



# Just the Fax

A fax bulletin from Molina Healthcare of Michigan (MHM) • August 5, 2021

## New Prepayment Claims Review

Molina Healthcare of Michigan (Molina) is committed to continuously improving its overall payment integrity solutions. Beginning October 18, 2021, 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.

### **Molina Billing Practices**

Molina uses accepted national guidelines for billing practices and supports the concept of uniform billing for 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 a denial for the service and a letter with detailed instruction regarding how to submit requested documentation. If your claim is identified for review, you will receive an explanation of payment (EOP) indicating medical records have been requested. The EOP will contain the following Remit Remark Code and Message referencing each line:

**Remit Remark Code:** M127 (only visible in 835 file)

**Remit Message:** *"Optum is requesting Medical Records on Molina's behalf. The allowed timeframe for Medical Record submission and any disputes are based on timely filing requirements. Please direct questions regarding this Medical Record request to Optum at (877) 244-0403."*

Medical records are required to be submitted within 30 calendar days from receipt of the notice and should be sent directly to Optum. Once received, records will be reviewed within 10 business days and an outcome letter will be sent to you.

If medical records are not received within 30 days, a second reminder letter will be sent by Optum. If no records are received within 90 days of the initial request, a technical denial letter will be sent as final communication and Molina will be notified that Optum has closed the case.

**Impacted Lines of Business**

The prepayment claims review will apply to Medicaid, Marketplace and Medicare.

**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, may contact their provider network representative or email

[MHMProviderServicesmailbox@MolinaHealthcare.com](mailto:MHMProviderServicesmailbox@MolinaHealthcare.com).

**Thank you for serving Molina Members!**