

Claims & Encounters Submission Considerations



If you are being paid per Claim (Fee-For-Service or FFS):

1. **Molina preferred** - Using a clearinghouse to submit electronically (payer ID 38336).
2. Use the Molina web portal - <https://provider.molinahealthcare.com/>. This portal allows you to manually enter claims information.
3. Submit paper claims.

Claims considerations:

- Do you already use a clearinghouse?
 - If yes, is that clearinghouse able to submit to Molina Healthcare of Washington (payer ID 38336)?
 - If you don't already use a clearinghouse and you plan to submit large volumes of claims, Molina recommends that you consider using a clearinghouse.
 - Refer to "IMC Provider Testing Claims & Encounter Guide"
- Molina web portal and paper claim submissions are probably best for small claim volumes or for special circumstances.
- Once you have received at least one paper check from Molina you can register for EFT and ERAs (835s) through our vendor ProviderNet - <https://providernet.adminisource.com/Start.aspx>.
- When submitting claims it is especially important the provider information you submit on the claim is what we have configured in our system. Our system is updated from the provider roster you submitted.

If you are not being paid FFS, you will be submitting encounters by:

1. **Molina preferred** - Using a clearinghouse to submit electronically (payer ID 43174).
2. Submit 837 files directly to a Molina SFTP site. You will get your response files from this same site.
3. Submit paper encounters.

Encounters considerations:

- Do you already use a clearinghouse?
 - If yes, is your clearinghouse able to submit to Molina Healthcare of Washington (payer ID 43174)? And will they pass back response files (277CA)?
 - If you don't already use a clearinghouse and you plan to submit large volumes of encounters, Molina recommends that you consider using a clearinghouse.
 - Refer to "IMC Provider Testing Claims & Encounter Guide"
- Currently Molina only sends back a 277CA response file for encounter level reconciliation. We are working on some changes that will allow us to also send back an 835 based on the State responses, but that functionality may not be available until 2019. *If you require an 835 response file, let us know and we will set you up initially to send your encounters to our Claims environment.*

If you need to submit claims *and* encounters:

If you are in this situation, you may prefer to send all of your data – FFS claims and encounters – to the same payer ID. If so, it will require some additional configuration in our system. The advantage is that you only have to send to one payer ID. If you need to reconcile or report on those services separately within your own systems, we may need to discuss how to make sure the services are clearly separated on response files (using separate billing NPIs for example).