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JUST THE FAX **September 21, 2023**

Page 1 of 3

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING: COUNTIES:

- ⊠ Imperial ⊠ Riverside/San Bernardino
- ⊠ Los Angeles
- □ Orange
- Sacramento
- ⊠ San Diego

LINES OF BUSINESS:

- Molina Medi-Cal
- Managed Care □ Molina Medicare □ Molina Marketplace
- (Covered CA)

PROVIDER TYPES:

- ⊠ Medical Group/ IPA/MSO **Primary Care**
- ⊠ IPA/MSO
- ⊠ Directs

Specialists

- ⊠ Directs

☑ Hospitals

- Ancillary
- SNF/LTC
- ⊠ Home Health
- ⊠ Other

Requirements for Timely Payment of Claims APL 23-020

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the requirements for timely payment of claims.

This notification is based on an All-Plan Letter (APL) 23-020, which can be found in full on the Department of Health Care Services (DHCS) website at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-020.pdf

BACKGROUND

MHC will operate in full compliance of the contract, applicable state and federal statutes and regulations, APLs, and all other applicable policy guidance relative to timely payments to Providers.

WHAT YOU NEED TO KNOW:

POLICY

Timely Payment of Claims 1.

MHC will pay all claims within contractually mandated statutory timeframes and in accordance with the timely payment standards in the Contract for clean claims. This includes equivalent encounter submission, or bills or invoices submitted by Providers that adhere to billing and invoicing guidance such as for Enhanced Care Management (ECM), Community Supports services, and for Intermediate Care Facilities for the Developmentally Disabled.

MHC will maintain claims processing/tracking/payment system capabilities to comply with the contractual and statutory standards set forth below.

a. DHCS Expects MHC to Pay Clean Claims within 30 Days of Receipt

The Contract requires that MHC comply with HSC sections 1371 through 1371.36, which govern Provider compensation. In addition, the Contract requires adherence to federal Medicaid requirements which dictate 90 percent of all clean claims from practitioners, who are in individual or group practices or who practice in shared health facilities, be paid within 30 days of the date of receipt, and 99 percent of all clean claims be paid within 90 days of receipt.

b. MHC will Pay Interest on Untimely Payments If MHC does not pay a clean claim within 30 Working Days of receipt, it will owe the Provider interest at the rate of 15 percent per annum beginning on the first day after a 30 Working Day period.

2. Payments Related to State Directed Payments

MHC will, as applicable adhere to timely payment requirements regardless of whether a Provider's claim, bill, invoice, or equivalent encounter is tied to a State Directed Payment (SDP).

3. Provider Training Responsibilities

MHC will ensure that Provider Manuals issued to Network Providers, Subcontractors, and Downstream Subcontractors have up-to-date policies and procedures (P&Ps) on how to submit clean claims. This includes billing and invoicing processes for ECM Providers; Community Support Providers; doulas, or other community-based Providers who are unable to submit claims through an electronic file format. MHC will ensure that all P&Ps regarding claims processing, billing, and invoicing are up-to-date and reflective of current practices.

In addition, MHC will ensure that all Providers are afforded education and training on their billing, invoicing, and clean claims submission protocols.

4. Dispute Resolution

In accordance with HSC section 1367(h), MHC will have a fast, fair, and cost-effective dispute resolution process in place for Providers, Network Providers, Subcontractors, and Downstream Subcontractors to submit disputes for both contracted and non-contracted Providers. This includes disputes related to Provider claims and payments.

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

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