

PROVIDER MEMORANDUM

ATTENTION LONG TERM CARE PROVIDERS: IMPORTANT INFORMATION REGARDING THE PATIENT CREDIT FILE

Molina Healthcare of Illinois (Molina) is committed to the timely, efficient and accurate payment of provider claims. In an effort to improve payment quality and provide enhancement to the Long Term Care (LTC) provider claims process, Molina implemented the following:

- In October 2016, Molina implemented a system update and through new automated technologies, provided a solution to quickly adjudicate and process current and re-adjudicate LTC Medicaid payments using the Illinois Department of Healthcare and Family Services (HFS) Patient Credit File as the source of truth.
- In December 2016, Molina conducted a comprehensive rate audit of LTC facilities back to the inception of the Medicaid programs using the published HFS rates found here:
<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/LTC.aspx>
- Molina does not currently accept off-cycle changes to LTC facilities for reimbursement; however, Molina will work with HFS to obtain guidance on acceptable documentation or an approval process for retro-effective rate changes.

Timeline for Claims Reprocessing.

In January 2017, Molina experienced higher than normal denials for LTC facilities. The increase was primarily driven by the removal of historical Member records relating to effective and approved dates for HFS LTC facilities services and patient liability amounts for patients who are no longer Molina Members from the monthly HFS Patient Credit File.

- Molina is in final stages of system development to restore and retain the HFS Patient Credit File history. This system fix is forecasted to be in production on or about April 7, 2017.
- Claims submitted after April 7, 2017 will process according to the effective rate as of that date of service for the approved Member, liability amount and facility listed on each monthly HFS Patient Credit File.
- Molina will identify all impacted claims received and reprocess the claims no later than **May 15, 2017**, based on normal claims processing rules.

Implementations of MEDI screen shots as evidence of a Member's coverage.

Molina is fully committed to complying with HFS guidance to implement a process to accept screen shots from the state of Illinois Medical Electronic Data Interchange (MEDI) system as evidence of coverage until the HFS Patient Credit File is updated or as evidence of coverage.

- Molina will be prepared to accept scanned image(s) of the MEDI system to show eligibility and liability amounts (including approved retro-effective dates, liability or facility changes) for denied claims for effective Molina Members for the billed date(s) of services starting April 15, 2017.
- The Molina internal claim processes for assessing the documentation, submitting the claims for adjustment and reprocessing the disputed claim(s) is estimated to take 60 days from the time of document receipt. Please note timely notification for this dispute process does apply. Please reference the Molina Provider Manual or contact your provider services representative should you have any questions.

The documents should be emailed to IllinoisProviders@MolinaHealthcare.com. Please contact your provider services representative if you have questions. You may also contact the Provider Services department at (630) 203-3965.