Per provider communications beginning August 1, 2011, long term care facilities were notified that they may begin to see additional reason and remark codes reflected on the remits with a WARN disposition as a result of patient resource mismatches. Facilities were able to identify these errors using the following reason and remark codes on their remittance advices:

- Reason Code 125 (Submission/billing error (s)) and Remark Code N58 (Missing/incomplete/invalid patient liability amount)

Reason Code 125 and Remark Code N58 populates on the remittance advice when the resource amount billed on the claim does not match the resource amount on file for the specific member for that date of service billed.

At the present time, the above reason/remark codes are associated with a WARN disposition on the remittance advice. This was done to allow ICF/MR and nursing facility providers and vendor’s ample time to assure that their billing software complies with WV specific requirements and specifications. Effective with claim dates of service March 1, 2012, this communication provides notice that the WARN disposition will be changed to DENY. This change will result in the denial of claims if the amount of patient resource submitted on the claim differs from the resource amount provided by the local DHHR office.

Further information regarding LTC Billing Instructions can be found on Molina’s website at [www.wvvmis@molinahealthcare.com](http://www.wvvmis@molinahealthcare.com). Questions regarding claims submissions or dispositions can be addressed by calling Molina Provider Relations at 304-348-3360 or 888-483-0793. Additional questions regarding the information contained within this memo or vendor specifications can be addressed by calling Kelley Johnson or Emily McCoy at 304-558-1700.