

Provider Memorandum

New PA Weekly Frequency Accumulator for Waiver Billing

Molina Healthcare of Illinois (Molina) is alerting atypical providers of waiver services (homemakers for example) of an upcoming change in billing practices. On January 1, 2023, Molina will launch a Prior Authorization weekly frequency accumulator for claims received on or after January 1, 2023.

Rather than billing the entire month on one claim line, we are moving to a weekly system. Providers have the option to bill daily (one DOS per line) or bill weekly with each DOS on one line, with the total **not to exceed** the weekly units authorized in the member's service plan. Claims received with one service line for the entire month will be denied for exceeding the approved weekly frequency (i.e., number of units). Claims submitted with more weekly units than authorized will be paid only up to the total weekly authorized units.

The frequency period of the authorization will always be seven days beginning on the authorization start date according to the member's service plan.

Correct Claim Example: Authorization is approved starting December 1 through December 31, with a weekly frequency of 25 units. The claim can be billed listing the daily units per line (not to exceed 100 total units for the month), or billed per week (not to exceed 25 units per line).

Incorrect Claim Example: Authorization is approved starting December 1 through December 31, with a weekly frequency of 25 units. The claim is billed with one service line from December 1 through December 31, with 100 units. This claim will be denied for exceeding the weekly frequency of 25 units.

During COC Period

For the Continuity of Care (COC) period, providers should bill based on the member's Prior Authorization, whether from the previous Managed Care Organization (MCO), the Illinois Department On Aging (IDOA), or the Illinois Department of Human Services Division of Rehabilitation Services (DRS). Once Molina issues a current authorization, providers are required to adhere to the frequency as outlined.

To request an authorization after the COC period ends, providers may contact Molina's Care Management team at LTSSSETI@MolinaHealthcare.com. A response should be rendered within three days of the request.

Note: Because of this change, HCBS Billing provider webinars will be hosted monthly in 2023. The website will be updated with dates and registration details at a later date.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? [Click here](#).

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! [Click here](#) to join Molina's provider email list.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.