advise Line	Call: (866) 236-2096, TTY: 711 Relay