

Provider Quick Reference Guide

Molina Healthcare of Iowa	www.molinahealthcare.com/IA
Provider Services Contact Center	<p>Call: (844)236-1464</p> <p>For assistance with:</p> <ul style="list-style-type: none"> • Claims Reprocessing • Claims Inquiry / Status • Update provider information • Get connected with your regional provider services representative: IAProviderRelations@molinahealthcare.com
Provider Contracting	IAProviderContracts@molinahealthcare.com
Behavioral Health Prior Authorization	<p>Call: (844)236-1464</p> <p>Fax: (319)774-1295</p>
Availity Portal	<p>Availity Essentials Provider Portal: https://availity.com/molinahealthcare</p> <ul style="list-style-type: none"> • Eligibility & Benefits • Member Search • Attachments • Claim Status • Claims Correction • Payer Space • Overpayments
Claims Disputes	<p>Fax: (855)275-3082</p> <p>lowaproviderinquiry@molinahealthcare.com</p> <ul style="list-style-type: none"> • Corrected claims are considered new claims and can be submitted electronically via the Availity Provider Portal https://availity.com/molinahealthcare or through an EDI clearinghouse • Providers seeking a redetermination of a claim previously adjudicated must request within 180 days of Molina’s original remittance advice date • Overpayment disputes should be received within 90 days of overpayment notification letter date and should be mailed to: Molina Healthcare of Iowa PO Box 2470 Spokane, WA 99210-2470
Dental	For more information on dental carriers, visit the Dental Carrier Options webpage
Emergency Room (ER) Policy	<ul style="list-style-type: none"> • Emergent and urgent care Services are covered by Molina without an authorization. This includes non-contracted Providers inside or outside of Molina’s service area. • The IME Website has a detailed list of diagnosis codes used to determine emergency room payment.
ETF/ERA Sign Up	https://enrollments.echohealthinc.com/EFTERA
Fraud, Waste and Abuse	<ul style="list-style-type: none"> • To report an issue by telephone, call Molina’s Compliance Hotline: 1-866-606-3889 • To report an issue online: www.MolinaHealthcare.Alertline.com • Iowa Medicaid Program Integrity Unit: 1-877-446-3787 or locally at 515-256-4615

Health Care Services Department	<p>Call: (844)236-1464 Fax: (319)774-1295</p> <ul style="list-style-type: none"> • 24/7 access to online submission and status checks • Ensures HIPAA compliance • Ability to receive real-time authorization status • Ability to upload medical records
Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS)	<ul style="list-style-type: none"> • Des Moines (515)323-9639 • Toll-free (800)338-7752 <p>Available 24/7</p>
Lab Services (Quest Lab Diagnostics)	866-MY-QUEST
Member Services	<p>Call: (844)236-0894 TTY/TDD: 711</p>
Non-Emergency Medical Transportation (Access2Care)	<ul style="list-style-type: none"> • Unlimited free round-trip or one-way trips for covered, medically necessary, services each calendar year • Members can call Access2Care at (844)544-1389
NPI Look Up	https://npiregistry.cms.hhs.gov/search
Pharmacy Services	<p>Call: (844)236-1464 Fax: (855)275-3082 iowaProviderInquiry@MolinaHealthcare.com</p> <ul style="list-style-type: none"> • Pharmacy benefit coverage is aligned with the Iowa Medicaid Preferred Drug List (PDL) http://www.iowamedicaidpdl.com/preferred_drug_lists • Prior authorization criteria will also align with Iowa Medicaid • PA Form Fax: (877)733-3195
Prior Authorization: Ways to Submit	<ul style="list-style-type: none"> • Electronically via the Availity Essentials portal https://availity.com/molinahealthcare • By phone at (844)236-1464 • By fax at (319)774-1295 (medical) • By fax at (877)733-3195 (pharmacy)
Submit electronic claims	<ul style="list-style-type: none"> • Submit Claims directly to Molina via the Availity Essentials portal • Submit Claims to Molina via your regular EDI clearinghouse • Payer ID: MLNIA
Timely Claims Filing	<ul style="list-style-type: none"> • Claims must be submitted by provider to Molina Healthcare within 180 days • Out-of-network providers: 365 days after discharge from date of service • Corrected claims: 365 days from the last adjudication date for up to 2 years from date of service
Utilization Management	<p>Call: (844) 236-1464</p> <ul style="list-style-type: none"> • All criteria used for UM decision-making are available to providers upon request.
Vision	<p>March Vision Network (844) 496-2724 https://www.marchvisioncare.com/becomeprovider.aspx</p>
24/7 Nurse Advice Line	<p>Call: (866)236-2096 TTY/TDD: 711 Relay</p>