IMPORTANT!

Molina Provider News:

Coordination of Benefits Tip Sheet

Coordination of Benefits (COB)
Medicaid is the payer of last resort. Private and governmental carriers must be billed prior to billing Molina Healthcare.
In the event that coordination of benefits occurs, the provider shall be compensated based on the state regulatory COB methodology. Primary carrier payment information is required with the claim submission. Providers can submit claims with attachments, including Explanations of Benefits/Explanations of Payment and other required documents by utilizing Molina's Provider Portal*.

Third Party Liability (TPL)
Molina Healthcare may deny claims when TPL has been established and will process claims for covered services when probable TPL has not been established or third-party benefits are not available to pay a claim. Molina Healthcare will attempt to recover any third-party resources available to members and shall maintain records pertaining to TPL collections on behalf of members for audit and review.

Authorization Requests
Authorization is not required when the primary carrier makes payment.

If the primary carrier does not make payment due to maximum benefit or other non-covered reason and Molina Healthcare assumes the primary role, authorization is required based on standard guidelines.

Claim Submission
Providers must submit claims, whether paper or electronic, within 6 months after discharge. Claims may be submitted:

- Online:
  Molina Portal (for existing registered providers/users): https://provider.molinahealthcare.com.

  The Molina Legacy Provider Portal is no longer accepting new provider registrations. As of March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should register on the **Availity Portal at https://availity.com/molinahealthcare to avoid any disruption in accessibility and functionality.*

- Via a clearinghouse, **Payer ID #51062**
- On paper to:
  Molina Healthcare
  PO Box 22812
  Long Beach, CA 90801

When Molina is secondary, claims, whether paper or electronic, must be submitted within 90 days from the final determination by the primary insurance carrier. If Medicare is the primary carrier, claims must be submitted to Molina within 36 months from discharge or one (1) year from Medicare's determination, whichever is later.

Indications That Other Insurance Is Primary

- A copy of an Explanation of Benefits is attached
- The claim form indicates the member has other coverage:

- Box 11d on a CMS 1500
- Box 50 on a UB-04

Before filing a claim, please review the following:

- Member eligibility and ID#
- Claim's timely filing
- Primary versus secondary insurance
- Patient Liability has been confirmed through DCF documentation or the DCF website
- Rendered services are covered
- Rendered services were authorized, if appropriate

The total amount paid by two or more health plans will not exceed 100% of the total allowable expense with standard COB guidelines. The primary plan plays its normal benefit, while the secondary plan pays the difference between what the primary plan paid and the allowable expense, up to its normal benefit.

Standard COB Example:
Billed amount: $100
Other Insurance Allowed Amount: $65.64
Other Insurance Paid: $40.64 (applied $25 coinsurance)
Molina Allowed Amount: $26.61
Molina Normal Benefit: $26.61

COB Allowable – Other Insurance Paid = Molina Payment
$26.61 - $40.64 = $0.00

The total amount paid between both plans should not exceed 100% of the total allowable expense.

For additional information, please visit the provider handbook on our website at www.molinahealthcare.com. Providers may also contact Molina Healthcare at 866-472-4585.

Thank you for your continued care to our Members!