



Compliance Reminder: HIPAA 5010 Attending Provider Billing Requirements

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, all health care claims submitted electronically must adhere to the ANSI X12 standard for electronic transactions. Molina Healthcare continues to work with our trading partners to ensure all institutional (non-ambulance) claims adhere to Version 5010 of that standard.

All institutional (non-ambulance) claims submitted electronically will require that the fields be populated in the following segments:

- Entity Identifier Code (2310A loop at the claim level, Segment NM1 and Data Element NM101)
- Entity Type Qualifier (2310A loop at the claim level, Segment NM1 and Data Element NM102)
- Attending Provider Last Name (2310A loop at the claim level, Segment NM1 and Data Element NM103)
- Attending Provider First Name (2310A loop at the claim level, Segment NM1 and Data Element NM104)
- Identification Code (Attending NPI) (2310A loop at the claim level, Segment NM1 and Data Element NM109)

Remember, all claims submitted electronically will be rejected if they do not meet the billing requirements outlined above. If your claim(s) is rejected, you will need to resubmit the claim(s) with the required data. Please contact your Provider Services Representative at (855) 322-4079 if you have any questions about this policy.

Accountable Care Act (ACA) Primary Care Payment Increase

Effective Jan. 1, 2013 under the Accountable Care Act, Medicaid providers with a specialty designation of family medicine, general internal medicine, or pediatric medicine may be eligible for an enhanced payment. Specialists and subspecialists within the designations listed above as recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS) may also qualify for the enhanced payment. The rate increase will be applied to identified evaluation and management codes and vaccine administration codes pursuant to 42 CFR Parts 438, 441, and 447.

Molina Healthcare has recently received funding by the Ohio Department of Medicaid and further guidance on how to disperse the funds to eligible providers. During the week of Jan. 6, 2014, Molina Healthcare will be sending out payment for eligible services that were performed between Jan. 1, 2013 and Sept. 30, 2013 and processed before Nov. 30, 2013. Each payment will include detailed remittance advice providing payment details to assist your office in appropriate posting of the enhanced payments.

Upon receipt, please contact Provider Services at (855) 322-4079 if you have any questions regarding your enhanced payment.