

Provider Memorandum

New IAMHP Comprehensive Billing Manual

Molina Healthcare of Illinois (Molina) is among the managed care organizations working in partnership with the Illinois Association of Medicaid Health Plans (IAMHP) to create the IAMHP Comprehensive Billing Manual. The manual aims to provide billing and claims procedures for that will serve as single source regardless of provider type.

IAMHP completed a thorough review and comparison of MCO billing guides, and worked closely with its MCO members to create a single source for all claims policies and procedures, regardless of provider type. Providers can access the IAMHP Comprehensive Billing Manual here,

https://iamhp.net/resources/Documents/IAMPH's%20Comprehensive%20Billing%20Guide.pdf .

This first edition of the IAMHP Comprehensive Billing Manual includes sections on:

- Minimum Claim Requirements
- General Claim Submission Guidelines for All Providers
- Outpatient Hospital

An Inpatient Hospital section is in development and more billing topics will be added over time.

Updates to the IAMHP Comprehensive Billing Manual

The manual is a dynamic document and revisions will be provided at least quarterly. Molina will notify providers by memo (posted under the Communications tab on <u>www.MolinaHealthcare.com</u>) each time the manual is updated. The complete manual and modification/update grid will be posted on the IAMHP website, <u>https://iamhp.net/providers/</u>.

Groups Covered by the IAMHP Comprehensive Billing Manual

The manual is designed to provide support and guidance to contracted Medicaid managed care providers on billing for services to Medicaid beneficiaries, including HealthChoice Illinois (HCI) Managed Care Organizations (MCOs) and services provided to Medicaid beneficiaries in Medicaid-only programs (e.g., FHP, ACA, ICP and LTSS populations).

The manual will **not** apply to dually-eligible beneficiaries in the Medicare Medicaid Alignment Initiative (MMAI) program.

Exceptions to the IAMHP Comprehensive Billing Manual

Most of the manual's policies and procedures are common to all MCOs. However, there may be a certain instances where MCO procedures differ. In these cases, links to MCO-specific guidelines are embedded in the manual for easy reference.

It is also important to refer to your contractual agreements as there may be specific nuances that apply. Your provider agreement supersedes items in this manual.

Questions

The manual is intended as a general guide for billing and claims processing policies and procedures. For Molinaspecific questions or clarifications, contact your provider network manager or email the Provider Network Management Department, <u>MHILProviderNetworkManagement@MolinaHealthcare.com</u>.

For help identifying your provider network manager, visit Molina's Service Area page at www.molinahealthcare.com.