



NF Billing Best Practices

Always run MESAV's at the beginning of the month prior to billing to ensure eligibility.

Ensure that the MESAV is complete and accurate so the billing is processed timely.

Update all Diagnosis Codes in the TMHP Group Template to be ICD-10 compatible.

Update the TMHP Group Template routinely for the following reasons:

- a) Ensure that all diagnosis codes are ICD10 compatible, and,
- b) Set up the billed amount to reflect RUG rate,
- c) Remove all residents that are no longer billable to Medicaid (example: resident is now Hospice).
- d) Prior to submission of the TMHP template, verify all claims for census changes and/or RUG changes and edit appropriately.

To check on claims billed, consult the Claims Status Inquiry in the Molina Portal, sorting by the dates of service billed, to check status on all submitted claims.

To ensure all patient days are billed for each Resident, use the Claims Status Inquiry function in the Molina Portal, by resident name.

Rebilled dates of service will deny as duplicates. If a claim denies, it must be corrected, not rebilled.

Claims should be corrected, not voided.

Molina NF Provider Issue Log should be utilized to inquire about a credit balance or an outstanding balance. This Log would be submitted to the Molina Provider Service Rep for research.

All claims inquiries should be given to the assigned NF Provider Service Representative (PSR) for resolution.

On the Molina Portal, the Export Claims Report to Excel will list all claims received within the specified date range.

When the facility is going through CHOW (change of ownership) please make sure:

- a) All contracts have been completed with Molina Healthcare. This process can take up to 90 days.
- b) Ensure that all billing after CHOW has the new NPI and Tax ID.
- c) Claims should only be billed when the CHOW is completed. Any claims received prior to completion will be denied and then must be corrected with the correct NPI and Tax ID before they can process.