Payment Policy Timely Filing Reimbursement Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy

Providers shall promptly submit to Passport clean claims for covered services rendered to members. All claims shall be submitted in a form acceptable to and approved by Passport and shall include all medical records pertaining to the claim if requested by Passport or otherwise required by Passport's policies and procedures. The initial claim must be received and accepted in compliance with federal and/or state mandates regarding timely filing guidelines to be considered for reimbursement.

Passports timely filing standard for (corrected, initiated, and voided) claims unless otherwise specified in a provider's contract:

- **CMS-1500** – 365 calendar days from date of service
- **UB04** – 365 calendar days after the discharge for inpatient services or the date of service for outpatient services
- **TPL/COB Claims**: 365 days from date of primary EOB
- **Retro Eligibility** - 365 days from date that eligibility was posted
- **Submitting Additional Information/Denied claim:** 365 days from date of claim denial (denied claims filed within the standard timely filing limit may be resubmitted for reconsideration by the provider/contractor within 365 calendar days from the date of denial)
    - **Request for Invoice**
    - **Requests for primary EOB follow the TPL/COB claims classification**
- **Appeals/Dispute for claim denial/reimbursement:** 60 calendar days from the date of our adverse determination to file an appeal
- **Encounter Submission requirements:** If a claim fails compliance with encounter submission state requirements, the rejected claim must be resubmitted within timely filing limits.
- **Post Pay Record Requests:** If medical records are requested that result in an adverse determination that requires a corrected claim and the original 365 days timely filing limit has expired, the corrected claim must be submitted within 60 days from the date of recovery request. Normal timely filing limits apply to corrected claims if they are submitted within the original 365 days timely filing limit.
- **Recoupments:** An overpayment notification will be provided in advance of any recoupment and if the recoupment occurs after the original 365 day claim timely filing limit, the corrected claim must be submitted within 60 days from the date of recoupment. Normal timely filing limits apply to corrected claims if they are submitted within the original 365 days timely filing limit.

Proof of Timely Filing

The only acceptable proof of timely filing is:

- Fax confirmation
- A registered postal receipt signed by a representative of Passport or similar receipt from other commercial delivery services.

Reimbursement

Passport does not reimburse for claims received after the timely filing guidelines. Claims that exceed the timely filing limit will be denied as "The time limit for filing has expired". For additional information please refer the corrected claim policy.

Documentation History

Type	Date	Action
Effective Date	01/01/2021	
Revised Date	03/13/2023	

References

1. Passport by Molina Healthcare Provider Manual
    A. Medicaid 2023 (molinahealthcare.com)

Supplemental Information

Definitions

Term	Definition
Clean Claim	A clean claim is one that is accurate, complete (that is, includes all information necessary to determine Passport by Molina Healthcare liability), not a claim on appeal, and not contested (that is, not reasonably believed to be fraudulent and not subject to a necessary release, consent, or assignment), and supported with adequate and accurate medical records at the time service was rendered.
Proof of Timely Filing (POTF)	Documentation that shows the provider submitted the claim within the specified timely filing period.
Timely Filing Limit (TFL)	Timely filing limit – the maximum number of days or months allowed for a provider to submit a claim based on state and/or federal regulation, provider contract with Molina, or by letter of agreement (LOA).