CLAIMS TRAINING FOR ADULT DAY CARE CENTER
Claims
Providers may submit claims to Molina in the following ways:

• On paper, using a current version CMS-1500 form, to:

  Molina Healthcare
  PO Box 22812
  Long Beach, CA 90801

• Electronically, via a clearinghouse, Payer ID #51062

• Electronically, via the Molina Web Portal
F.S. 641.3155 requires that providers submit all claims within six (6) months of the date of service. Network providers must make every effort to submit claims for payment in a timely manner, and within the statutory requirement.

If Molina Healthcare of Florida Community Plus is not the primary payer under coordination of benefits (COB), providers must submit claims for payment to Molina Healthcare of Florida Community Plus within ninety (90) days after the final determination by the primary payer.

Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted to Molina Healthcare of Florida Community Plus within these timelines will not be eligible for payment, and provider thereby waives any right to payment.
Direct Deposit of Funds

Providers are encouraged to enroll in Electronic Funds Transfer (EFT) in order to receive payments quicker.

Molina Healthcare’s EFT provider is ProviderNet.

To enroll, visit https://providernet.adminisource.com/Start.aspx

Step-by-step registration instructions are included in your training materials.
Billing Using a CMS 1500 Form

- Resident Information is entered in Fields 1 - 11
  - Only Fields 1 – 6 are required
  - All other fields are optional
Billing Using a CMS 1500 Form

- Resident’s authorization for ADC to bill and release information is entered in Fields 12 -13
  - Both fields are required
  - Enter “Signature on File” and the date in Field 12
  - Enter “Signature on File” in Field 13
Billing Using a CMS 1500 Form

- Diagnosis Code is entered in Field 21
  - This is a required field
  - Enter number 9 in the ICD Ind. for ICD 9.
  - Enter 780.99 in position A (new CMS1500 Form version 02/12 effective for submission dates starting on 4/1/2014)
  - Enter letter A in 24E to “point” the charges to the diagnosis
  - 780.99 an unspecified code which will enable your claim to process

<table>
<thead>
<tr>
<th>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY</th>
<th>22. RESUBMISSION CODE</th>
<th>23. PRIOR AUTHORIZATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: 780.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>03 01 14 03 01 14 12</td>
<td>S5100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55 00 32</td>
<td></td>
</tr>
</tbody>
</table>
Charges are entered in Fields 24A-24J

- The date of service is entered in Field 24A.
- Adult Day Care Centers can only bill services on a **daily** basis.
- Each claim line should be one date of service.
- Date of service cannot include future dates.

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**Daily Billing Using a CMS 1500 Form**

![Image of CMS 1500 form]

- **24 A. DATE(S) OF SERVICE**
  - **From:** 03 01 14
  - **To:** 03 01 14
  - **12:** S5100
  - **A:**
  - **54:** 00
  - **24:**

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**MOLINA HEALTHCARE**

*Your Extended Family*
## Billing Using a CMS 1500 Form

- Charges are entered in Fields 24A-24J
- The date of service cannot overlap months on the same claim.

### Example

<table>
<thead>
<tr>
<th>Line 1</th>
<th>03 30 14</th>
<th>03 30 14</th>
<th>12</th>
<th>S5100</th>
<th>A</th>
<th>54</th>
<th>00</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 2</td>
<td>03 31 14</td>
<td>03 31 14</td>
<td>12</td>
<td>S5100</td>
<td>A</td>
<td>54</td>
<td>00</td>
<td>24</td>
</tr>
<tr>
<td>Line 3</td>
<td>04 01 14</td>
<td>04 01 14</td>
<td>12</td>
<td>S5100</td>
<td>A</td>
<td>54</td>
<td>00</td>
<td>24</td>
</tr>
</tbody>
</table>

- Claim for new month should always be billed on new claim.

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Your Extended Family.
The billing code is entered in Field 24D.

The code for Adult Day Care is S5100*.

The code for transportation is T2002* (must be contracted for this service in order to bill).

*BOTH codes must be billed on a daily basis only.*
The Place of Service for Adult Day Care is 99

The billed charges for all units is entered in

Remember the A in the Diagnosis Pointer!
The total units are entered in **Field 24G**

- Adult Day Care Centers are contracted at 15 minute increments.

- Units billed must be the total time the member attended the ADC for the day.
Case Study - The below is just an example (Only Bill for 8 hours of ADC if approved. Always refer to the authorization-service request form provided by the case manager that should reflect the amount of hours/units approved for that member)

Jose Perez is receiving 8 hours of adult day care daily at this adult day care center.

To bill for these services, follow these steps:

1. S5100 is billed in 15 minute increments. 15 minutes = 1 unit.
2. The billing frequency for adult day care services is **daily**.
3. Determine the total amount of units to be billed based on the calculation below.

<table>
<thead>
<tr>
<th>Number of Hours per Day</th>
<th># of 15 Minute Increments</th>
<th>Total Units Daily (8x4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>4</td>
<td>32</td>
</tr>
</tbody>
</table>
Billing Using a CMS 1500 Form

- The Tax ID is entered in Field 25
- Yes is checked in Field 27
- Total charges for all lines are entered in Field 28 and 30
- The signature of the representative completing the claim is entered in Field 31
- The Provider Name, Address, & Phone Number are entered in Field 33
- The NPI # (if facility has one) is entered in Field 33A

![CMS 1500 Form Example]
Billing Using a CMS 1500 Form

The following fields on the claim must match the information in our records in order for payment to be issued.

- Box 25 – Tax ID must match W9 on file
- Box 33 - Provider Name and Address must match W9 on file
- Box 33A - NPI must match our files and NPI registry

Please notify Molina immediately, if any of these change.
# Web Portal Tools

<table>
<thead>
<tr>
<th>Member Eligibility</th>
<th>Claims</th>
<th>Authorizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Verify effective dates</td>
<td>• Check claim status</td>
<td>• Check status of an authorization</td>
</tr>
<tr>
<td>• Verify patient demographics</td>
<td>• Submit claims</td>
<td>• Request authorization</td>
</tr>
</tbody>
</table>

[Logo: Molina Healthcare]
Billing Using the Molina Web Portal

Select Create Professional Claim from the Claims drop-down menu.
Billing Using the Molina Web Portal

Insured Information - MEMBER

Enter the following:

- Member ID #
- Last Name
- First Name
- DOB
- Date of Service
- Other Insurance = Yes if comprehensive member (MMA and LTC with Molina)
- No if only LTC member with Molina

**Reminder:** Do not span the dates of service. ADC can only bill per day.

- The portal will fill in the Patient Information section.
Billing Using the Molina Web Portal

Patient Condition & Required Information - Member

**Patient Condition** - This section is not required. Leave this section BLANK.

**Verified Required Information:**
- Patient Account Number = (your internal acct number)
- Member Authorized Assignment of Benefit = Yes
- Provider Assignment Code = A
- Release of Information = Yes
- Prior Authorization Number is not required

**Patient Information**
Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".

**Other Information**
- Is there another benefit plan? [ ] Yes [ ] No

**Patient Conditions**
Is patient’s condition related to the following? (check all that apply)
- Employment [ ]
- Another Party Responsible [ ]
- Other Accident [ ]
- Auto Accident [ ]
- Place(State): [CA]
- Are there any patient condition dates that need to be entered? (e.g. Last menstruation, X-ray, immunization, etc.) [ ] Yes [ ] No

**Verify Required Information**

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MOLINA HEALTHCARE
Your Extended Family.
Billing Using the Molina Web Portal

Submitter Contact Information - PROVIDER

Enter the following:

- **Billing Provider Information** is completed automatically
- **Rendering Provider** is completed automatically
- **Facility Information** = Leave Blank
- **Diagnosis Code**
  Dx No. 1 = Enter 780.99
Enter the following:

**Claim Line Details**

- Dx No. 1 = 780.99
- Service From Date
- Service To Date
- Place of Service = 99
- Procedure Code
- **Modifier if required**
- Diagnosis Code Ref. = 1
- Unit of Measurement = UN-Unit
- Quantity = Total units per day being billed
- Charges = Charges for all units of the specified service and dates
- Leave all other sections blank
- Choose NEXT (bottom left corner)
Review your entries and:

- Choose SUBMIT (bottom right corner)
Submitting Prior Authorization via e-Portal

Select Create Service Request/Authorization from the Service Request/Authorization drop-down menu.
Submitting Prior Authorization
Submitting Prior Authorization via e-Portal

- **Member Search:**
  - Enter Member ID **or**
  - Member First and Last Name and Date of Birth

- **Patient Information:**
  - **NOTICE:** “This section will automatically populate when you enter valid information for Member Search”
Submitting Prior Authorization via e-Portal

Service Information -

- Select “Type of Service” from drop-down. (i.e.: Inpatient*, Outpatient, Therapies, DME, Home Health, Diagnostic Radiology, Behavioral Health, Long Term Care)
- By selecting “Inpatient”, the “Inpatient Notification” field opens, and must be selected from drop-down. (i.e.: Prior Authorization, Admission Notification)
- Proposed Start Date
- Enter appropriate Diagnosis Code(s) and Procedure Code(s) as applicable.

(Note: Click on the “Add More” links to add more of the appropriate codes and/or dates needed)

(Note: Use the magnifying glass next to the field to search when an item is not known)
Submitting Prior Authorization via e-Portal – Member Search/Patient Information

Provider Information -

- Requestor and Contact Information fields will automatically populate based on User ID. Manually enter any other necessary information to complete the section.
- Accident Related Information: (If applicable)
- Pregnancy Related Information: (If applicable)
- Other Condition Related Information: (Chiropractic, DME, Oxygen Therapy, Function Limitation, Permitted Activities, Mental Status) select as applicable.
Submitting Prior Authorization via e-Portal

Referring Provider Information -

- Referring Provider Information will automatically populate based on User ID.
- Referred To Provider Information: (If referring to a specific provider) Enter provider NPI.
Submitting Prior Authorization via e-Portal

Additional Provider Access/Refer-To Facility Information

- Additional Provider Access - (If applicable)
- Referred-To Facility Information: (If referring to a specific facility) This section will automatically populate when you enter valid Facility NPI.
Submitting Prior Authorization via e-Portal

Supporting Information

- To attach additional documentation
Supporting Information

- When attaching additional documentation, select Type of Attachment drop-down. Select appropriate type of attachment. (i.e.: Drugs Administered, Plan of Treatment, etc.)
Submitting Prior Authorization via e-Portal

Supporting Information

- After selecting the type of attachment, select "Browse". Select the appropriate document from the file upload window.
After adding the document, select Upload.
Submitting Prior Authorization via e-Portal

Supporting Information

- After uploading the document, it will show in the Attachments section.

- **Clinical Notes/Comments** - Additional notes or comments as needed. (Up to 8000 Characters)

  Review all the Prior Authorization information, and choose “Submit”.

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Supporting Information
Reminders

• Place of Service for Adult Day Care Centers is 99
• Adult Day Care Center Services are billed in 15 minute increments. Report units correctly.
• Diagnosis code is 780.99
• Dates of service cannot include future dates
• Dates of service must be billed daily (per line, per day).
• Check the authorization-service request form that indicates the amount of hours/units approved for the member.
Questions

THANK YOU FOR ATTENDING!

FOR A COPY OF THIS PRESENTATION PLEASE EMAIL: Shaun.Marshall@MolinaHealthcare.Com