

# IMC Lessons Learned – Molina Healthcare

December 2019

## Claims & Encounters

- Same service, same provider, same member, same date of service needs to be submitted with the appropriate “multiple visit” modifier (XE for example) in order for MCO systems to not consider it a duplicate.
- Taxonomies submitted on claims and encounters should be the nationally recognized taxonomies, not the State-specific ones created by HCA (for example, do not use 101Y99995L on the claim or encounter).
- When using clearinghouses make sure to monitor reports from your clearinghouse to confirm successful transmission of your data. Assume that services rejected at the clearinghouse level have not reached the MCO.
- If you are submitting Evidence Based Practice codes (EBP) make sure that they are accompanied one of the 10 acceptable CPT codes per the EBP Reporting Guide.
- Some eligibility changes made by HCA are retroactive. If you are aware of members who have changed or lost eligibility retroactively, please make appropriate adjustments to your previous encounter submissions.
- Molina recommends a provider always confirms if there is a primary insurance through our Web Portal directly as ProviderOne does not manage real time COB eligibility.
- Molina does not require Medicare to be billed 1<sup>st</sup> when the provider type is Non-Covered by Medicare. A claim can be submitted directly to Molina as the primary payer.
- Molina does not require Medicare to be billed 1<sup>st</sup> when the service code is Non-Covered by Medicare. A claim can be submitted directly to Molina as the primary payer.
- There is an exception to where a commercial plan does not need to be billed first. You may bill Molina directly as primary payer when the service code starts with an **H, S, or T**.
- If you have received written documentation from the Commercial insurance plan stating the provider is non-par with the Commercial plan and claims will not be processed, you may submit that documentation in place of a primary EOB with each claim submitted to Molina.
- If needing to submit a corrected claim, it’s important to mark the claim with a “7-REPLACEMENT” and have the original Molina claim# listed in the appropriate fields
- In the event a claim edit is applied that is inconsistent with SERI, please reach out to us. This can be the result of receiving claims with an NPI that has not been configured for IMC in our system.
- When a claim has not paid/ processed as expected Molina encourages providers to reach out to the claims contact person or submit a claim appeal on our Web Portal vs resubmitting the same claim to Molina more than once. This will allow Molina the opportunity to research how the claim was originally processed.

For questions or concerns on Claims & Encounters with Molina, contact:

### **CLAIMS:**

Jammi Reese

[Jammi.Reese1@molinahealthcare.com](mailto:Jammi.Reese1@molinahealthcare.com)

888-562-5442 x140150

### **ENCOUNTERS:**

Corey Cerise

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888-562-5442 x141140

## Invoices

- All invoices must be submitted via sFTP. File names can be found in the “Instructions” tab of the invoice and are case sensitive.
- Invoice payments must be supplemented with encounters (line-level service detail).

For questions or concerns with invoices or the invoicing process, please contact:

[WA\\_Finance\\_IMC@Molinahealthcare.com](mailto:WA_Finance_IMC@Molinahealthcare.com)

## Rosters

- Rosters need to be submitted to [MHWPVIDERINFO@molinahealthcare.com](mailto:MHWPVIDERINFO@molinahealthcare.com) for processing.
- Updates are required, at a minimum, on a quarterly basis. Failure to send timely roster updates (as changes occur) may result in denials or incorrect processing of claims/encounters.
- Changes to rosters (new staff, termed staff, updated degree information, etc.) need to be submitted promptly, or even early, to ensure claims payment.
- Make sure all of the NPIs that you submit on claims or encounters are registered with Provider One.
- Use the 2019 version of the roster template when submitting changes:



All MCO\_BH Roster  
Template\_FINAL\_2019

- There is an “Instructions” tab for samples and explanation of each data point included in the roster.
- “Roster\_Template\_Practitioner” tab must be completed in order for Molina’s system and provider directory to be updated correctly.
- The “Behavioral Health” tab is not required by Molina, however may be required for other MCOs.
- Roster specific helpful hints:
  - Add/Change/Term (Column A):
    - Comments in column A should reflect the CURRENT updates for your group; remove any comments already submitted to on previous rosters.
    - Changes in this column should be specific (i.e. add, term, license/degree change, location add/term, update Medicaid ID) otherwise we may not know what has changed or been updated. It is important to note the effective date of the change in the Effective Date/Termination Date column (Column B).
  - Practitioner NPI (Column D):
    - Each provider on the roster must have an individual NPI in order to be loaded in our system.
  - ProviderOne ID#/Medicaid ID (Column K):
    - You may submit a provider on the roster even if their ProviderOne number is pending. Please update once available.
  - Degree/Title (Column L):
    - Title should be based on licensure or taxonomy, not agency specific title (e.g. Agency Affiliated Counselor- we cannot determine degree level by that title.)
    - Please be sure to list the appropriate corresponding degree level if it is not obvious by the title, to ensure the correct rates are loaded. Examples are:
      - Psychiatrist (MD/DO)
      - Nurse Practitioner (NP)
      - Physician Assistant (PA)
      - Registered Nurse (RN/ARNP)
      - License Practical Nurse (LPN)
      - Psychologists (PhD/PsyD)

- Masters-Level Providers (CSW/LCSW/LMFT/LMHC/MA/MBA/MC/MPA/MS/MSN/MSS/MSSA/MSW)
  - Bachelors, AA, or Other (BA/BAS/BS/BSW/AA)
  - Peer Counselor (HS)
  - Certified Medical Assistant (CMA)
  - Other (Clinical Staff)
  - Chemical Dependency Professional (CDP) – specify Bachelors or Masters level if needed based on contract
  - Chemical Dependency Professional Trainee (CDPT) – specify Bachelors or Masters level if needed based on contract
- Primary Specialty (Column V):
    - You are not limited to the specialties listed on the “Key-Specialties” tab, it is not inclusive of all IMC related behavioral health specialties.
    - Please only list one specialty in the Primary Specialty column. Additional Specialties can be listed in the Secondary Specialty column (Column AA).
  - Primary Specialty Taxonomy (Column W):
    - List Federal taxonomy that is registered with HCA for each provider. We do not need the HCA specific taxonomies, with the exception of the Certified Medical Assistants (see below).
    - Certified Medical Assistant Taxonomy: there is no federally recognized taxonomy for this, so please use the HCA taxonomy (101Y99993L).
  - Group NPI (Column AH) should be reflective of the group billing NPI, as it will appear in box 33a of claims.
  - Group/Practice Name (Column AG) should be the group billing name, as it will appear in box 33 of claims.
  - Location (Columns AI-AQ):
    - If a provider is practicing at multiple locations, please list each location on a separate row. Indicate which location is primary

For questions or concerns regarding Rosters with Molina, contact:

[MHWProviderInfo@molinahealthcare.com](mailto:MHWProviderInfo@molinahealthcare.com)

## WISe

- WISe reporting is due by the 5<sup>th</sup> of each month, unless otherwise notified.
- WISe reports must be submitted via sFTP site to Molina.
- If you are submitting an invoice for payment for WISe services you have the option of submitting the invoice with the report or later in the month. Please indicate this on the template when sending to Molina.

For questions or concerns with WISe or the WISe process, please contact:

Libby Hein

[Libby.Hein@Molinahealthcare.com](mailto:Libby.Hein@Molinahealthcare.com)

888-562-5442 x140035