

## **Prepayment Claim Review**

Molina Healthcare is committed to continuously improving its overall payment integrity solutions. This is a notification that we will begin performing additional prepayment claim reviews in August 2019. As a result, the healthcare professional may be asked for medical records and billing documents that support the charges billed.

Molina Healthcare utilizes widely acknowledged national guidelines for billing practices and supports the concept of uniform billing for all payers. These prepayment claims reviews will look for overutilization of services or other practices that directly or indirectly result in unnecessary costs to the healthcare industry. A healthcare professional's order must be present to support all charges, along with clinical documentation to support the diagnosis and services or supplies billed.

Healthcare professionals will receive detailed instruction regarding how to submit requested documentation. Healthcare professionals who do not submit the requested documentation may receive a technical denial, which will result in the claim being denied until all information necessary to adjudicate the claim is received.

If it is determined that a coding and/or payment adjustment is applicable, the healthcare professional will receive the appropriate claim adjudication. Healthcare professionals retain their right to dispute results of reviews.

Thank you for your partnership,

Molina Healthcare, Inc.