

Molina Healthcare of Puerto Rico

Providers

REFERENCE LETTER PR PROV18-003-009ENG

March 12, 2018

TO : ALL MHPR PARTICIPATING PROVIDERS

RE : PROVIDER INFORMATION

Greetings from the Molina Healthcare of Puerto Rico (MHPR) family. At Molina Healthcare PR we are committed to the health and wellbeing of our members as well as to our participating providers for the Government Health Plan.

It is important for Molina Healthcare of Puerto Rico (Molina Healthcare) to keep our provider network information up to date. Up to date provider information allows Molina Healthcare to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Molina Healthcare in writing at least 30 days in advance when possible of changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers Only: If your practice is open or closed to new patients
- When a provider joins or leaves the practice

Please note that any change that may or will affect for 1080 / W2 tax form, requires a W9 form to update this information.

Please, notify any change to:

Email: MHPRProviders@MolinaHealthcare.com

Mail: Molina Healthcare of Puerto Rico
Provider Services Department
PO BOX 364988
San Juan, PR 00936-4988

Required Information in Claims

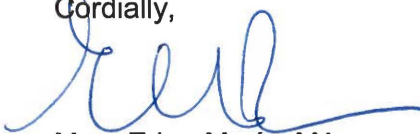
Please note that if the member's or your – the provider's – address is missing or invalid, Molina Healthcare may not be able to submit your claims for processing. Therefore, as a reminder, the following are required elements that must be included on every claim:

- Member's name, date of birth and Molina Member ID number
- Member's gender
- Member's address
- Date(s) of service
- Valid International Classification of Diseases diagnosis (ICD-10) and procedure codes
- Valid Revenue Code, CPT or HCPCS for services or items provided
- Valid diagnosis pointers
- Total billed charges for service(s) provided
- Place and type of service code
- Days or units, as applicable
- Provider tax identification number
- National Provider Identifier (NPI)
- Rendering provider, as applicable
- Provider name and billing address
- Place of service and type (for facilities)
- Disclosure of any other health benefit plans
- E-signature
- Service facility location

Inaccurate, incomplete, or untimely submissions and re-submissions may result in denial of the claim.

For more information, you can call our Provider Call Center at (888) 558-5501, Monday through Friday from 7:00 a.m. to 7:00 p.m. Audio impaired people can call TTY (787) 522-8281.

Cordially,



Mrs. Edna Marín, MA
VP, Network Management & Operations
Molina Healthcare of Puerto Rico Inc.