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## Attention: Skilled Nursing Facilities

## Submitting Service Dates for Room and Board

When submitting claims for room and board charges, the service line must match the first day of the date span billed in field 6, identified as the Statement Covers Period of the UB04.

This requirement is also outlined in the Uniform Billing Editor (UBE) Guide:

"The service date reported in FL 45 should be the earliest date of the claim that the service was provided at that level of care."

Claims that have previously been submitted with the "through date" instead of the "from date" on the service line will be denied.

Previously submitted claims with the incorrect date must be submitted as a corrected claim. To learn more, view our <u>Corrected</u> <u>Claim Billing Guide</u> at <u>www.MolinaHealthcare.com/Providers/OH</u> under the "Forms" tab.

FROM DATE

STATEMENT COVERS PERIOD		
FROM	THROUGH	
09/01/2014	09/30/2014	

## THROUGH DATE

42 REV. CO.	43 DESCRIPTION	44 HCPCS/RATE/HPPS CODE	45 SERV DATE	١
0101	All-Inclusive Rate – All Inclusive Room		09/01/2014	J
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## Patient Liability Reminder

Patient Liability will be captured on claims as follows:

- Loop 2300: AMT Patient Responsibility Estimated
- Segment AMT02

Lump Sum payments received by a nursing facility (NF) will be captured on claims as follows:

- Loop 2300: HI Value Information
- Segment HI01-01

If a member receives a lump sum of money, it is possible that he or she may pay the NF directly to maintain Medicaid eligibility. As with Patient Liability, Molina Healthcare will reduce amounts to the designated NF if a lump sum payment is received by the NF. Once the code is no longer present on the claims submission, Molina Healthcare will resume paying the full amount, as appropriate.

REMINDER: Patient Liability should **not** be reported in Value Code 31. Reporting Patient Liability in this field will result in claim underpayment because Molina Healthcare's system reads Value Code 31 as LUMP SUM only and taking it in addition to any Patient Liability that is applicable to that member.