

# Provider Alert

## Illinois Configuration Issue: CMS 1500 Claims

Molina Healthcare of Illinois (Molina) is working to reprocess approximately 75 CMS 1500 claims that were incorrectly processed as a facility benefit instead of a professional benefit. This has resulted in improper CMS 1500 claims denials for providers.

### Affected Providers

This issues may affect allopathic and osteopathic physicians, podiatric medicine and surgery service providers, physician assistants and advanced practitioner nurses.

### Impacted Lines of Business

The issue may affect Molina Medicaid providers who use HealthChoice Illinois and/or HealthChoice Illinois MLTSS lines of business.

### Issue

Starting around March 1, 2019, approximately 75 CMS 1500 claims were incorrectly processed against a facility benefit rather than a professional benefit. These claims received an internal edit 214 in error (Bill Type does NOT match Benefit). Providers will see remark code MA30 (Missing/Incomplete/Invalid type of bill) on the Explanation of Payment (EOP).

### Resolution

Molina has resolved the issue and will reprocess the claims. Providers will **NOT** be required to resubmit claims or submit disputes for claims that were affected by the issue.

### Questions

Providers who have questions may contact their provider network managers or email the Provider Network Management department at [MHIL\\_Provider\\_Information\\_Management@MolinaHealthCare.Com](mailto:MHIL_Provider_Information_Management@MolinaHealthCare.Com).

For help identifying your provider network manager, visit Molina's Service Area page at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).