Molina Frequently Asked Questions (FAQs)

Skilled Nursing Facilities

Molina Healthcare of California

Updated October 5, 2015

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Utilization Management

Prior Treatment Authorization Requests (TARs)

1. ***How will the Medi-Cal TARs be loaded into the health plan system?***

   a) Molina anticipates receipt of Medi-Cal TAR information from the Department of Health Care Services (DHCS) and will honor TARs existing prior to the members' enrollment with Molina. Molina will use the Medi-Cal TAR to create an authorization in its system for the duration of the existing TAR (example: if the TAR for Mrs. Jones is approved through June 2015, Molina will enter an authorization in its system through June 2015). Molina will fax a copy of the authorization to the facility.

   b) If you have a Molina member in the facility and do not receive an authorization, the facility must notify Molina by faxing a copy of the Medi-Cal TAR effective prior to the member's enrollment with Molina to the Molina Prior Authorization Department at 800-811-4804. Molina will notify the facility within 5 working days after notice with the new authorization number.

   c) The facility may submit a renewal authorization request up to 60 days prior to the expiration of the current authorization.

2. ***If not automated, what is the health plan's procedure to assure that TARs are recognized?***

   a) Molina will load TAR information received from DHCS into its system. However, to ensure accuracy, facilities must review the list from Molina and respond according to the instructions above.

3. ***How will claims be processed electronically under these circumstances? We suggest that the health plan recognize DHCS TAR numbers and process claims. They can retroactively verify if needed from the DHCS data submitted.***

   a) As noted above, Molina will use the DHCS TAR information and issue new authorization numbers. Facilities must use the Molina authorization number on claims.

   b) A facility has up to six (6) months after the date of service to submit a claim to Molina. For a patient who was residing in the facility prior to enrollment in Molina, the facility has up to six (6) months to submit the TAR and the claim. Molina will authorize services (and payment) retroactive to the date that the patient became effective with Molina. Dates of service older than six (6) months from the claim will be denied. For authorization submission timeframes for new patients, please see instructions below.

Out of Network SNFs

1. ***How will the health plan process claims for members that resided in the SNF prior to enrollment?***

   a) If a facility is not contracted with Molina, upon receipt of notice, Molina will engage the facility to execute a contract or a member specific letter of agreement at the standard Medi-Cal rates and/or Medicare RUG rates as appropriate.

2. *What are the requirements for payment?*

a) Facility must have the following to receive payment:
- Contract or Letter of Agreement
- Authorization for the services for which facility is requesting payment

3. *What are the requirements for payment?*

Please refer to the ***Provider Quick Reference Guide*** (attached)

What are the health plan's prior authorization procedures?

1. *Will Molina have one site case managers who conduct the medical review of residents?*

a) The Molina Prior Authorization nurse will review the member's condition applying Title 22 criteria for medical necessity but will not be on-site. Please refer to the UM Contact list for your county to submit your prior authorization requests. Requests may be submitted via fax or via the Molina Provider Portal. One of Molina's ambulatory Case Managers will be onsite to conduct the Cal MediConnect required face-to- face Health Risk Assessment. As part of this visit to the facility s/he will meet with the member, review the MDS and other information in the member's chart, and talk with facility staff about the member's condition. The Case Manager will share this information with the Molina SNF Specialist RN, particularly as it relates to Title 22 Nursing Facility Level of Care criteria. As needed, the Case Manager may make recommendations to the Molina Prior Authorization Nurse about the type/length of the authorization.

2. *If so, how long will authorizations be effective? (See #13 below for information regarding how to request an extension of a Molina authorization.)*

a) Molina will authorize custodial care for six (6) months or longer, with exceptions (shorter or longer authorizations) based on medical review.

3. *If not onsite, will specific case managers be assigned to each facility?*

a) As Molina identifies how many members are residing in each facility and the geographic distribution of members and facilities, Molina will make assignments to specific case management staff.

4. *Is there a different process for "skilled" level of care compared to "prolonged" level of care?*

a) Yes – see section on authorization for skilled level of care

5. *What are the required documents to submit for authorization and when and how must they be submitted?*

Patient Type	Documentation Required	Submission Timeframe	Response Timeframe
Patient admitting from the community for custodial level of care	*1. Molina Healthcare / Molina Medicare Prior Authorization Request Form* (see attached) 2. MDS 3. Physician's order 4. History / Physical	Twenty-one (21) calendar days after admission to facility	Five (5) working days after receipt of complete request
Patient admitting from inpatient or ER for custodial level of care	If Molina authorized the ER or inpatient care, no prior auth request is required for level of care.	N/A	Two (2) working days after documentation receipt of all
	If Molina did not authorize the ER or inpatient care (example: authorized by Medicare FFS) submit: 1. Authorization Request Form 2. MDS 3. Physician's order 4. History / Physical	Twenty-one (21) calendar days after admission to facility	Five (5) working days after receipt of complete request
Patient admitting for skilled level of care	No prior auth request required; Molina will obtain necessary documentation from the transferring facility	N/A	Two (2) working days after receipt of complete request
Patient requiring change in level of care from skilled to custodial	If Molina authorized the skilled care, no request is required for custodial level of care.	N/A	Two (2) working days after receipt of all documentation
	If Molina did not authorize the skilled care (example: authorized by Medicare FFS), submit: 1. Authorization Request Form 2. MDS 3. Physician's order 4. History / Physical 5. Documentation of eligibility verification	Twenty-one (21) calendar days after the facility is aware that patient is enrolled on Molina.	Five (5) working days after receipt of complete request

Bed Hold	1. Physician's order must be for hospital admit and bed hold 2. Anticipated Length of Stay; of no greater than seven (7) days 3. Member must be in SNF, ICF, not Sub-acute at lease twenty-four (24) hours prior to start of bed hold	1. Within twenty-four hours of departure and at least seven (7) days to prior to billing for service. 2. Date of departure counts as day one of bed hold 3. Member considered discharged if returned to facility on day eight (8) after an acute admission New authorization request is required for readmit to the SNF facility after day eight (8). 4. Discharge notification must be within three (3) days business days following discharge.	Molina will a provide tracking number within 5 business days of receipt of complete request
Leave of Absence	Plan of care delineating Leave of Absence: 1. Dates and intended destination of leave. 2. Visit with family/friends 3. Outpatient diagnostic or treatment services at an acute facility 4. Summer camp for members with developmental disabilities addressed in Plan of care. 5. Appropriate for physical and mental well-being of member.	1. ASAP 2. Member voluntarily leaves facility without a leave request or member fails to return by midnight on the scheduled date of return member is considered AWOL 3. New authorization request is required for member returning after AWOL.	Molina will provide tracking number within 5 business days of receipt of complete request

a) The Authorization Request Form and supporting documentation must be faxed within the above timeframes to Molina at:
   - 800-811-4804 for Medi-Cal covered services
   - 866-472-6303 for Medicare covered services

b) For Medi-Cal ancillary services provided in the facility:
   - Molina contracted providers must follow the ***Molina Healthcare / Molina Medicare of California Prior Authorization / Pre-Service Review Guide*** (attached) to determine which services require prior authorization
   - Providers that are not contracted with Molina must request prior authorization for all services by submitting the ***Molina Healthcare / Molina Medicare Prior Authorization Request Form*** (attached)

6. ***Is the authorization documented electronically and immediately available to the SNFs?***

a) Yes. Facilities have access to this information in the Molina Provider Portal.

7. ***Is the authorization electronically tied to the claims processing system?***

a) Yes. The facility must include the authorization number on the claim form. See section on claims submission.

8. ***Does the health plan need additional documents from the SNF in order to pay a claim? Can that documentation be submitted electronically? A hard copy of the authorization should not be required to pay the claims.***

a) The facility does not need to submit additional documentation with a claim for an authorized service. The facility must include the authorization number on the claim form. See section on claims submission.

9. ***Does the health plan delegate authorization to others, such as IPAs? If so, are the IPA authorizations tied to the health plan claims systems? No hard copy of authorization should be required to pay claims.***

a) Molina has delegated skilled services to groups managed by Heritage Provider Network. Please refer to the "Delegation of SNF & Custodial Care" Section on page 18 for more detailed information as relates to delegation.

10. ***If Medicare A SNF care is delegated to the IPA, when the patient reverts to Medi-Cal level of care, who is responsible for authorization and payment? Who resolves disputes between the IPA and the health plan for responsibility of payment? Is this is writing?***

a) Molina has delegated skilled services to the groups that are managed by Heritage Provider Network. For members that are assigned to one of the Heritage Provider Network Groups, Heritage would be responsible for rendering the authorization for such services and payment. When a member flips to custodial, that member will be un-assigned from Heritage Provider Network and assigned back to Health Plan. At that time, Molina would take over the authorization and payment for such custodial patients.

Molina does not delegate authorization of facility services or payment of facility services to any other IPAs besides Heritage.

Please refer to the "Delegation of SNF & Custodial Care" Section on page 18 for more detailed information as relates to delegation.

11. ***Are the IPAs required to provide copies of the authorizations immediately to the SNF? We have heard that some IPAs will not provide copies until discharge. That is not acceptable for SNF services.***

a) Molina has delegated skilled services to the groups that are managed by Heritage Provider Network. For members that are assigned to one of the Heritage Provider Network Groups, the groups would be responsible for rendering the authorization for such services.

Heritage Provider Network is required to follow the Cal MediConnect Program requirements when it

comes to providing authorization to facilities as follows:

Cal MediConnect Authorization Timeframes:

Routine (non-expedited) Pre-service Determinations	Within 14 calendar days of receipt of the request
Expedited / Urgent determination	Within 72 hours from receipt of information reasonably necessary to make a decision

When a member flips from acute to custodial, that member will be un-assigned from Heritage Provider Network and assigned back to the Health Plan. At that time, Molina would take over the authorization and payment processes for such custodial patients.

Molina does not delegate authorization of facility services or payment of facility services to any other IPAs/medical groups besides the groups managed by Heritage Provider Network.

Please refer to the "Delegation of SNF & Custodial Care" Section on page 16 for more detailed information as relates to delegation.

12. What training is available on authorization procedures?

a) Molina staff is available to provide orientations and trainings to all contracted facilities. Please refer to the ***Provider Quick Reference Guide*** (attached).

13. How can I obtain an extension to the original Molina Custodial Care authorization?

- In general, Molina will authorize custodial care for six (6) months at a time, with exceptions (shorter or longer authorizations) based on medical review. To request an extension of a Molina authorization please fax your request to the Molina Prior Authorization Department at 800-811-4804.
- Please see the table below for documentation required for an extension review and allow 5 business days for a faxed response. Molina contracted providers may also submit requests for extensions and check status using the Molina Provider Portal.

Patient / Care Type	Documentation Required	Submission Timeframe	Response Timeframe
Extension of previously approved Molina Authorization for custodial level of care	*1. Molina Healthcare / Molina Medicare Prior Authorization Request Form* (see attached) 2. Most recent MDS 3. Recent Physician's order 4. Recent History / Physical	1-2 weeks prior to expiration of existing authorization.	Five (5) working days after receipt of complete request

Sub-acute Services

1. Does the health plan recognize that SNFs may provide "skilled" (Medicare), "prolonged' (Medi-Cal) and sub-acute services all within the same facility?

a) Yes.

2. All of the issues above are applicable to a SNF that provides Medi-Cal sub-acute services.

a) Please see the specific instructions for requesting authorization below:

Patient Type	Documentation Required	Submission Timeframe	Response Timeframe
Patient admitting from inpatient or ER for custodial level of care	If Molina authorized the ER or inpatient care, no request is required for custodial level of care.	N/A	Two (2) working days after receipt of all documentation
	If Molina did not authorize the ER or inpatient care (example: authorized by Medicare FFS), submit: 1. **Molina Healthcare / Molina Medicare Prior Authorization Request Form** (attached) 2. MDS 3. Physician's order 4. History / Physical	Seven (7) calendar days after admission to facility	Five (5) working days after receipt of complete request
Patient admitting for skilled level of care	No prior auth request required; Molina will obtain necessary documentation from the transferring facility	N/A	Two (2) working days after receipt of all documentation
Patient requiring change in level of care from Skilled to Custodial	If Molina authorized the skilled care, no prior auth request is required for custodial level of care.	N/A	Two (2) working days after receipt of all documentation
	If Molina did not authorize the skilled care (example: authorized by Medicare FFS), submit: 1. Authorization Request Form 2. MDS 3. Physician's order 4. History / Physical 5. Documentation of eligibility verification	Seven (7) calendar days after facility is aware that patient is enrolled in Molina	Five (5) working days after receipt of complete request

Bed Hold	1. Physician's order must be for hospital admit and bed hold 2. Anticipated Length of Stay; not greater than seven (7) days 3. Member must be in SNF, ICF, or Sub-acute at bed hold at least twenty- four (24) hours prior to start of bed hold	1. Within twenty-four hours of departure and at least seven (7) days prior to billing for service. 2. Date of departure counts as day one of bed hold 3. Member considered discharged if returned to facility on day eight (8) after an acute admission 4. New authorization request is required for readmit to facility after day eight (8). 5. Discharge notification must be within three (3) days business days following discharge.	Molina will a provide tracking number within 5 business days of receipt of complete request
Leave of Absence	Plan of care delineating Leave of Absence: 1. Dates and intended destination of leave. 2. Visit with family /friends 3. Outpatient diagnostic or treatment services at an acute facility 4. Summer camp for members with developmental disabilities addressed in Plan of care. 5. Appropriate for physical and mental well-being of member.	1. ASAP 2. Member voluntarily leaves facility without a leave request or member fails to return by midnight on the 3. Scheduled date of return member is considered AWOL 4. New authorization request is required for member returning after AWOL.	Molina will provide tracking number within 5 business days of receipt of complete request

a) New Authorization required when:

- New admission to facility
- Member changes level of care (e.g. skilled to custodial or custodial to skilled)
- Readmission from acute greater than day # eight
- Member returns from approved LOA beyond approved time allowed.
- Member becomes Molina member while currently residing in facility (new beneficiary, change in county etc.

b) Discharge Notification required when:

- Member does not return from approved bed hold/LOA period
- The member returns to the facility during the bed hold period but has changed to a different payer (Molina to Health-Net)
- Member discharged from facility to another residence

Claims

Frequently Asked Questions

1. ***How often can a SNF submit claims? Providers are accustomed to weekly submission.***

    a) A facility may submit claims as frequently as desired.

2. ***What is the health plan's check write schedule?***

    a) Molina issues checks two (2) times per week, on Mondays and Wednesdays.

3. ***What is the average time necessary to process and pay a SNF "clean" claim?***

    a) Molina will make every effort to pay a clean claim within fourteen (14) calendar days after receipt.

4. ***What type of form will SNFs need to use to submit claims?***

    a) UB-04

5. ***What billing (revenue, accommodation, Medicare, sub-acute, bed hold, LOA, etc.) codes should be billed?***

    a) Please refer to grid on page 11 for appropriate coding.

6. ***Has the health plan tested payment for Medicare coinsurance/copayments, bed holds, leaves of absence?***

    a) As a Medicare HMO, Molina already has systems in place for Medicare coinsurance/copayments. Molina will work closely with facilities to ensure timely and accurate processing of payments for authorized bed hold and leave of absence

7. ***Are the claims systems designed to process SNF claims with SOC deductions for non-covered services consistent with Johnson v. Rank? UB-04 for everything including SOC. We won't accept the Form 25-1.***

    a) Yes, SNF facility claims must be billed on a UB-04 for everything including SOC. Molina will not accept the Form 25-1. The SOC (value code 23) should be entered in box 39 on the UB04 with the dollar value. Consistent with Johnson v. Rank, Medi-Cal recipients, not their providers can elect to use their SOC funds to pay for non-covered services. These non-covered services would need to be billed in box 80 using a NC qualifier and dollar amount.

8. ***What training is available?***

    a) Molina staff is available to provide any training requested by providers. Training documents will be provided to the entire SNF network and additional training can be requested if needed. Please refer to the ***Provider Quick Reference Guide*** (attached).

9. Does the health plan have early boarding, i.e., the ability to send some test claims prior to going live?

a) Yes. Molina has a very thorough claims testing process and providers have the ability to test claims. Facilities may contact James Loopeker at (562) 491-7069 for testing.

10. What are the Accommodation Codes for Long Term Care?

a) Below lists the revenue and accommodation codes for Long Term Care.

ACCOMMODATION CODES & REVENUE CODES FOR LONG TERM CARE

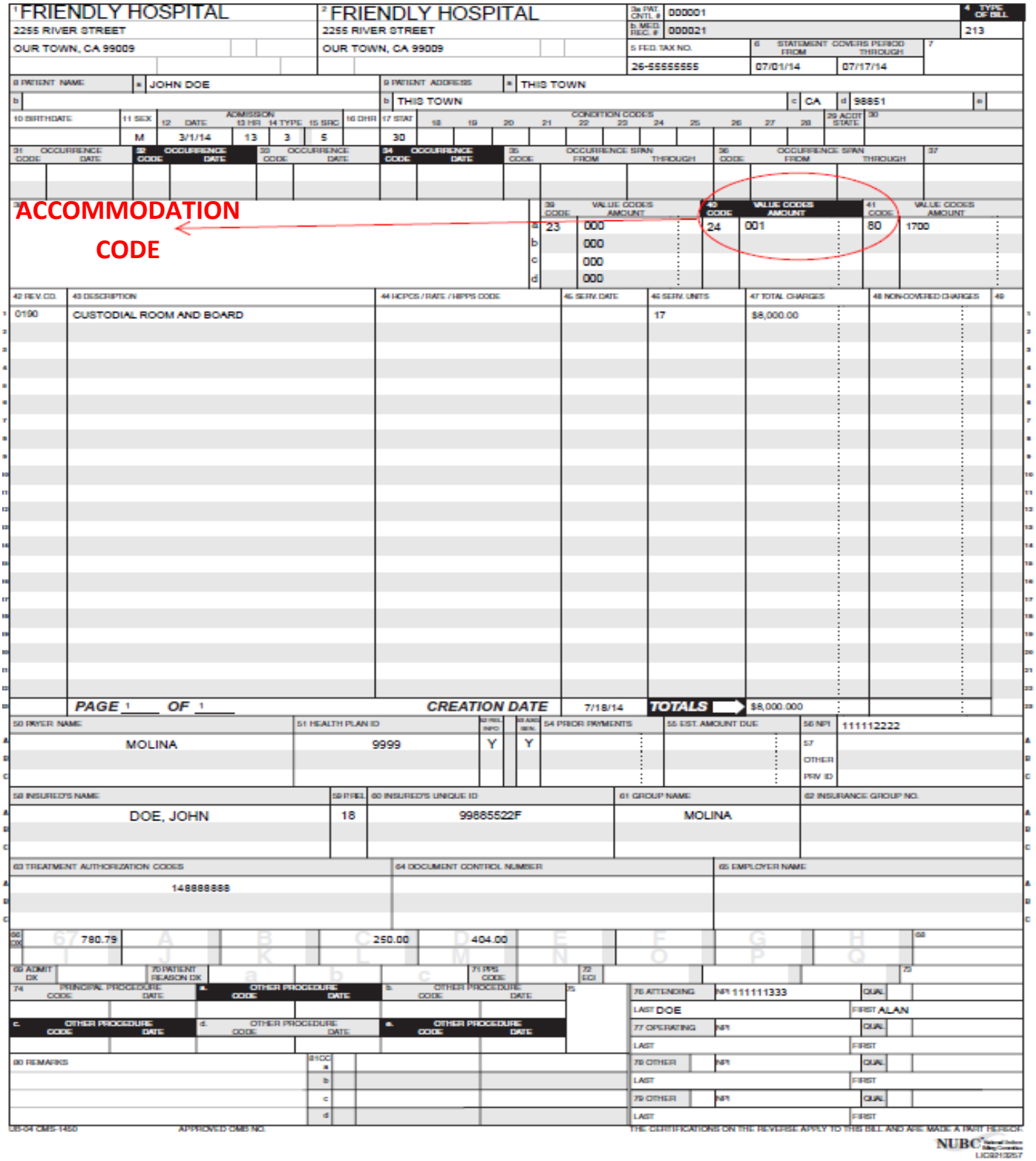
Description	Accom Codes & Rev Codes		Bed Hold (185)	Leave of Absence (189)
Custodial	01	190	02	03
Adult				
DP Sub-Acute Vent	71	199	73	79
DP Sub-Acute Non-vent	72	199	74	80
FS Sub-Acute Vent	75	194	77	81
FS Sub-Acute Non-vent	76	194	78	82
Pediatric				
DP Sub-Acute Vent Weaning	84	199	N/A	N/A
DP Sub-Acute Vent	85	199	87	89
DP Sub-Acute Non-vent	86	199	88	90
FS Sub-Acute Vent	91	194	93	95
FS Sub-Acute Non-vent	92	194	94	96

DP= Licensed by the State of CA as a distinct part facility

FS= Licensed by the State of CA as a distinct part facility

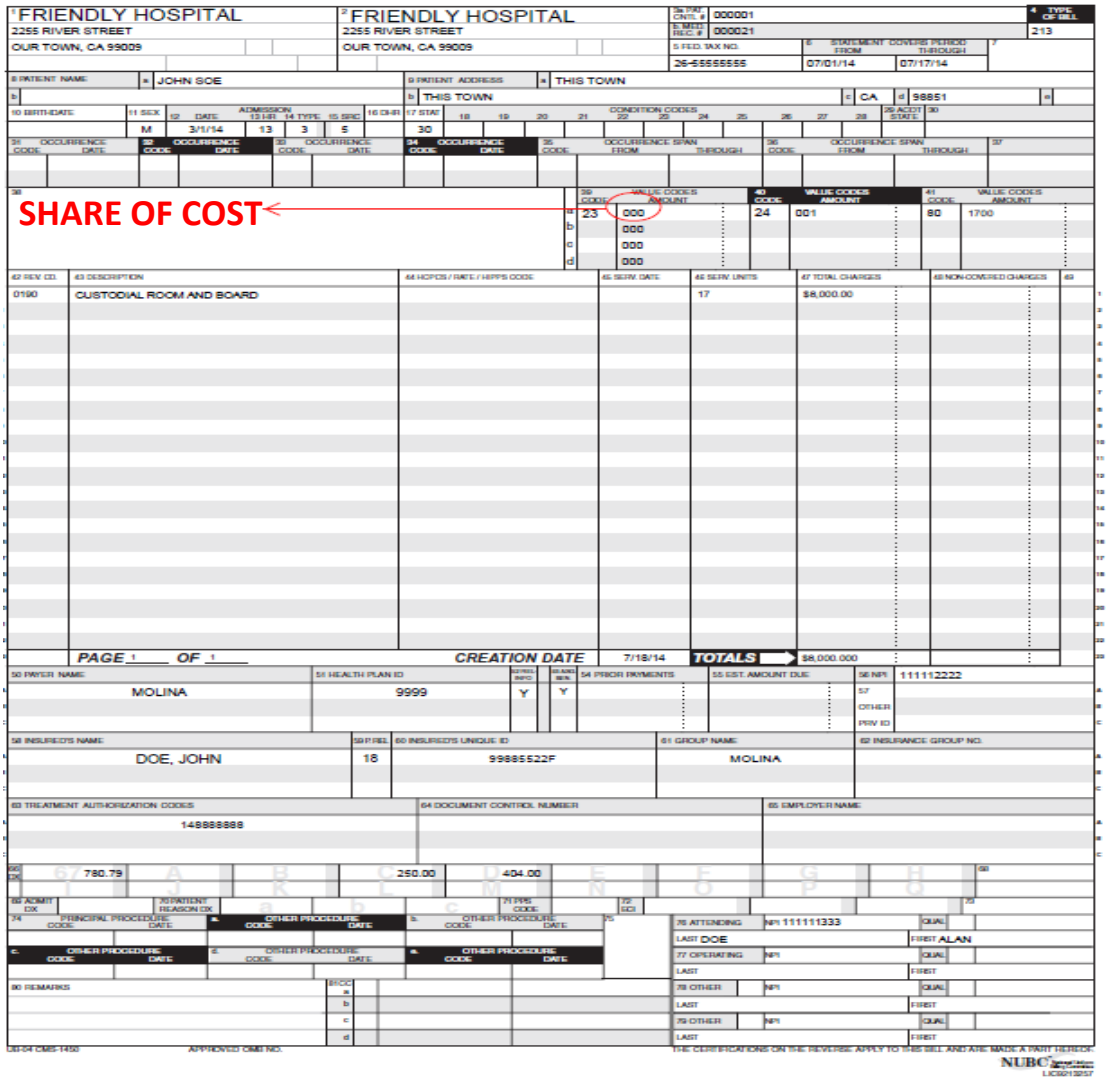
11. Should we be including accommodation codes on UB? Where should we bill/include the Accommodation Codes for Long Term Care on the UB form?

a) Yes, accommodation codes are required codes/information that needs to be included on a UB. Applicable accommodation codes need to be included in Box 39 with value code 24.



12. *Should we be including share of cost and days/service unit information on UB? Where should we bill/include this information on the UB form?*

a) Yes, share of cost and days/service unit information needs to be included on a UB. Applicable share of cost codes need to be included in Box 39 with value code 23. Applicable days/service unit codes need to be included in Box 39 with value code 80.



Long- Term Care Reimbursement (AB 1629)

Molina HealthCare of CA makes necessary rate and fee schedule updates within ten (10) days of being notified by the state. Molina will use the fee schedules available as of June 30th and December 31st for a system sweep. All claims paid at the prior per diem reimbursement will be automatically reprocessed for retroactive rate adjustments. Payments will be made by mid-August and mid-February. No action is needed by providers. Any new claim received will be processed at your new rate.

- If you have appealed your rate with the state and were awarded a new rate, please submit this information along with your claim to:

  MHC_SpecialProjects@MolinaHealthcare.com or fax (562) 499-0603

  Include the following components in your submission:
  - Claim Number, Member Name/ID#, Date of Service, Billed Amount, Paid Amount (if any), and Comments which include reason for claim/project.

Molina Healthcare Case Management

1. Who are Molina's Case Managers

a) Molina employs primarily nurses (RN) and social workers (MSW or LCSW) as Case Managers. Staff is based in regional Molina offices in each of our service areas.

2. What is the purpose of Case Management for the long-term care membership?

a) Case Managers work to ensure Molina members are at the appropriate level of care and have timely access to needed covered benefits, carved out services and community resources. The state also requires that we assess for willingness and ability to return to community living and to help facilitate that transition if needed.

3. How can a facility find out which Case Manager is assigned?

a) To find out if a Molina member has an assigned Case Manager, please contact us with the member's full name and date of birth via one of the methods below:

Phone: 800-526-8196 Ext 127604
Fax: 562-499-6105
Email: MHCCaseManagement@MolinaHealthcare.com

Our staff will determine whether a Case Manager is already assigned, and if so, connect you with that person or provide his/her contact information to you. If not, the regional supervisor will be notified so that an assignment can be made.

4. Who is the Molina point person in Case Management?

a) The assigned Case Manager will be your contact and can assist you in coordinating care for the member.

Please note that they may not be able to immediately answer your questions related to authorizations, claims, billing, contracting, etc. However, they can assist in getting someone from the appropriate department involved.

5. When should a facility contact the Case Manager?

a) Please contact the Case Manager for questions related to the HRA, care plan, or issues related to the member making a transition back to the community. Please notify the SNF Specialist RN as soon as possible for the following situations:

- There is a change in the member's physical or mental health and/or has a change in the level of care needed
- Member goes to the ER or is admitted to the hospital
- The member relocates or passes away
- Bed holds

Please note that the Case Manager may not be able to immediately answer your questions related to authorizations, claims, billing, contracting, etc. However, they can assist in getting someone from the appropriate department involved.

Health Risk Assessment

1. *When/how will the HRA be conducted?*

a) The regulations state that members residing in a long-term care facility be assessed face-to-face within 90 days of enrollment into Cal MediConnect. Members will also be assessed the following year.

2. *What does the HRA entail?*

a) The HRA is a bio/medical/psycho/social/functional assessment. The Case Manager will interview the member and/or the member's representative as well as seek information from the member's facility records (MDS, H&P, and nursing notes) in order to gather information about the member's clinical history, behavioral health status, sensory and I/ADL deficits, cultural/linguistic needs, etc. The survey tool Molina uses has been approved by the state and CMS.

3. *Once the HRA is complete, how often will the Case Manager be onsite or be in contact the facility?*

a) The HRA results will indicate the frequency and intensity of case management services. Members who are stable will receive at least quarterly follow up by phone. We anticipate that this will be the case for the majority of the long-term care members.

Members who are not stable may require more frequent contact, by phone and/or in person. This would include members who recently transitioned from a skilled level of care to custodial or a member with recent or frequent admission to an acute setting.

For members determined to be willing and able to return to a community setting will require more intense management.

Care Plan

1. *What will the Molina Care Plan look like?*

a) The individualized care plan will document a plan of action to address any unmet needs. It will also document non-Molina services the member may be eligible for (e.g. Regional Center, California Community Transitions Project).

Care plans are required to be member-centric, so whenever possible, it will be discussed with and agreed-upon by the member and/or his/her designated representative.
We anticipate that for stable custodial members, the Molina care plan will primarily reflect the same elements that the facility has in their care plan.

Molina will send the facility a copy of the care plan. Please review it and let the Case Manager know of any recommendations or concerns. Place a copy of the Molina care plan in the member's medical record.

2. *What if the Molina Care Plan contradicts with the facility care plan?*

a) Please contact the Case Manager to discuss. If needed, contact the Case Management supervisor or request an Interdisciplinary Care Team meeting.

3. *What is the Interdisciplinary Care Team (ICT)?*

a) The ICT is a group of key people involved in the care of the member, including but not limited to the member and his/her representative, the primary physician and the Case Manager. As needed, or by member request, additional members might include caregiver(s), family, specialty providers, social worker, nurse, dietitian, physical therapist, etc.

ICT meetings can be formal or informal. Facility staff may be contacted by the Molina Case Manager or Medical Director to participate in an ICT meeting on either an ad hoc basis (consultative) or invited to a planned meeting. If appropriate, please invite the Molina Case Manager to any case conferences or other meetings held at the facility to discuss our mutual members.

Delegation of SNF & Custodial Care

1. Do IPA Members automatically remain with IPA during CCI Transition?

a) Molina, upon receipt of State files will use established processes to appropriately assign members to Medical Groups/IPAs. Medical Groups/IPAs receive monthly e-lists (enrollment files) for the program from Molina and also ad-hoc communication if there are enrollment changes throughout the month.

2. Which Medical Groups/Independent Physician Associations (IPAs) has Molina delegated for Custodial and Skilled Nursing Facility Services? Do these applicable delegated groups have risk for both professional or facility services?

a) Effective October 1, 2015, in addition to Heritage Provider Network; DaVita Healthcare Partners will also have both professional and facility risk for "skilled" services. Neither Heritage Provider Network nor DaVita Healthcare Partners will have risk for "custodial" care. Risk for "custodial" care will continue to remain Molina's responsibility. For all other Molina in-network Medical Groups/IPAs, the risk for both skilled and custodial care remain Molina's responsibility.

For Molina members in your facilities that are assigned to either Heritage Provider Network or DaVita Healthcare Partners, you will need to contact Heritage Provider Network or DaVita Healthcare Partners and follow their prior authorization guidelines for skilled services only. For members in your facilities that are receiving custodial care, please follow Molina's prior authorization guidelines. Please note, once a Heritage Provider Network or DaVita Healthcare Partners assigned member goes to custodial care, Molina will be dis-enrolling this member from these groups and assigning them to a Molina specific provider to ensure appropriate follow-up, coordination and continuity of medical care. Custodial care is not delegated to Heritage Provider Network, DaVita Healthcare Partners or any other Molina contracted Medical Group and/or IPA; it is strictly Molina's responsibility.

For all other Molina members (non-Heritage Provider Network members and non-DaVita Healthcare Partners), please follow Molina's prior authorization guidelines for skilled and custodial care services (please refer to initial SNF FAQ. It can be accessed at:

www.molinahealthcare.com/providers/ca/duals/manual/Pages/provd.aspx).

Again, Molina does not delegate custodial care or payment of custodial services to any Medical Group/IPA, including Heritage Provider Network and DaVita Healthcare Partners. Please follow Molina's prior authorization guidelines - face sheet, H&P and authorization are needed. Molina requires submission of Medi-Cal Long-Term Care Facility Admission and Discharge Notification MC171 but not PASAR.

3. When a member transitions from Skilled to Custodial, who is responsible for authorization or payment of services?

a) Please note, Molina does not delegate custodial care or payment of custodial services to any Medical Group/IPA, including Heritage Provider Network and DaVita Healthcare Partners. Please follow Molina's prior authorization guidelines (refer to initial SNF FAQ and public website for prior authorization documents and form).

4. How is Molina addressing SNF concerns when it comes to delegated entities with CCI?

a) Molina has been working closely with both Heritage Provider Network and DaVita Healthcare Partners and will continue to do so over the coming months to ensure the concerns raised by SNF facilities are being addressed and that all applicable entities are providing members with the right care, at the right time, at the right setting.

For all of our other Medical Groups/IPAs, Molina did not delegate skilled services or custodial care. The risk remains with Molina and Molina is responsible for the authorization, case management and claims payment processes. Molina, however, has also been working closely with these partners to educate them on CCI, applicable Policies and Procedures (including continuity of care) and Health Plan expectations.

5. Will GeriNet be expanding to cover all SNFs in the IE?

a) At this time, GeriNet will not be expanding to cover SNFs in the Inland Empire. Molina will work with each facility to negotiate/get contracts in place with the physicians that round at your facilities. Please contact Molina's contracting department to provide information on any and all providers that your facility utilizes to provide professional services, including rounding and specialty care services to residents.

6. Is separate authorization required for a bed hold and another one for when the patient returns from bed hold?

a) Separate authorization is needed for a bed hold but when patient returns to the facility, they return to the previous authorization number that was given to facility.

7. If the patient is authorized for SNF care and goes on hospice, who requests the hospice authorization? Hospice provider or SNF?

a) Hospice provider is responsible for submitting and obtaining authorization.

8. Does the provider making the rounds at the SNF need to be contracted /credentialed by Molina?

a) In the initial months, some of the providers making rounds at the SNFs may not be contracted and/or credentialed by Molina. Molina's goal is to work closely with the facilities to get such providers contracted and credentialed. In the interim, we encourage the providers that are currently rounding at the facilities to continue to do so to maintain continuity of care for the members under their care. Even without a contract, Molina will pay the physicians that round and care for the members at mutually agreed upon rates.

At this time for Riverside, San Bernardino, Los Angeles and San Diego counties, Molina will work with each facility to get contracts in place with the physicians that round at your facilities. Please contact Molina's contracting department to provide information on any and all providers that your facility utilizes to provide professional services, including rounding and specialty care services to residents. Please refer to the attached ***Provider Quick Reference Guide*** to identify regional contracting team member information**.**

9. What training is available on authorization procedures?

a) Molina staff is available to provide orientations and trainings to all contracted facilities. Please refer to the attached ***Provider Quick Reference Guide*** and reach out to applicable county provider services representatives to coordinate additional on-site in servicing.

10. Our facility uses electronic medical records. Can we grant Molina access to view the electronic medical records?

a) Yes. Please call our Manager of Concurrent Review, Kelly Frost at 888-562-5442, Ext. 117816 and she can help to coordinate.

Appendix

Prior Authorization

Also Available Online

MOLINA HEALTHCARE
Your Extended Family

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Molina Healthcare of California

Medi-Cal and Medicare Prior Authorization/Pre-Service Review Guide: Effective: 03/04/2015

Use the Molina Healthcare web portal for faster turnaround times. Contact Provider Services for details

Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Medi-Cal and Medicare Members – excludes Marketplace

Refer to Molina Healthcare's website or portal for specific codes that require authorization

Only covered services are eligible for reimbursement

Authorization required for services listed below

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment
  - Electroconvulsive Therapy (ECT)
  - Psychological and Neuropsychological Testing
  - Behavioral Health Treatment (BHT) for Autism Spectrum Disorder. BHT includes but is not limited to the following evidence-based practices that qualify as BHT for the treatment of the behaviors associated with Autism Spectrum Disorder:
    - Applied Behavior Analysis (ABA)
    - Discrete Trial Teaching
    - Early Start Denver Model
    - Social Skills Training
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting)** Refer to Molina Healthcare's website or portal for specific codes considered cosmetic
- **Dental General Anesthesia:** ≥ 7 years old or per state benefit (Not a Medicare covered benefit)
- **Dialysis:** one time only notification
- **Durable Medical Equipment:** Refer to Molina Healthcare's website or portal for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing** except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
- **Habilitative Therapy** – After initial evaluation plus six (6) visits for outpatient and home settings **(per state benefit)**
- **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits
- **Hospice & Palliative Care:** notification only.
- **Hyperbaric Therapy**
- **Imaging, Advanced and Specialty Imaging:** Refer to Molina Healthcare's website or portal for specific codes that require authorization
- **Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice** (Hospice requires notification only)
- **Long Term Services and Supports:** Refer to Molina Healthcare's website or portal for specific codes that require authorization. Not a Medicare covered benefit. **(per state benefit)**
- **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**
  - Emergency Department services
  - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  - Local Health Department (LHD) services
  - Other services based on state requirements
- **Occupational Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings
- **Office-Based Procedures do not require authorization**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina Healthcare's website or portal for specific codes that require authorization
- **Pain Management Procedures:** except trigger point injections (Acupuncture is not a Medicare covered benefit)
- **Physical Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings
- **Pregnancy and Delivery:** notification only
- **Prosthetics/Orthotics:** Refer to Molina Healthcare's website or portal for specific codes that require authorization
- **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina Healthcare's website or portal for specific codes that require authorization
- **Rehabilitation Services:** Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only
- **Sleep Studies**
- **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina Healthcare's website or portal for specific codes that require authorization
- **Speech Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air)
- **Unlisted, Miscellaneous and T (Temporary) Codes:** Molina Healthcare requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
- **Wound Therapy**

***STERILIZATION NOTE: Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with claim. (Medi-Cal benefit only)**

CA PA-Pre-Service Review Guide Medi-Cal-Medicare
Revised 3-2015

Prior Authorization

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IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDI-CAL AND MEDICARE

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.
- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone/fax or electronic notification. Verbal and fax denials are given within one business day of making the denial decision, or sooner if required by the member's condition.
- Providers can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 800 526-8196.

Important Contact Numbers for Molina Healthcare Medi-Cal and Medicare	
Medicare Authorizations: Phone: (800) 665-0898 Fax: (866) 472-6303 **Medi-Cal Authorizations:** Phone: (800) 526-8196 Option 4 Fax: (800) 811-4804 **Medicare Behavioral Health Authorizations:** Phone: (800) 665-0898 Fax: (866) 472-6303 **Medi-Cal Behavioral Health Authorizations:** Phone: (800) 526-8196 Option 4 Fax: (800) 811-4804 **All Radiology Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 **All OB/NICU and Transplant Authorizations:** Phone: (888) 562-5442 x751108 Fax: (877) 731-7218 **Medi-Cal Pharmacy Authorizations:** Phone: (888) 665-4621 Fax: (866) 508-6445 **Medicare Pharmacy Authorizations:** Phone: (800) 665-0898 Fax: (866) 290-1309	**Medi-Cal Member Customer Service - Benefits/Eligibility:** Phone: (888) 665-4621 Fax: (310) 507-6186 TTY/TDD: 711 **Medicare Member Customer Service - Benefits/Eligibility:** Phone: (800) 665-0898 Fax: (310) 507-8196 TTY/TDD: 711 **Provider Customer Service:** 8:00 a.m. – 5:00 p.m. Phone: (855) 322-4075 Fax: (562) 951-1529 **24 Hour Nurse Advice Line** English: (888) 275-8750 [TTY: 1-866/735-2929] Spanish: (866) 648-3537 [TTY: 1-866/833-4703] **Medi-Cal Vision Care:** Phone: (888) 493-4070 **Medicare Vision Care:** Phone: (800) 327-4462 **Medi-Cal Dental:** Phone: (800) 322-6384 **Medicare Dental:** Phone: (855) 214-6779 **Medicare Non-emergent Transportation:** Phone: (866) 475-5423 Fax: (866) 913-4509 **Medi-Cal Non-emergent Transportation:** Phone: (888) 665-4621

Providers may utilize Molina Healthcare's Web Portal at: www.MolinaHealthcare.com
Available features include:

- **Authorization submission and status**
- **Claims submission and status** (EDI only)
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

Prior Authorization

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MOLINA HEALTHCARE
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Molina Healthcare Medi-Cal and Medicare Prior Authorization/Service Request Form

Medi-Cal Fax Number: 800 811-4804 / Medicare Fax Number: 866 472-6303
Radiology Fax Number: 877 731-7218 (MRI, CTPET, SPECT)

Member Information				
Plan:	☐ **Molina Medi-Cal**	☐ **Molina Medicare**	☐ **Custodial Member Requiring Prior Authorization of Outpatient Services** ☐ **Molina Medicare** ☐ **Molina Medi-Cal**	☐ **Other**
Member Name*:			**DOB*:**	
Member ID#:			**Phone*:**	
Member's current address*:				
Services Type:	☐ Elective /Routine		☐ Expedited/Urgent^	

*Required Information to Process Request

^Definition of Expedited/Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health and following the standard timeframe could seriously jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Referral/ Service Type Requested			
Inpatient/ Facility: ☐Surgical Procedures ☐Custodial ☐Disenrollment from IPA to Molina Direct ☐ER Admits ☐Sub-Acute ☐SNF ☐Rehab ☐LTAC	**Outpatient :** ☐Surgical Procedure ☐Diagnostic Procedure ☐Wound Care ☐Other: ☐Rehab (PT,OT, & ST) ☐Chiropractic ☐Infusion Therapy	☐Home Health ☐DME ☐In Office	
ICD – 9 Code & Description*:			
CPT/HCPC Code & Description*:			
Number of Visits requested*:		**Date(s) of Service*:**	
Clinical Indications for the request:			

Please send clinical notes and any supporting documentation

Provider Information			
Requesting Provider Name:			
Facility Providing Service :			
Contact at Requesting Provider's Office:			
Phone Number:	( )	Fax Number:	( )

For Molina Healthcare Use Only:

Tracking #:_____
Please include tracking number on claim.
Expiration Date: _____

Form revised 3-2015

Molina Healthcare of California

UM Contact List

After hours, weekends, and holidays: (855) 322-4075 x129557

Main Phone: (888) 562-5442

FAX RESOURCES		
Medi-Cal Clinical Reviews	866-553-9263	
Medicare Clinical Reviews	866-472-0596	
SKILLED CARE MEDI-CAL	**REPRESENTATIVE**	**EXTENSION**
LOS ANGELES	**Monica Poole, RN** *Molina SNF RN*	EXT. 127569
SACRAMENTO	**Jennie Desvignes, RN** *Molina SNF RN*	EXT. 128548
INLAND EMPIRE	**Rohini Tailor, RN** *Molina SNF RN*	EXT. 119020
SAN DIEGO	**Nancy Spillane, RN** *Molina SNF RN*	EXT. 119563
SKILLED CARE MEDICARE	**REPRESENTATIVE**	**EXTENSION**
MEDICARE	**Mary Kopperud, RN** *Molina SNF RN*	EXT. 126136
MANAGEMENT	**NAME**	**EXTENSION**
LA/SAC - Supervisor	Tara Nelson, RN	EXT. 118504
IE – Supervisor	Kari Parker RN	EXT. 127617
IE / SD - Supervisor	Carol Pino, RN SD	EXT. 127617
Medicare - Supervisor	Michelle Norman, RN	EXT. 117847
Supervisor Weekend Team	Jennifer Watson, RN	EXT. 126166
Director HCS UM	Mary Curry	EXT. 123029
MOLINA CUSTODIAL CARE RESOURCES		
Custodial Prior Authorization Fax	Medi-Cal (800) 811-4804 Medicare (866) 472-6303	
Prior Authorization Phone Number	Medi-Cal (800) 526-8196 x751105 Medicare (800) 665-0898	

PRIOR AUTHORIZATION DEPARTMENT

CONTACT NAME	EXTENSION
Adeleke (Steve) Adeneye *Molina Custodial Care Review Clinician*	EXT. 127221
Debra Wong, LVN *Molina Custodial Care Review Clinician*	EXT. 121247
Vaughn Henderson *Molina Custodial Care Review Processor*	EXT. 111040
Angelica (Angie) Sanchez *Molina Custodial Care Coordinator*	EXT. 126516 CACustodialcare@molinahealthcare.com

MANAGEMENT	
John A. Robertson, III, LVN Molina Prior Authorization Manager	EXT. 115558
Sharon Fetterman, RN Molina UM Director	EXT. 119162

Molina Healthcare of California

Case Management Contact List

Main Phone: (888) 562-5442

REGION	REPRESENTATIVE	EXTENSION
LOS ANGELES	**Linda Blades** Manager	x 127302
	Charlia Cornish, Supervisor Issayana Montalvo, Supervisor Kathleen Castillo, Supervisor Maryam Rahimi, Supervisor	x 128300 x 121221 x 121245 x 122237
SACRAMENTO	**Melanie Groth** Manager	x 128552
RIVERSIDE/ SAN BERNARDINO	**Betsy Roberts** Manager	x 127080
	Deborah Brockett, Supervisor Leonard Hayes, Supervisor Gary McMane, Supervisor Randy Nater, Supervisor Robert Mendes, Supervisor	x 127546 x 127208 x 127518 x 123254 x 123004
IMPERIAL	**Larynda Jones** Manager	x 121596
	Sandra Miramontes Supervisor	x 120121
SAN DIEGO	**Larynda Jones** Manager	x 121596
	Colleen Schuster, Supervisor Elizabeth Whitteker, Supervisor Kathryn Skop, Supervisor Patrice Jenkins, Supervisor Lekeysha Hickbottom-Watkins, Supervisor	x 121727 x 121725 x 121717 x 121703 x 121704
ALL	**Jennifer Rasmussen**, AVP Case Management **Blanca Martinez**, Director Case Management **Donna Davis**, Director Case Management **Janna Centers,** Supervisor Correspondence Processors	x 126161 x 127363 x 121261 x 120070

Molina Healthcare of California

Your Provider Services Team

Provider Quick Reference Guide | IMPORTANT NUMBERS

Salahuddin Laique Salahuddin.Laique@MolinaHealthcare.com	*Director, Provider Services*	(562) 499-6191, ext. 121260
Sandra Rascon Sandra.Rascon@MolinaHealthcare.com	*Manager, Provider Services – Los Angeles County*	(562) 499-6191, ext. 127685
Cindy Meacock Cindy.Meacock@MolinaHealthcare.com	*Manager, Provider Services – San Diego and Imperial Counties*	(858) 614-1580, ext. 121587

REGION	REPRESENTATIVE	EXTENSION
IMPERIAL 1607 W. Main St El Centro, CA 92243 Phone: (760) 679-5680 Fax: (760) 679-5705	Sonya Martinez *Supervisor*	(858) 614-1588
	Georganna McBride *Representative*	(760) 679-5680
LOS ANGELES 200 Oceangate, Suite 100 Long Beach, CA 90802 Phone: (562) 499-6191 Fax: (562) 951-1529	Jose Martinez *Supervisor*	ext. 127879
	Elizabeth Bishop *Representative*	ext. 122233
	Estee Volper *Representative*	ext. 114378
	Estela Garcia *Representative*	ext. 127657
	Ivette Hernandez *Representative*	ext. 111131
	Linda Parrick *SNF Network Liaison*	ext. 117821 cell: (562) 756-3120
	Lorena Guerra *Representative*	ext. 120104
	Louise Salter *Representative*	ext. 127690
	Mylene Tabing *Representative*	ext. 121934
RIVERSIDE/SAN BERNARDINO 887 E. 2nd St., Suite B Pomona, CA 91766 Phone: (800) 232-9998 Fax: (909) 868-1761	Sue Roth *Supervisor*	ext. 128010
	Candice Reed *Representative*	ext. 126556
	Elizabeth Dominguez *Representative*	ext. 123251
	Janina Granados *Representative*	ext. 127709
	Lori Cadle *Representative*	ext. 128007
	Tammie Paine *Representative*	ext. 126215
SACRAMENTO 2180 Harvard St., Suite 500 Sacramento, CA 95815 Phone: (916) 561-8540 Fax: (916) 561-8559	Aide Silva *Representative*	ext. 127140
	Juan Carlos Garcia Representative	ext. 126232
SAN DIEGO 9275 Sky Park Court, Suite 400 San Diego, CA 92123 Phone: (858) 614-1580 Fax: (858) 503-1210	Jaclynn Thompson *Supervisor*	ext. 126236
	Sonya Martinez *Representative*	ext. 121588
	Morgan McDaniel *Representative*	ext. 121057
	Taide Villa *Representative*	ext. 126225
	Vidiana Cervantes *Representative*	ext. 120098

Molina Healthcare of California

Your Provider Contracting Team

Provider Quick Reference Guide | IMPORTANT NUMBERS

REGION	REPRESENTATIVE	EXTENSION
LOS ANGELES 200 Oceangate, Suite 100 Long Beach, CA 90802 (562) 499-6191 Fax: (562) 951-1529	Nicole Vanderploeg *Supervisor, Provider Contracting*	EXT. 127573
	Jessica Frausto *Supervisor, Provider Contracting*	EXT. 119865
	Henry Cuevas *Provider Contract Specialist*	EXT. 111525
	Jamee Donaldson *Provider Contract Specialist*	EXT. 127676
	Patrice Washington *Provider Contract Specialist*	EXT. 127534
	Elliot Thompson *Provider Contract Coordinator*	EXT. 127688
RIVERSIDE / SAN BERNARDINO 887 E. 2nd St., Suite B Pomona, CA 91766 (800) 232-9998 Fax: (909) 868-1761	Ramsey Bishara *Provider Contract Specialist*	EXT. 123257
	Regina Stanton *Provider Contract Specialist*	EXT. 124606
	Shree Browne *Provider Contract Specialist*	EXT. 126529
	Christina Rojas *Provider Contract Specialist*	EXT. 127266
SAN DIEGO 9275 Sky Park Court, Suite 400 San Diego, CA 92123 (858) 614-1580 Fax: (858) 503-1210	Adriana Cuellar *Provider Contract Specialist*	EXT. 121589

Molina Healthcare of California

Pharmacy Contact Information

Phone Number	Fax	Direct Extension
(800) 526-8196 ✓ *Option 3 - Providers* ✓ *Option 2 - Pharmacy* ✓ *Option 2 - Pharmacy Prior Authorization*	**(866) 508-6445**	**x751130**

Revision History

Previous Version Date	Date of Change	Purpose of Change	FAQ Section
February 17, 2015	March 06, 2015	Sub-acute members must be at bed hold lease twenty-four (24) hours prior to start of bed hold	UM
February 17, 2015	March 06, 2015	Molina has delegated skilled services to the groups that are managed by Heritage Provider Network and is required to follow Cal MediConnect Authorization Timeframes	UM
February 17, 2015	March 06, 2015	Updated Prior Authorization and guidelines	Appendix
March 06, 2015	April 30, 2015	Removed HPN contact list	Contact Lists
March 06, 2015	April 30, 2015	UM contact for prior authorization submissions	UM
March 06, 2015	April 30, 2015	Updated UM Contact List	Appendix
April 30, 2015	April 30, 2015	Addition of Appendix, Pg.20	Appendix
April 30, 2015	August 20, 2015	Several changes and updates were made	All
August 20, 2015	October 5, 2015	Utilization Management: Prior Authorization Procedures #13 Claims: FAQ, #5,#10 LTC Reimbursement Case Management: #5 HRA: #1 Delegation of SNF & Custodial Care #2, #4, #5 New Accommodation and Revenue Codes Updated CM & UM Contact Information Lists	All