

Provider Memorandum

New Prepayment Claims Review

Molina Healthcare of New York, Inc. (Molina) is committed to continuously improving its overall payment integrity solutions. **Beginning June 30th, 2020**, Molina will partner with Optum, a healthcare solutions organization, to perform prepayment claims reviews. As a result, providers may be asked for medical records and billing documents that support the charges billed.

Impacted Lines of Business

The prepayment claims review will apply to only the Medicaid (MMC) line of business.

Molina Billing Practices

Molina uses accepted national guidelines for billing practices and supports the concept of uniform billing for all Managed Care Organizations (MCOs). The new prepayment claims reviews will look for overutilization of services or other practices that directly or indirectly result in unnecessary costs. A provider's order must be present to support all charges, along with clinical documentation to support the diagnosis and services or supplies billed.

Providers will receive detailed instruction regarding how to submit requested documentation. Providers 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 provider will receive the appropriate claim adjudication. Providers retain their right to dispute results of reviews in accordance with the terms of their contract.

About Optum

Optum is a leading health services innovation company that seeks to improve health outcomes while reducing the total cost of care.

Questions

Providers who have questions, concerns or would like additional training, including how to use the Molina Provider Portal, may contact their provider network managers or email the Provider Network Management Department at MHNYProviderServices@molinahealthcare.com.