

# Provider Memorandum

## Provider Notification: Itemized Bill Claim Review

Molina will begin conducting medical claim reviews on inpatient claims to ensure claims are reimbursed in accordance with generally accepted Federal, State, and AMA billing and coding guidelines.

The process includes review of claims from a pre-payment perspective to ensure claims are billed and paid appropriately. This process includes review of:

- Room and Board charges
- Items/services not included in the Room and Board category that are considered non-routine and patient specific
- Any billing errors identified.

Based on this review, Molina identifies disallowed charges and services to determine correct payment in accordance with Federal or State reimbursement methodology and/or provider specific contract terms.

Please ensure that any claim associated with stop loss, or payment in excess of the DRG amount, is accompanied with an itemized statement in order to ensure timely processing of your claim.

If Molina identifies disallowable charges in your claim, you can dispute our decision by following the routine claim appeal/dispute process that is outlined in the provider manual and/or provider contract. The appeal/dispute process is also outlined in a Molina provider memorandum located at the following [link](#).

## Questions

Providers with questions may contact their provider network managers or email the Provider Network Management Department at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at [www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx](http://www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx).

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