

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 Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

Medical Group/ IPA/MSO

Primary Care

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

Hospitals

Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL

PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

122233 117079
120104 127657

Riverside/San Bernardino Counties

128010 127709
127684

Sacramento County

126232 121360
121031

San Diego County

120056 121588
120630

Imperial County

125682 120153

MOLINA IS GOING GREEN!

PROVIDER DISPUTES AND APPEALS ELECTRONIC SUBMISSION

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the transition from paper to electronic submission of disputes and appeals.

Electronic submission provides benefits to providers including:

- Ensures HIPAA compliance
- Helps to reduce operational costs associated with paper submissions (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Eliminates mailing time and submissions reach MHC faster

DEFINITION OF A PROVIDER DISPUTE AND APPEALS

A Provider Dispute or an Appeal is defined as a written notice prepared by a provider that:

- Challenges, appeals, or requests reconsideration of a claim that was processed or adjudicated
- Challenges a request for reimbursement of a claim overpayment
- Seeks resolution to a claim reimbursement determination or other contractual dispute

*What is **not** a Provider Dispute or an Appeal*

- A corrected claim that has not been adjudicated is **not** a dispute. A corrected claim must be sent as a claim to be adjudicated or processed.
- Claims submitted for retro review (review after the service has been provided) is not a dispute, and any requested information from the Molina Claims department, such as medical records or itemized documents, must be submitted to Molina's Claims department.

PROVIDER DISPUTE AND APPEAL TIME FRAME

Molina Healthcare of California accepts disputes from providers if they are submitted within 365 days of receipt of Molina Healthcare's decision of an adjudicated claim.

If additional information is needed from the Provider to resolve the dispute, MHC has forty-five (45) working days to request necessary additional information. Once any missing or required information is requested in writing, the Provider has thirty (30) working days to submit any additional information or the claim dispute will be closed by MHC.

SUBMISSION OF PROVIDER DISPUTES AND APPEALS

Molina offers the following electronic methods to submit disputes and appeals. Electronic dispute/appeal submission benefits our providers, including faster acknowledgement of receipt and overall efficient processing.

1. Molina Provider Portal (most preferred and efficient method):

<https://provider.molinahealthcare.com>

- Providers can search and identify their adjudicated claim status on the Molina Portal and submit a dispute or an appeal.
- Providers must complete applicable and required information on the portal and upload required supporting attachments to process the dispute or an appeal. Molina's Provider Portal allows up-to 20 MB size upload for attachments collectively and 5 MB size upload for an individual file.

2. Facsimile: fax the following information to Molina's Provider Resolution Team: Fax 562-499-0633:

- Faxed provider disputes require a completed Provider Dispute Resolution Request Form. Submission of a dispute/appeal via Molina Provider Portal does not require this form. Incomplete forms will not be processed.
- Provider Dispute Resolution Request Form. Accurate and efficient processing of a dispute or an appeal requires completion of all information in the Provider Dispute Resolution Request Form.
- This form can be found in the "Frequently Used Forms" section of the provider website:
<http://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>
- **Must include provider's fax number to receive the resolution of the dispute/appeal via fax.**
- A copy of the adjudicated claim(s), such as Explanation of Payment.
- A copy of the medical records or supporting documents to justify the appeal, if applicable. Please consider using Molina Provider Portal if there is a large size supporting documents or attachments.
- If similar claims are being disputed, the list of claims must be from the **same rendering provider and same claim issue**. Please fax a list of claims with the following claim data information. The list of similar claims can be disputed together:
 - 1) Molina generated Claim ID – also known as payer's Claim Control Number or Internal Control Number.
 - 2) Member's Full Name (last name, first name)
 - 3) Member's Date of Birth
 - 4) Dates of Service
 - 5) Billed Amount/Charges

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.