

Provider Newsletter

MOLINA OF NEBRASKA, INC. PROVIDER NEWSLETTER



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Claims submission

Molina Healthcare of Nebraska, Inc. encourages providers to submit their claims electronically – including secondary claims. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.).
- Increasing accuracy of data and efficient information delivery.
- Reducing claim delays since errors can be corrected and resubmitted electronically.
- Eliminating delays in mailing Molina. Claims can be submitted electronically via the Availity Essentials provider portal or the provider's Electronic Data Interchange (EDI) clearinghouse.



If electronic claims submission is not possible, please submit paper claims to:

Molina Healthcare of Nebraska, Inc.
PO Box 93218
Long Beach, CA 90809-9994

Electronic Data Interchange (EDI)

Payer ID: MLNNE

When submitting paper claims:

- Submissions are not considered accepted until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Claims will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering – including handwritten claims.
- Claims must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see Centers for Medicare & Medicaid Services (CMS) claims submission guidance at [cms.gov/medicare/billing/electronicbillingEDTrans/1500](https://www.cms.gov/medicare/billing/electronicbillingEDTrans/1500).

Continuity of care

Effective March 31, 2024, the continuity of care period ended for Molina's entry into the market. Prior authorization (PA) requirements took effect on April 1, 2024 for:

- All PAR and non-PAR providers must submit a PA request for services included on the PA lookup tool before services are rendered
- All non-PAR providers are required to submit a prior authorization for all services beginning May 1, 2024

Molina does not perform retrospective reviews. Failure to obtain PA before services are rendered may result in the claim being denied — with limited exceptions.

The PA look-up tool can be found online at MolinaHealthcare.com/NEProviders.

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

- Molina utilizes ECHO Health by Change Healthcare for electronic payments. In-network providers are encouraged to register for ECHO within 30 days of receiving their first reimbursement check.
- Visit [ECHO Health](#) to enroll.
- Questions? Contact ECHO Health at **(888) 834-3511**, Monday-Friday, 8 a.m.-6 p.m. ET.

Provider town hall

Molina will hold its in-person town hall, and we invite our providers and staff to join us!



Date:

Thursday, June 27, 2024

Time:

11 a.m.



Location:

Northeast Community College Lifelong Learning Center
801 E. Benjamin Ave.
Norfolk, NE 68701

The town hall aims to share essential updates, foster open communication and facilitate discussions on critical matters relevant to our providers.



Please RSVP online at MolinaHealthcare.com/Providers/NE/Medicaid/Communications/Training.aspx.

Electronic Visit Verification



Consistent with previous guidance, as of May 1, 2024, all providers will be required to capture their visits in the Netsmart Electronic Visit Verification (EVV) system. DHHS is extending the requirement that claim submissions must also be submitted through the Netsmart EVV system to May 1, 2024. This allows all providers additional time to implement their technical solutions. If you have any questions, please contact provider relations.

Nebraska is an Open Model for providers. This means is that if you are currently using an EVV system with

another provider, you will be able to continue to use that system as long as your vendor is able to meet the technical specifications and completes the integration process.

If you are a provider planning to utilize the Open Model with an alternate EVV vendor, you need to complete the process with Netsmart.

Molina Healthcare: netsmart.az1.qualtrics.com/jfe/form/SV_022n4n3n4JJvY2y

At the end of each survey, there will be a link for you to provide to your vendor specific. You will need to provide that link to your vendor so they can access and complete the requested information and start the integration process. Please be sure to capture the link at the end of each survey, as the data for each MCO will be different.



Important dates:

All providers will be required to submit EVV effective May 1, 2024.

If your chosen alternate vendor has not completed integration with Netsmart by May 1, 2024, you will need to use an approved vendor or the state-offered Netsmart solution until your vendor completes the integration and approval process.

If you have questions, please contact your **provider relations representative**.

Staying connected and in the know!

Here are some important departments and phone numbers:

Member Services

(844) 782-2018 (TTY: 711)
Monday-Friday
8 a.m.-6 p.m. CT

Provider Services

(844) 782-2678
Monday-Friday
7 a.m.-6 p.m. CT

Provider Online Directory

Provider relations

NEProviderRelations@MolinaHealthcare.com

Contracting

NEContracting@MolinaHealthcare.com

Availity Essentials Portal

(800) 282-4548
Monday-Friday
8 a.m.-8 p.m. ET

Utilization Management

(844) 782-2678
Monday-Friday
8 a.m.-5 p.m. CT

24-hour Nurse Advice Line

(888) 275-8750 (TTY: 711)
Available 24 hours a day, 7 days a week, 365 days a year

Compliance

(866) 606-3889
Report fraud, waste and abuse
24/7 Alertline

