MOLINA ®
HEALTHCARE

Provider Memorandum

Claim Management for Member Match Requirements

Molina Healthcare of Illinois (Molina) is reminding provider partners to fill out all required fields when submitting claims. This information is used to help identify and manage claims and also helps Molina match member information on the correct claim.

Providers are subject to certain coding requirements for claim submissions. **To match to the appropriate member record, the following information must be billed on each claim:**
- Member ID – located on the member's identification card
- Name – first and last name
- Date of birth – month, day, and year
- Correct plan address – the plan where the member has coverage; this may not be the state in which the provider is located

To ensure claims are processed in a timely manner and not returned, Molina recommends the following:
1. Verify insurance eligibility each time a patient is seen
2. Include current and complete member information when submitting a claim
3. Submit claims electronically. Molina offers two options for electronic claim submission:
   - Submit claims directly to Molina via the Provider Portal. The portal is available to all providers at no cost, 24 hours a day, seven days a week.
   - Submit claims to Molina via your regular EDI clearinghouse using Payer ID 20934. Molina uses Change Healthcare as its gateway clearinghouse.

   For additional information about electronic claims submission, refer to www.MolinaHealthcare.com/providers/il/PDF/Medicaid/electronic-claims-submission-memo-v5.pdf.

Frequently Asked Questions:
- **What is changing?**
  There are no changes. This memo is a reminder of member information that is required on each billed claim.
- **Will claims be denied if mandatory information is missing?**
  If mandatory information is missing the claims will be returned with a notice, not denied. The correct member information should be submitted to the member's plan as a new claim submission, not as an adjustment.

Sample Notice for Returned Claims

MOLINA HEALTHCARE

Editor EDI Claim Returns Denials

ABC Provider

ABC Provider
123 ABC Street
Any City, ST 98765

Provider

Patient Acnt #	123456789			Member ID #	Jane Doe		
Member	Jane Doe			Member DOB	10/15/1962		
Form Type	1500						

Claim ID	Claim Line	Date of Service	CPT/HCPC	Modifier	Units	Billed Amount	Status
1834136073	1	11/13/2018	A0425	NH	13.00	$195.00	Rejected
1834136073	2	11/13/2018	A0429	NH	1.00	$500.00	Rejected
						$695.00	

Summary of Acct # 123456789

Message: Cannot find member in plan database

- **Why am I not allowed to submit an adjustment?**
  As noted above, claims with missing member information are returned. These claims are not denied. For returned claims, a new claim must be submitted with the corrected member information.
- **What payer ID should I use?**
  Use the payer ID for Illinois, 20934.

Who do I contact with questions?
Please contact our Provider Services Call Center at (855) 866-5462.

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Join Molina's new provider email list! Be the first to receive news and updates about Molina services, delivered automatically to your inbox. Just click here, https://molinahealthcare.activehosted.com/f/1, fill out the form and submit to get started.