

Dear Provider

Molina Healthcare of Texas is providing notification on the process for submitting claims related to Electronic Visit Verification which was implemented April 1, 2016.

Please note that Molina has not denied claims related to EVV since the implementation date of April 1, 2016.

Beginning December 15, 2016, Molina will initiate recoupments, if applicable, for claims that were submitted from April 1, 2016 to December 14, 2016 based on the claim not matching the EVV transaction file. Molina is proposing claim denial starting December 15, 2016 for claims submitted on or after that date. Claims without a “match” will be denied; however, Molina will continue to compare that denied claim with the incoming transaction files on a weekly basis. If a match is located during the 60 day visit maintenance period, the claim will be processed

Claims submitted on or after April 1, 2016 must have matching units from the EVV vendor transaction file. Molina will accept both individual visit claims and/or date span claims. Please note that in order for a claim to be accepted and paid, the units submitted on the transaction file must match the units submitted on the claim.

Beginning December 15, 2016, Molina will begin the following process:

- Claims can be submitted to Molina using date span billing for multiple visits or by listing each visit on an individual line.
- Molina will **ONLY** reimburse providers for claims for which there is a Matching Visit Verification (meaning the claim corresponds with the data or transaction from the EVV vendor). This means that providers should complete all visit verification, including visit maintenance with their EVV vendor prior to submitting a final claim to Molina.
- Molina will compare the claim(s) submitted to the transaction data to ensure that the units match and the visit is valid. In addition, the providers NPI, member ID, and HCPCS code with correct modifiers in correct order will also be verified.
- If the provider is billing individual lines, only the lines that do not have a full match (units, NPI, Member ID, and HCPCS code with correct modifiers in the correct order) will be denied.
- If the provider is billing in date spans, the entire claim will be denied, with a notice of the date/dates that do not match (units, NPI, Member ID, and HCPCS code with correct modifiers in the correct order).
- There is no change to Molina’s requirements for prior authorization. If the visit verification and claim match, but there is not a valid authorization on file or the number of authorized units are exhausted, the claim will be denied. In the event additional services are required, providers must work with Molina’s Health Care Services department to ensure additional authorizations are in place prior to providing the services and submitting a claim.
- As always, providers can request claim reconsideration or appeal a claim decision; however, unverified visits will not be paid.

Molina Healthcare of Texas understands this is a new program and we are committed to working with Provider Agencies and Attendants to ensure a successful implementation. If you have any questions or require any additional information about this program, please contact Provider Services at 855-322-4080 or via email at mhtxevv@molinahealthcare.com. Representatives are available to assist you from 8 a.m. to 5 p.m., Monday through Friday.