

# Molina Healthcare of Iowa

Iowa Hawkeye AAHAM Spring Meeting

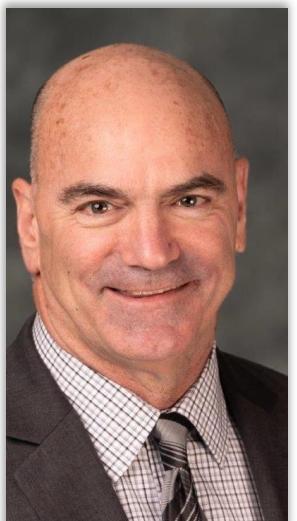
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April 2024

# 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 short introduction 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

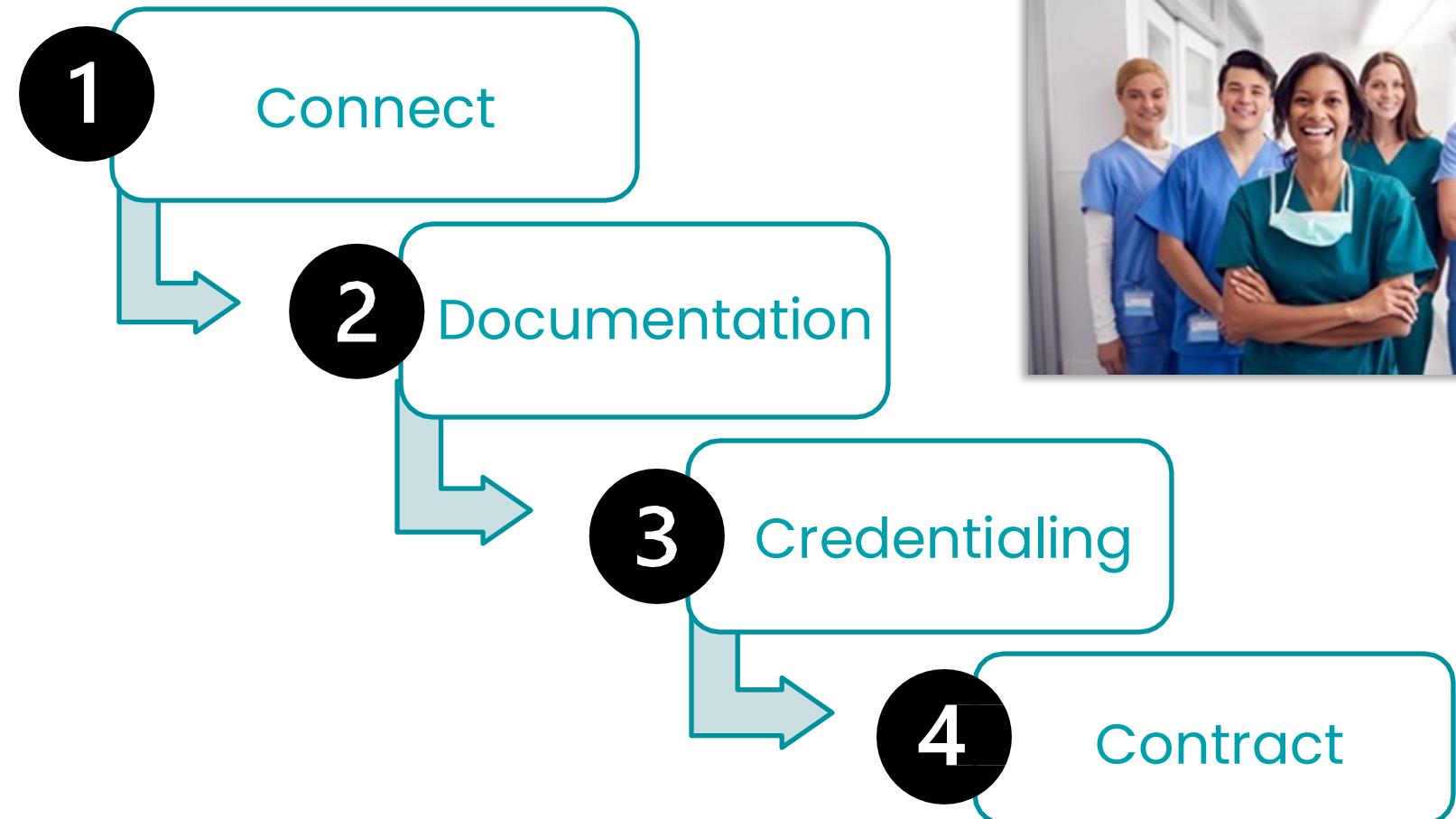
# Contracting & Credentialing



# 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](http://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](http://www.molinahealthcare.com/providers/ia) and submit to [IAProviderContracts@MolinaHealthcare.com](mailto:IAProviderContracts@MolinaHealthcare.com).

# CDAC Enrollment Process

## Steps:



# Provider Resources for Questions and Concerns

## ➤ Contact a Molina team member:

- Please email our **Provider Contracting** department directly, at [IAProviderContracts@MolinaHealthcare.com](mailto: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](mailto:IAProviderRelations@MolinaHealthcare.com)

## ➤ Molina Iowa Website:

- [www.MolinaHealthcare.com/IA](http://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](http://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



MOLINA  
HEALTHCARE

Availity Essential Portal | Find a Doctor or Pharmacy

Search Go

Sign in Register

Home Provider Resources Claims & Authorizations Health Resources Communications 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!

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:*



Provider profile cards for quick access to information



Expanded search options and filtering for narrowing results



User-friendly and intuitive navigation



Browsing by category, search bar and common searches



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



# Request for Prior Authorization

**MCS Advanced Imaging has a direct fax number (different from prior authorization request fax). Radiology/Imaging Prior Authorization Request Fax: 8777317218.**

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 at <https://www.MolinaHealthcare.com>

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

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



Prior Authorization  
Request Fax:  
877-319-6828

# 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: Iowa      Health Plan Benefit: Molina Healthcare of Iowa      LOB: Medicaid

CPT / HCPCS Code: 92507      [Lookup](#)

Prior Authorization Status: **Required**

Code Description: TX SPEECH LANG VOICE COMMJ AND /AUDITORY PROC IND

Notes: 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](#).

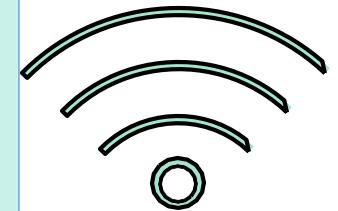
# Electronic Visit Verification (EVV) Update



# Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is technology used to verify and document that authorized Personal Care Services and Home Health Care Services visits occur. EVV ensures that services are delivered to the members needing services, and that billing is correct.

Molina partners with CareBridge for EVV requirements. Please visit <https://hhs.iowa.gov/ime/providers/EVV> for more information.



Services that are required to use EVV include, but may not be limited to:

- Homemaker S5130
- Homemaker NOS S5131
- ICDAC Non-Skilled T1019
- ICDAC Skilled T1019 U3
- Agency CDAC Non-Skilled S5125
- Agency CDAC Skilled S5125 U3

# EVV Updates

## ➤ Carebridge Electronic Visit Verification (EVV) Training & Payment

- Once a provider has become enrolled with the IME and Molina, they should begin training on how to use CareBridge's Electronic Visit Verification (EVV) system.

## ➤ Carebridge Contact Information

- Training Resources: <https://carebridgehealth.zendesk.com/hc/en-us/categories/360004330014IOWA>
- Request for Login Information: <http://evv.carebridgehealth.com/loginrequest>
- Email: [iaevv@carebridgehealth.com](mailto:iaevv@carebridgehealth.com)
- Technical Support Center: (844) 343-3653



# Claims



# Claims

## 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 <https://provider.molinahealthcare.com/> 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** to ensure our providers are paid in a timely manner:

- 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:

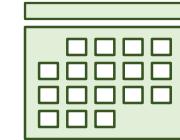
- Providers can submit an email to [EDI.Claims@molinahealthcare.com](mailto:EDI.Claims@molinahealthcare.com).

# 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 <https://availity.com/molinahealthcare>, 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



# Claims Update

## ➤ Claims and Billing Updates

### 1. Adjudication Information

- Extensive review of claims before finalizing
- Moving to three payment cycles per week
- (Monday/Wednesday/Friday) with eventual move to daily

### 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

# EFT Update

## ➤ 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](mailto:edi@echohealthinc.com)



## ➤ Molina System Configuration Updates

- To keep up to date on configuration updates and timelines for resolution, go here:  
<https://www.molinahealthcare.com/providers/ia/medicaid/communications/news.aspx>

Molina Healthcare of Iowa System Configuration Log – Week of March 25, 2024					
Known System Issue	Brief Description	Date Issues Identified	Status	Provider's Types Impacted	Number of Providers Affected
GEMT Ambulance All Claim Audit	Molina has conducted a claims audit of all GEMT claims for adjudication accuracy.	2/19/2024	Adjustment project will be submitted for identified underpaid/manual denial errors	GEMT Ambulance	39
	97802 – Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes:		Configuration updates are in process to correct age limitations configured on 97803. If updates		

# Availity Updates



# Availity Registration

Providers may register for access to our Availity Provider Portal for services that include self service member eligibility, claim status, provider searches, to submit requests for authorizations and to submit claims.

## Services Offered by Availity and Molina:

- Claim Submission/resubmission
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information

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

Availity Payor ID: MLNIA

Availity Payor Name: Molina Healthcare of Iowa

# 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 Update

## ➤ Availity Troubleshooting

### Remittance Viewer

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

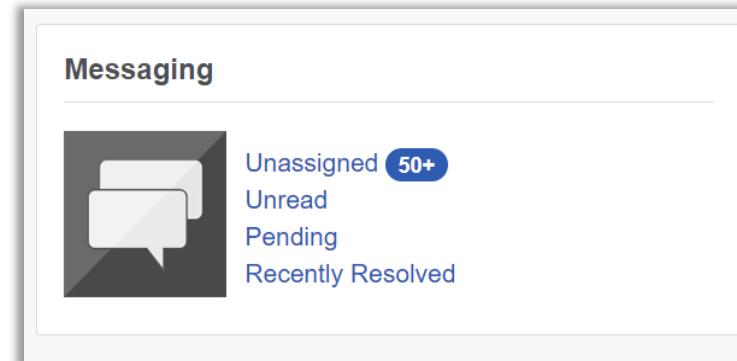


### Availity Access

- 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](#)
- Provider can inquire via 'Secure Claims Messaging' or 'Claims Inquiry Tool'
- For further assistance, call Availity Help Desk:  
1-800-282-4548 / 7 AM – 7 PM CST / Monday - Friday



# Recoupments & Overpayments

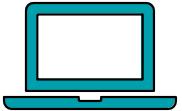


# Recoupments

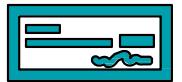
## ➤ Important Updates



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

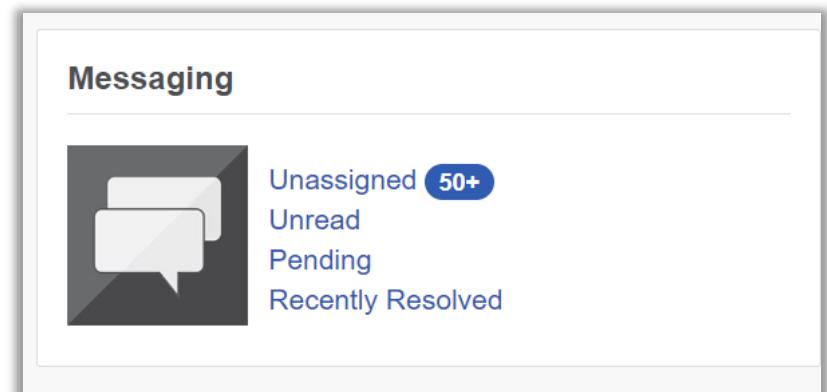
## ➤ Availity Access

- 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.



# Availability: Overpayment Tool in Essentials

The screenshot shows the Molina Healthcare Essentials platform interface. At the top, there is a navigation bar with the following items: Availability, essentials, Home, Notifications (15), My Favorites, State, Help & Training. Below the navigation bar, there is a secondary navigation bar with the following items: Patient Registry (highlighted with a red circle containing the number 1), Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area is titled "Notification Center" and includes sections for "Providers have submitted claims", "You have new WERs", and "You have new Overpayments". The "Overpayments" section is highlighted with a red circle containing the number 2. To the right of the notification center, there is a large orange box with the text: "To access the overpayments application, click 1. Claims & Payments 2. Overpayments." Below the notification center, there are sections for "Claim Status & Payments" (with links to Claim Status and Remittance Viewer) and "Claims" (with links to Professional Claim, Facility Claim, and Attachments - New). At the bottom of the screen, there are four large buttons: Appeals (A), Claim Status, Overpayments (OP), and Eligibility and Benefits Inquiry (EB). On the right side of the screen, there is a sidebar with links to "My Account", "Maintain User", "Add User", "Manage My Organization", "'How To' Guide for Dental", "Enrollments Center", "Spaces Management Tool", "FTP and EDI Connection", and "EDI Companion Guide".

To access the overpayments application, click

1. Claims & Payments
2. Overpayments.

# Provider Escalation Process Update



# Provider Escalation Steps

- Do you have a question? We can help!

1

## Call Provider Services Contact Center

Phone: **(844) 236-1464**

Hours: **7:30 am – 6:00 pm, Mon – Fri**

2

## Contact Availability

Availability Essentials: [Molina Provider Portal](#)

Provider can inquire via **Secure Claims Messaging** or **Claims Inquiry Tool**

(please note: this tool will connect you to the dedicated Molina Iowa Analyst Team)

3

## Reach out to your Provider Services Representative

Providers should visit the Regional Map to locate their personal rep for their county: [Molina IA Rep Map](#)

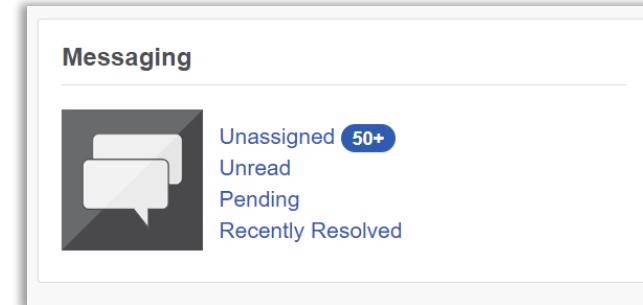
Providers can contact the provider services general box: [IAProviderRelations@molinahealthcare.com](mailto:IAProviderRelations@molinahealthcare.com)

4

## Contact Health Plan Leadership Directly

Angela Schmidt – Manager, Provider Services: [Angela.Schmidt@molinahealthcare.com](mailto:Angela.Schmidt@molinahealthcare.com)

Rondine Anderson – Director, Provider Services: [Rondine.Anderson@molinahealthcare.com](mailto:Rondine.Anderson@molinahealthcare.com)



# Provider Relations Rep Map

- [Molina IA Rep Map Link](#)

**Provider Services: (844) 236-1464**

## Health Systems Contacts:

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

## Border States:

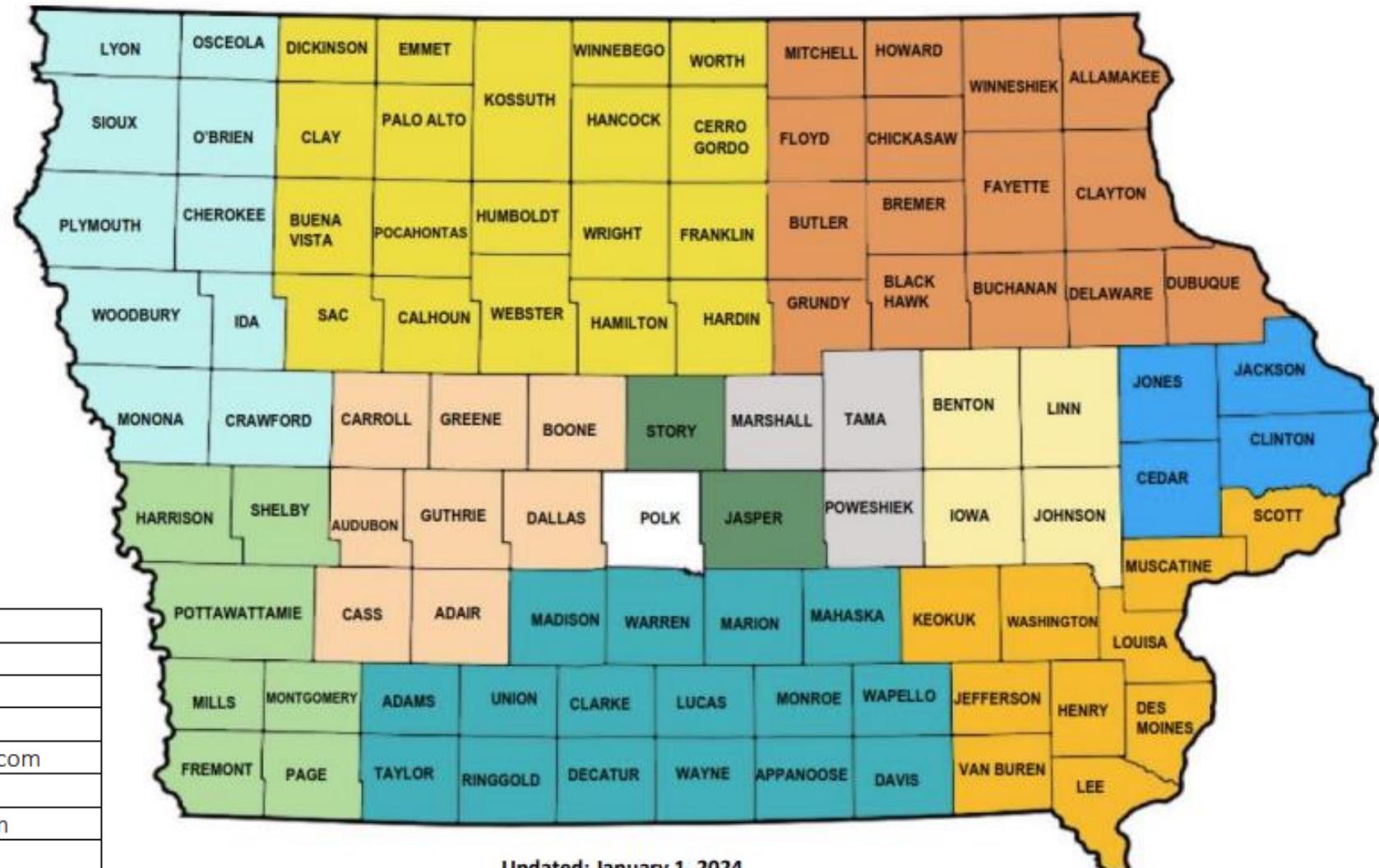
Illinois – Sara Tubbs  
Minnesota – Jordan Kohlmeyer  
Missouri – Erica Baker  
Nebraska – Theresa Ellis  
South Dakota – Maria Markham  
Wisconsin – Marcia Petsche

## Polk County cities will be divided:

Veronica – Altoona, Beaverdale, Bondurant,  
Des Moines, Elkhart, Mitchellville,  
Pleasant Hill, Runnells

Elizabeth – Ankeny, Clive, Grimes, Huxley,  
Polk City, Urbandale, West Des Moines,  
Windsor Heights

	Theresa – Theresa.Ellis2@molinahealthcare.com
	Kendra – Kendra.Abel@molinahealthcare.com
	Jordan – Jordan.Kohlmeyer@molinahealthcare.com
	Adrian – Adrian.cain@molinahealthcare.com
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	Elizabeth – Elizabeth.Erickson@molinahealthcare.com
	Maria – Maria.Markham@molinahealthcare.com
	Amber – Amber.Medor@molinahealthcare.com
	Erica - Erica.Baker@molinahealthcare.com
	Sara Tubbs - Sara.Tubbs@molinahealthcare.com



Updated: January 1, 2024

General Box: IAPrviderRelations@MolinaHealthcare.com

# Thank You

