Molina Healthcare

New Provider Orientation

MOLINA HEALTHCARE

Agenda

- **Welcome and Reflection**
- Provider Services
- Data Collection and Maintenance
- Provider Directory
- Transportation Services
- Prior Authorization
- Pharmacy
- CCS
- Developmental Disability Services
- Preventative Care Service
- Cultural & Linguistics
- Behavioral Health
- Quality Pay for Performance (If applicable)
- Claims & Appeals
- Credentialing
- Availity Provider Portal
- Model of Care
- Timely Access
- Stay Connected (JTF)
- Online Resources
- Questions

Welcome and Reflection

Coming together is a beginning,
staying together is progress, and
working together is success.
- Henry Ford

MOLINA HEALTHCARE

Welcome to Molina Healthcare

Molina Healthcare of California (Molina) strongly values our relationship with you and welcomes you to our Molina family and our network of providers. As a physician founded and operated Health Plan, Molina shares a common mission with our providers which includes:

Ensuring the delivery of high-quality healthcare services

Advocating strongly for the well-being of our members and their families

Increasing the delivery of preventive health services and access to care

Ensuring healthcare is available to those who are vulnerable and most in need

Removing barriers to healthcare

Providing the right care, in the right setting, at the right time.

Provider Services

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Purpose Overview

Molina Healthcare Provider Services provides training to Molina's delegates to ensure on-going comprehensive education regarding Molina Healthcare provider network operational requirements and processes. In addition, to ensure adherence to the compliance standards and regulatory requirements set forth by the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC) and other appropriate regulatory bodies.

Additional in-services will occur on a Monthly basis for continuum of education, and/or training upon request (i.e., annually, quarterly, monthly, ad hoc, etc.)

Provider Services Support

As a contracted provider with Molina, you are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members.

As your Provider Services Representative (PSR) our role is to assist your office. I'm available to offer training, conduct visits to provider offices and/or virtual, help with Provider Portal registration, answer questions and serve as the point of contact for all provider needs.

I welcome your feedback and look forward to supporting all your efforts to provide quality care for our members.

Molina Healthcare Provider Services

Riverside

550 Hospitality Lane, Suite 100

San Bernardino, Ca 92408

General Inbox/Demographic Updates:

MHCSIEproviderservices@molinahealthcare.com

S. MiMi Howard, Provider Services Representative

Email: SMiMi.Howard@MolinaHealthcare.com

Phone: (562) 455-3754

Hayat Allam, Manager, Provider Services

Email: hayat.allam@molinahealthcare.com

Phone: (562) 456-4028

Kristin Rosemond, AVP, Network Strategy and Services

Email: kristin.rosemond@molinahealthcare.com

Phone: (562) 542-1919

Data Collection
&
Maintenance
(Adds, Change, Terminations)

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Data Maintenance

- Molina Healthcare (MHC) has a comprehensive Provider Directory which is reviewed regularly to ensure accuracy.
- Routine audits are conducted by MHC regulators; as such, it is the provider's responsibility to notify Molina Healthcare of any Provider/Facility Adds, Changes, and Terminations.
- A 90-day request should be submitted to allow MHC enough time to update the administrative tasks associated with terms/additions, as well as ensuring member continuity of care.
- Additionally, a 60-day notice when adding/changing a provider/location.
- Retro provider load dates submission will not be accepted unless approved by MHC leaders.

Roster Submissions: Monthly & Quarterly

Monthly

- Contracted providers are required to submit demographic and data updates; adds, change, and terminations, and tax identification number (TIN) changes, ***no later than the 15th of every month.***

Quarterly

- In accordance with California Health and Safety Code 1367.27 (SB137), Molina is required to produce timely and accurate provider directories that reflect our contracted provider network.
- Contracted Providers are required to submit a ***full roster*** every quarter to Molina Provider Services inbox in order to validate the universe of its contracted providers network to Molina's System. In addition to obtain an attestation from each contracted provider

Provider Services will provide you with its Roster in order to submit Adds, Changes, and Terminations to Molina's Provider Service General inbox:

- MHCsandiegoproviderservices@MolinaHealthcare.com
- MHCImperialProviderServices@MolinaHealthcare.com
- MHCSacramentoProviderServices@MolinaHealthcare.com
- MHCIEProviderServices@MolinaHealthcare.com
- MHC_LAProviderServices@MolinaHealthcare.com

All Rosters are required to be completed in order to meet compliance to all data requirements set forth by regulators i.e. DHCS, DMHC, which includes key type providers, but not limited to; primary and specialty care (adult and pediatric), behavioral health (adult and pediatric), OB/GYN, Hospitals, and any Pharmacy Provider.

Provider Directory

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Provider Online Directory

Our Goal is to ensure members have access to a highly accurate list of available providers through searchable online directories and printed directories.

- The Provider Online Directory (POD) is accessible to Molina Members and Providers across all Lines of Business.

- Members and Providers can now utilize the user-friendly, intuitive search capabilities of the new POD to find the right health care that they need.

- Select “Find A Doctor” at www.MolinaHealthCare.Com to quickly find a Molina Provider or facility today with the new mobile-friendly POD.

- Report changes on the provider directory website via the hyperlink under, Provider Details.

It Matters TO MOLINA

STATE LEGISLATION SENATE BILL (SB) 137

SB 137 requires health plans to comply with the following requirements:

- Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care(DMHC). A willful violation of the act is a crime. Existing law requires a health care service plan to provide a list of contracting providers within a requesting enrollee's or prospective enrollee's general geographic area.
- Publish and maintain accurate provider directory with information on contracting providers.
- Verify provider directory information with contracted providers on a periodic basis.
- Update the provider online directory weekly and printed directory quarterly.
- Ensure contracted providers notify the Health Plan when they are accepting new patients or no longer accepting new patients.
- **Failure to respond to the notification may result in a delay of payment or reimbursement of a claim.**

Transportation Services

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Transportation Services

Emergency Medical Transportation

- Emergency transportation (ambulance), or ambulance transport services, provided through the “911” emergency response system, will be covered when medically necessary.

Non- Medical Transportation

- Non-Medical Transportation (NMT) is covered for medically necessary covered services. NMT is transportation by a car, taxi, or other public or private way of getting to your medical appointment.

Non-Emergency Medical Transportation

- Non-Emergency Medical Transportation (NEMT) is covered for medically necessary covered services. NEMT is transportation by ambulance, litter van, wheelchair van or air.
- A primary care physician or specialist will need to complete a Provider Certification Statement form prior to the member receiving NEMT services. The Physician Certification Statement from can be downloaded at:

  http://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx

Scheduling Transportation Services

- Please call American Logistics Transportation at 1 (844) 292-2688 at least three (3) business days (Monday-Friday) before the scheduled appointment

Prior Authorization

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Authorization

2022 UPDATED PRIOR AUTHORIZATION (PA) CODE GUIDE

Molina Healthcare has updated our prior authorization code guide and the primary updates include modifications to the following:

- Service Categories
- Information for Molina Healthcare Providers
- Contact information
- Prior Authorization Request Form

The PA Code Guide is available online via the provider portal as well as our public website. Please note that this document is updated annually and is subject to change as needed.

QUESTIONS

If you have any questions regarding the notification, please contact the UM Call Center at (844) 557-8434.

Prior Authorization Lookup Tool

What is the Prior Authorization Lookup Tool?

- An interactive tool to help Providers, Members, & Staff determine prior authorization requirement including if a code:
  - Requires a prior authorization
  - Does not require a prior authorization
  - Is not a covered benefit
  - Is delegated to eviCore

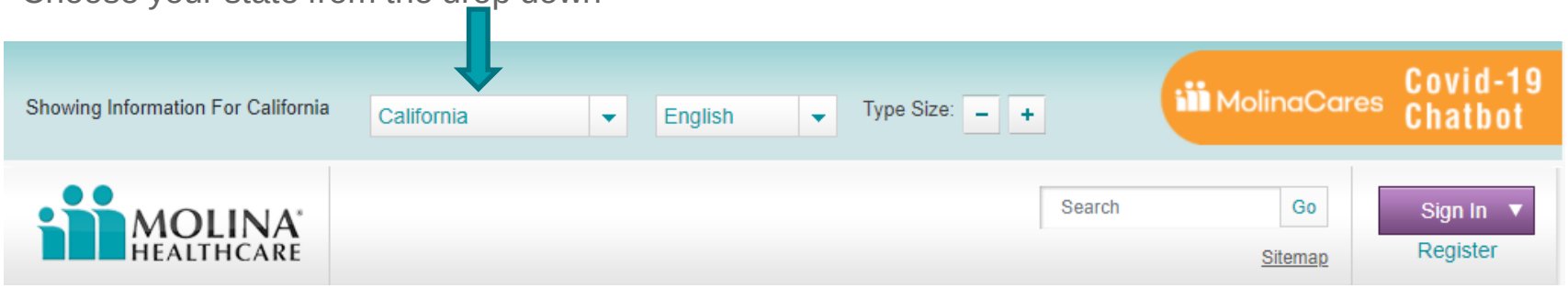
How to access the Prior Authorization Lookup Tool?

- Providers and Members
  - Molina Healthcare Website
- Providers Only:
  - Within the Molina provider ePortal

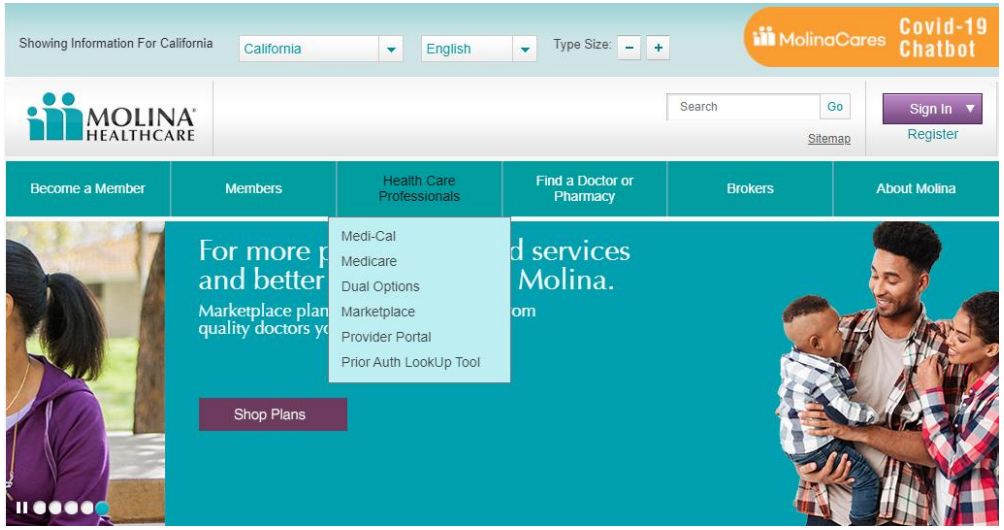
Prior Authorization Lookup Tool

Provider Access

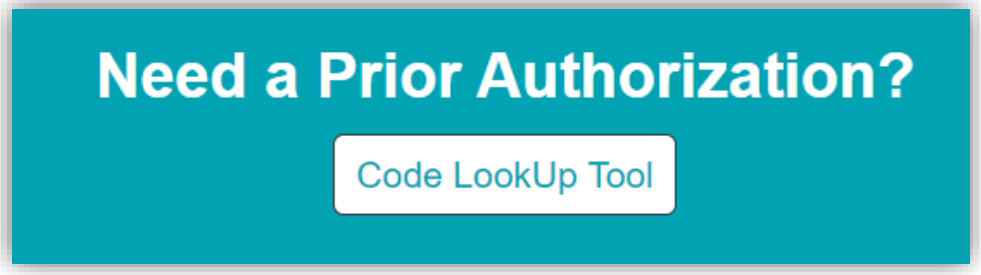
- Providers will start at www.molinahealthcare.com
- Choose your state from the drop down



Hover over **"Health Care Professionals"** and select **"Prior Auth LookUp Tool"** from the drop-down menu for quick access to the tool.

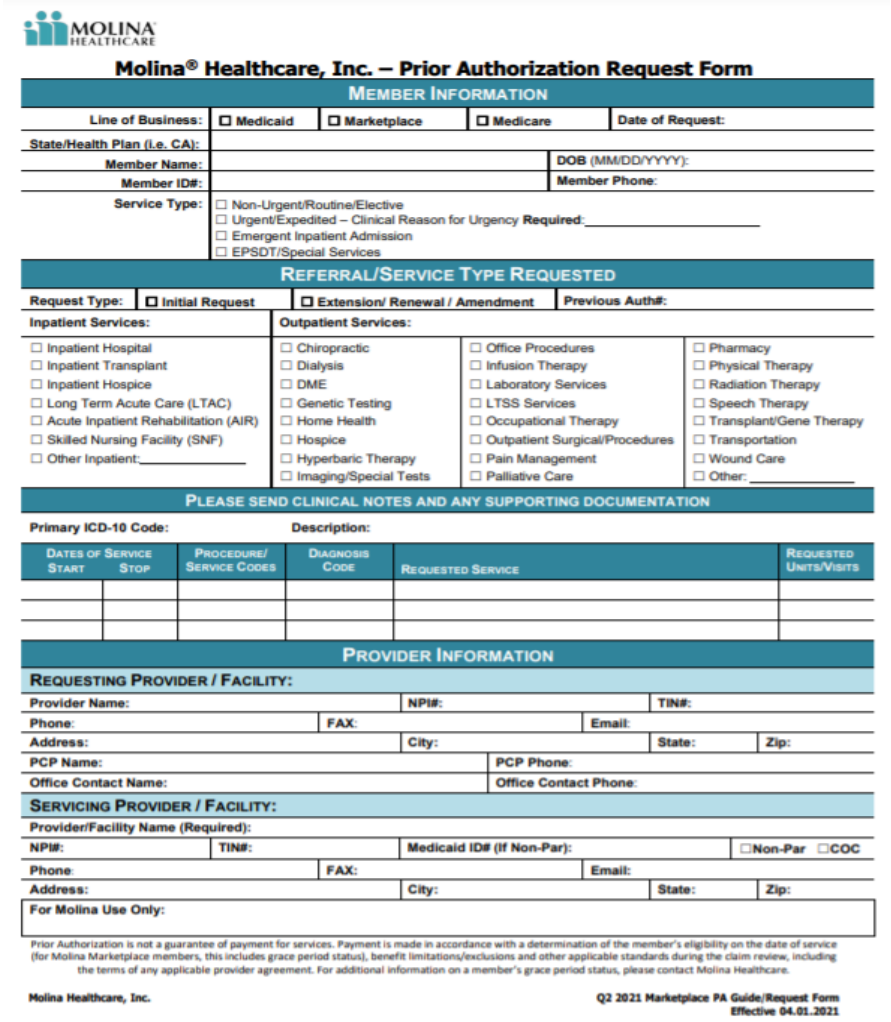


Choose your Line of Business (LOB)



Prior Authorization Forms

Standard Request Form



MOLINA HEALTHCARE

Molina® Healthcare, Inc. – Prior Authorization Request Form

MEMBER INFORMATION

Line of Business:	☐ Medicaid	☐ Marketplace	☐ Medicare	Date of Request:
State/Health Plan (i.e. CA):				
Member Name:			DOB (MM/DD/YYYY):
Member ID#:			Member Phone:

Service Type:
☐ Non-Urgent/Routine/Elective
☐ Urgent/Expedited – Clinical Reason for Urgency **Required**:_____
☐ Emergent Inpatient Admission
☐ EPSDT/Special Services

REFERRAL/SERVICE TYPE REQUESTED

Request Type: ☐ Initial Request ☐ Extension/ Renewal / Amendment Previous Auth#:

Inpatient Services:
☐ Inpatient Hospital
☐ Inpatient Transplant
☐ Inpatient Hospice
☐ Long Term Acute Care (LTAC)
☐ Acute Inpatient Rehabilitation (AIR)
☐ Skilled Nursing Facility (SNF)
☐ Other Inpatient:_____

Outpatient Services:
☐ Chiropractic
☐ Dialysis
☐ DME
☐ Genetic Testing
☐ Home Health
☐ Hospice
☐ Hyperbaric Therapy
☐ Imaging/Special Tests
☐ Office Procedures
☐ Infusion Therapy
☐ Laboratory Services
☐ LTSS Services
☐ Occupational Therapy
☐ Outpatient Surgical/Procedures
☐ Pain Management
☐ Palliative Care
☐ Pharmacy
☐ Physical Therapy
☐ Radiation Therapy
☐ Speech Therapy
☐ Transplant/Gene Therapy
☐ Transportation
☐ Wound Care
☐ Other:_____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: Description:

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:		NPI#:	TIN#:
Phone:	FAX:	Email:	
Address:		City:	State: Zip:
PCP Name:		PCP Phone:	
Office Contact Name:		Office Contact Phone:	

SERVICING PROVIDER / FACILITY:

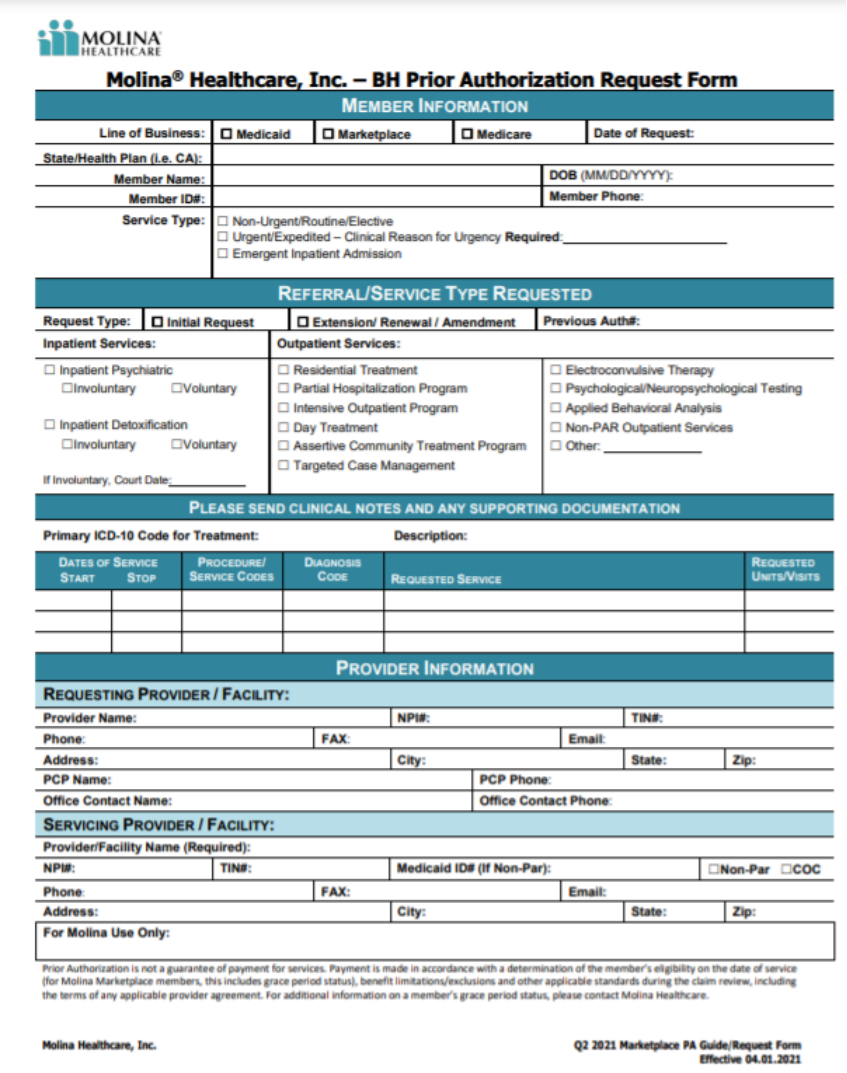
Provider/Facility Name (Required):			
NPI#:	TIN#:	Medicaid ID# (If Non-Par):	☐Non-Par ☐COC
Phone:	FAX:	Email:	
Address:		City:	State: Zip:

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.

Molina Healthcare, Inc. Q2 2021 Marketplace PA Guide/Request Form Effective 04.01.2021

Behavioral Health Request Form



MOLINA HEALTHCARE

Molina® Healthcare, Inc. – BH Prior Authorization Request Form

MEMBER INFORMATION

Line of Business:	☐ Medicaid	☐ Marketplace	☐ Medicare	Date of Request:
State/Health Plan (i.e. CA):				
Member Name:			DOB (MM/DD/YYYY):
Member ID#:			Member Phone:

Service Type:
☐ Non-Urgent/Routine/Elective
☐ Urgent/Expedited – Clinical Reason for Urgency **Required**:_____
☐ Emergent Inpatient Admission

REFERRAL/SERVICE TYPE REQUESTED

Request Type: ☐ Initial Request ☐ Extension/ Renewal / Amendment Previous Auth#:

Inpatient Services:
☐ Inpatient Psychiatric
☐Involuntary ☐Voluntary
☐ Inpatient Detoxification
☐Involuntary ☐Voluntary
If Involuntary, Court Date:_____

Outpatient Services:
☐ Residential Treatment
☐ Partial Hospitalization Program
☐ Intensive Outpatient Program
☐ Day Treatment
☐ Assertive Community Treatment Program
☐ Targeted Case Management
☐ Electroconvulsive Therapy
☐ Psychological/Neuropsychological Testing
☐ Applied Behavioral Analysis
☐ Non-PAR Outpatient Services
☐ Other:_____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code for Treatment: Description:

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:		NPI#:	TIN#:
Phone:	FAX:	Email:	
Address:		City:	State: Zip:
PCP Name:		PCP Phone:	
Office Contact Name:		Office Contact Phone:	

SERVICING PROVIDER / FACILITY:

Provider/Facility Name (Required):			
NPI#:	TIN#:	Medicaid ID# (If Non-Par):	☐Non-Par ☐COC
Phone:	FAX:	Email:	
Address:		City:	State: Zip:

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.

Molina Healthcare, Inc. Q2 2021 Marketplace PA Guide/Request Form Effective 04.01.2021

MOLINA HEALTHCARE

Authorization Contacts

Service Area	Phone	Fax	Service Area	Phone	Fax
Prior Authorization	(844) 557-8434	(800) 811-4804	Pharmacy Authorizations	(855) 322-4075	(866) 508-6445
Member Customer Service Benefits/Eligibility	(888) 858-2150		Provider Services	(888) 858-2150	(562) 499-0619
Behavioral Health	(844) 557-8434	(800) 811-4804	Dental	(877) 433-6825	(949)830-1655
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation	(855) 322-4075	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision	(800) 877-7195 (VSP) www.vsp.com/advantage	

Nurse Advice Line (24 hours a day, 7 days a week): (888) 275-8750 (TTY: 711)

- Members who speak Spanish can press 1 at the IVR prompt; the nurse will arrange for an interpreter, as needed, for non-English/Spanish speaking members.
- No referral or prior authorization is needed.

Providers may utilize Molina Healthcare's Website at:
https://provider.molinahealthcare.com/Provider/Login

Available features include:

- Authorization submission and status
- Download Frequently used forms
- Provider Directory
- Provider Directory
- Nurse Advice Line Report
- Claims Submission and status Member Eligibility

Pharmacy

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Pharmacy Benefit Management (PBM)

Prescription drugs are covered by Molina Healthcare through the Medi-Cal Pharmacy Benefit carveout to Medi-Cal Rx (MRx)

Register on the MRx Provider Portal https://medi-calrx.dhcs.ca.gov/provider/ click the R register icon in the upper right corner of the screen.

- A list of in-network pharmacies are also available on the www.MolinaHealthcare.com website, or by contacting Molina at **(855) 322-4075.**

- Drug List Information, including the following can be found online
  - Physician Administered Drug List
  - Drug Formulary
  - Medication Prior Auth Criteria

  https://medi-calrx.dhcs.ca.gov/provider/drug-lookup

Pharmacy Benefit Management (PBM)

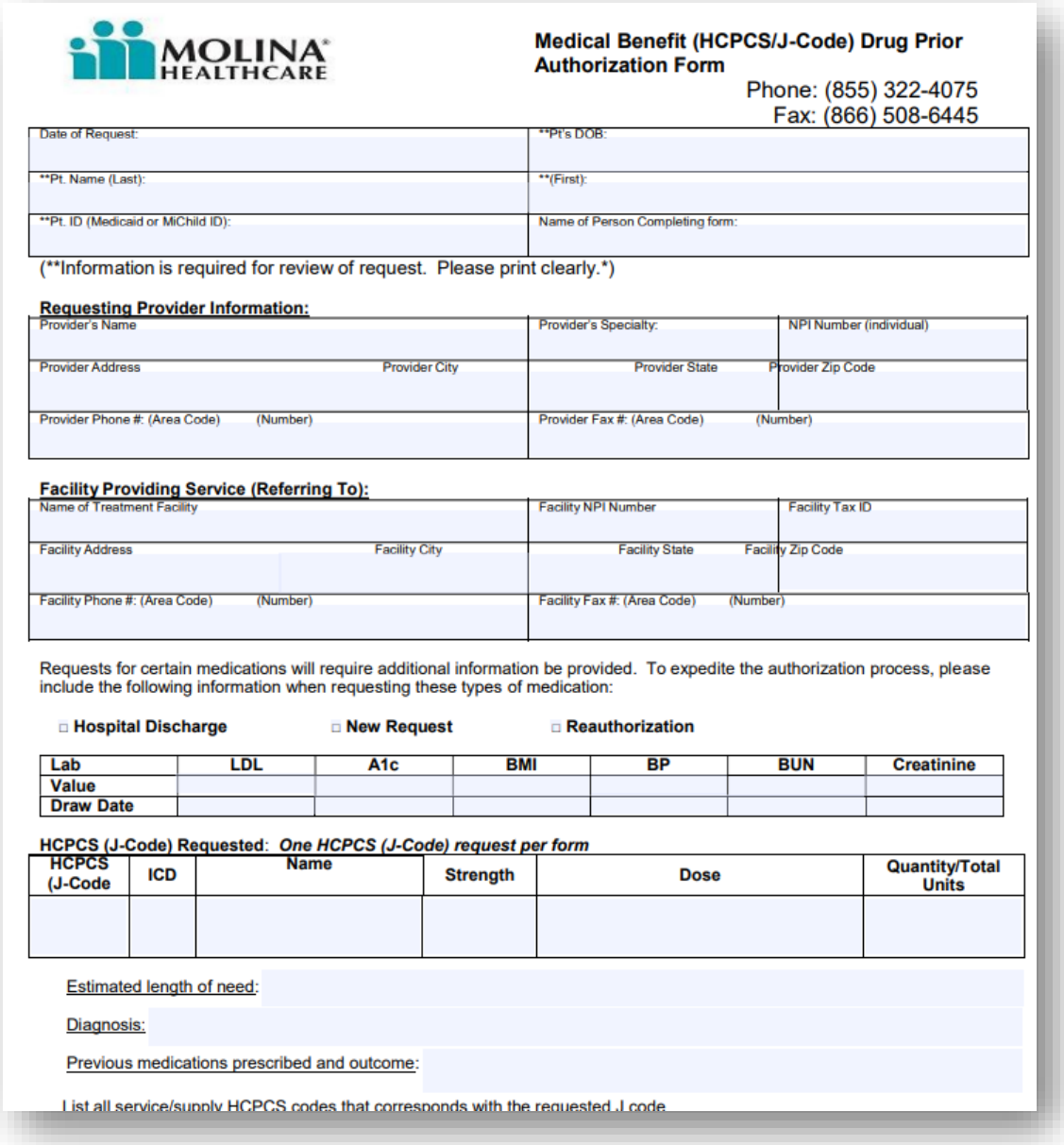
Prescription drugs for Medicare and Marketplace lines of business are covered by Molina Healthcare through the CVS Caremark Pharmacy Network.

- A list of in-network pharmacies are available on the www.MolinaHealthcare.com website, or by contacting Molina at **(855) 322-4075.**

- Drug List Information, including the following can be found online:
  - Physician Administered Drug List
  - Drug Formulary
  - Medication Prior Auth Criteria

  https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/Drug-List

Pharmacy Benefit Management (PBM)



MOLINA HEALTHCARE

Medical Benefit (HCPCS/J-Code) Drug Prior Authorization Form

Phone: (855) 322-4075
Fax: (866) 508-6445

Date of Request:	**Pt's DOB:
**Pt. Name (Last):	**(First):
**Pt. ID (Medicaid or MiChild ID):	Name of Person Completing form:

(**Information is required for review of request. Please print clearly.*)

Requesting Provider Information:

Provider's Name		Provider's Specialty:	NPI Number (individual)
Provider Address	Provider City	Provider State	Provider Zip Code
Provider Phone #: (Area Code) (Number)		Provider Fax #: (Area Code) (Number)	

Facility Providing Service (Referring To):

Name of Treatment Facility		Facility NPI Number	Facility Tax ID
Facility Address	Facility City	Facility State	Facility Zip Code
Facility Phone #: (Area Code) (Number)		Facility Fax #: (Area Code) (Number)	

Requests for certain medications will require additional information be provided. To expedite the authorization process, please include the following information when requesting these types of medication:

□ **Hospital Discharge** □ **New Request** □ **Reauthorization**

Lab	LDL	A1c	BMI	BP	BUN	Creatinine
Value						
Draw Date						

HCPCS (J-Code) Requested: ***One HCPCS (J-Code) request per form***

HCPCS (J-Code	ICD	Name	Strength	Dose	Quantity/Total Units

Estimated length of need:

Diagnosis:

Previous medications prescribed and outcome:

List all service/supply HCPCS codes that corresponds with the requested J code

California Children's Service

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California Children's Services

- California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the healthcare and services they need. The program arranges and pays for medical care, equipment and rehabilitation when these services are authorized by the program.
- The CCS program is administered as a partnership between county health departments and the California Department of Healthcare Services (DHCS).
- Examples of CCS eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools.
- The CCS program provides diagnostic and treatment services, medical case management, physical and occupational therapy service to children under age 21 with CCS eligible medical conditions.

CCS FAQ

- Apply to become a paneled CCS provider –

https://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx

- For CCS referrals, please go to

https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf

- Not all hospitals are CCS paneled
- Not all parts of the hospitals are CC paneled
- If the patient is admitted to a non-CCS paneled hospital, CCS will not pay unless the patient is transferred to a CCS paneled hospital, or the hospital immediately notified CCS and received day to day approval to provide care until the patient can be transferred to a CCS paneled hospital.
- At least one of the physicians caring for the patient in the CCS paneled hospital must be CCS paneled.

Developmental Disability Services

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Developmental Disability Services (DDS)

Developmental Disabilities Services

Developmental Disabilities Services are managed through the Regional Center for member who are either:

- Age 36 months to 18 years old, who have a developmental delay in either cognitive, communication, emotional, adaptive, physical, motor development, including vision and hearing, or a condition known to lead to developmental delay, or those in whom a significant developmental delay is suspect, or whose early health history place them at risk for delay.
- Members who at risk of parenting a child with a developmental disability.

Who is Eligible for Regional Center

To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as define in *Section 4512 of the California Welfare and Institution Code.* Eligibility is established through diagnosis and assessment performed by the *Regional Centers.*

Infants and toddlers (age 0-36 months) who are at risk of having developments disabilities or who have a developmental delay may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in *Section 95014 of the California Government Code*. In addition, individuals at risk of having a child with a developmental disability may be eligible for genetic diagnosis, counseling and other prevention services. For information about these services, see Early Start.

Developmental Disability Services (DDS)

Determining Eligibility

Infants and toddlers from birth to age 36 months may be eligible for early intervention services through Early Start if, through documented evaluation and assessment, they meet one of the criteria listed below:

- Have a developmental delay of at least 33% in one or more areas of either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or,
- Have established risk condition of known etiology, with a high probability of resulting in delayed development; or,
- Be considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors of which are diagnosed by qualified personnel California Government Code: Section 95014(a); California Code of Regulations: Title 17, Chapter 2, Section 52022

PCP Screening

The PCP shall complete an intake and assessment for members age 0-36 months with, or suspected to have a developmental disability:

- Children shall receive a complete medical evaluation to confirm the diagnosis and determine the genetic and/or non-genetic etiology. This may include, but not limited to:
  - Prenatal/perinatal history
  - Developmental history
  - Family history
  - Metabolic and chromosomal studies
  - Specialty consultations as indicated

Developmental Disability Services (DDS)

Making Referral to Regional Center

Referrals are made directly to the intake screener of the Regional Center

Submit the referral to the RC as soon as possible.

Please include:

- Reason for referral
- Complete medical history and physical examination, including appropriate developmental screens.
- Results of developmental assessments/psychological evaluation and other diagnostic tests as indicated.

Services Provided by Regional Center

Some of the service and supports provided by the regional centers include:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Resource development
- Outreach
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil and service rights
- Early intervention services for at risk infants and their families
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home care
- Training and education opportunities for individuals and families
- Community education about developmental disabilities

Preventative Care Service

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Obtaining SHA Forms

Should you need more SHA forms, please refer to the Department of Health Care Services (DHCS) website: https://www.dhcs.ca.gov/

For assistance navigating the DHCS website to obtain SHA forms, please follow the instructions below:

1. Go to https://www.dhcs.ca.gov/
2. Click on the "Forms and Publications" option in the toolbar
3. Click on the option "Forms"
4. Under "All Forms" click on "By Program"
5. Click on "Staying Health Assessment (SHA)"

Staying Health Assessment

The Staying Healthy Assessment (SHA) us a Department of Health Care Services (DHCS) requirement consisting of questionnaire for all Medi-Cal beneficiaries as part of their Initial Health Assessment (IHA). This assessment is designed to initiate dialogue between the member and Primary Care Provider (PCP) facilitating focused health education counseling addressing health behavior change. All providers of managed Medi-Cal members are required to use and administer the SHA for both new and existing patients.

SHA Periodicity Table

QUESTIONNAIRE	ADMINISTER	ADMINISTER/RE-ADMINISTER		REVIEW
Age Groups	**Within 120 Days of Enrollment**	**1st Scheduled Exam *(after entering new age group)***	**Every 3-5 Years**	**Annually *(intervening years)***
0 – 6 Months	✓	✓		
7 – 12 Months	✓	✓		
1 – 2 Years	✓	✓		✓
3 – 4 Years	✓	✓		✓
5 – 8 Years	✓	✓		✓
9 – 11 Years	✓	✓		✓
12 – 17 Years	✓	✓		✓
Adults	✓		✓	✓
Seniors	✓		✓	✓

- Annual re-administration is highly recommended for adolescents (12-17 Years) and Seniors due to frequently changing behavioral risk factors for this age group.
- PCP should select the assessment (Adult or Senior) best suited for the member's health and medica status, e.g., biological age, existing chronic condition, mobility limitation.

PCP Responsibilities to Provide Assistance and Follow-Up

- PCP must review and discuss newly completed SHA with patient. Other clinic staff may assist if under supervision of the PCP, and if the medical issues are referred to the PCP.
- If responses indicate risk factor(s), the PCP should prioritize member's health education needs and willingness to make lifestyle changes, provide tailored health educational and counseling , intervention, referral and follow-up.
- Annually, PCP must review and discuss previously completed SHA with patient (intervening years) and provide appropriate counseling and follow-up on patient's risk reduction plans, as needed.

Required PCP Documentation

- PCP must sign, print name and date the newly administered SHA to verify it was reviewed with member and assistance/follow-up was provided, as needed.
- PCP must check appropriate boxes in "Clinical Use Only" section to indidcate topics and type of assistance provided to member.
- For subsequent annual reviews, PCP must sign, print name and date "SHA Annual Review" section to verify the annual review was conducted and discussed with the patient.
- Signed SHA must be kept in patient's medical record. Molina Healthcare Quality Improvement audits will check member's medical record for completed assessment and appropriate providers notations.

Cultural & Linguistics

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Cultural & Linguistics

In order to meet the diverse language needs of our members, all eligible and potential members whose primary language is not English are entitled to receive interpreter services through Molina Healthcare at no cost to the Member. If you would like to arrange for interpreter services, please contact the Member Services Department at 1-888-665-4621 and someone will assist you.

Member Resources for Cultural and Linguistic Services (English | Spanish | Arabic)
Provider Resources for Cultural and Linguistic Services (English)

Cultural & Linguistics

Provider Trainings for Building Culturally Competent Healthcare

- Think Cultural Health (HHS Office of Minority Health)
  - A Physician's Practical Guide to Culturally Competent Care
  - Culturally Competent Nursing Care: A Cornerstone of Caring
- Industry Collaboration Effort (ICE) Cultural Competency Training for Healthcare Providers
- Industry Collaboration Effort (ICE) Better Communication, Better Care
- Teach Back Method
- Culturally and Linguistically Appropriate Service Standards
- Americans with Disabilities Act
- The Arc
- Virginia Commonwealth University Life Expectancy Mapping
- Robert Wood Johnson Foundation Life Expectancy by Zip Code

Cultural & Linguistics

MolinaHealthcare.com

2. **Video Remote Interpretation (VRI):**
   - VRI is best for more complicated appointments or when the member needs access to a sign language interpreter.
   - VRI is HIPAA compliant. It can be accessed from any standard smartphone, tablet, or laptop equipped with a webcam and requires no special software.
   - Call the Contact Center at least 2 business days before the appointment to schedule. Be prepared with the following:
     1. Member name, Molina ID number, and language needed
     2. Provider name and appointment information
     3. An email address or textable phone number where we can send a link for the scheduled VRI session
   - On-demand VRI is also available as a backup.
3. **In-Person:**
   - Onsite interpretation is used for the most complex appointments, or when VRI is not possible.
   - Call the Contact Center at least 5 business days before the appointment to schedule. Be prepared with the following:
     1. Member name, Molina ID number, and language needed
     2. Provider name and appointment information
     3. A detailed address including suite and floor number to ensure the interpreter arrives at the correct location

Language Rights and the Law

- Section 1557 of the Affordable Care Act (ACA) requires that all limited English proficient (LEP) beneficiaries' language access needs be met for all medical appointments.
- To refuse an LEP beneficiary access to language services is a violation of that individual's civil rights.
- The ACA also prohibits providers from requesting a beneficiary to provide his or her own interpreter or rely on a staff member who is not qualified to communicate directly with the LEP individual.
- Please remember it is never permissible to ask a minor, family member, or friend to interpret.
- Molina complies with all guidance set forth in the ACA, Title VI of the Civil Rights Act, and CA SB 223, which includes instructions for accessing language services in significant member materials.

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Translation of Written Documents

- Written member-informing documents that provide information regarding access to and usage of plan services are translated into appropriate threshold languages in Molina's counties of operation.
- Molina also offers vital documents in large print, Braille and in audio format. For more information please call Molina's Contact Center at the numbers above.
- Molina offers a variety of low literacy health education materials in English and Spanish at no cost to Providers or members. These materials can be accessed online at: http://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health-Education-Materials.aspx.
- Upon request, Molina will translate existing health education materials into members' preferred language. Please call the Contact Center.

Cultural and Linguistic Training and Resources

- Molina offers the following Cultural Competency training videos on our website: https://www.molinahealthcare.com/providers/ca/medicaid/resource/cme.aspx
  - Module 1: Introduction to Cultural Competency
  - Module 2: Health Disparities
  - Module 3: Specific Population Focus – Seniors and Persons with Disabilities
  - Module 4: Specific Population Focus – LGBTQ and Immigrants/ Refugees
  - Module 5: Becoming Culturally Competent
- Additional resources on the Molina website include the Provider Education Series of brochures on serving members with disabilities:
  - Americans with Disability Act (ADA)
  - Members who are Blind or have Low Vision
  - Service Animals
  - Tips for Communicating with People with Disabilities & Seniors
- Molina also offers tailored training on cultural competency and sensitivity to seniors and persons with disabilities. For cultural and linguistic consultations, questions regarding cultural beliefs and practices that may affect patient care, or to request trainings, contact Molina HealthEducation.MHC@Molinahealthcare.com.
- Molina's **"Ask the Cultural and Linguistics Specialist"** page is an interactive web-based question and answer forum on providing culturally appropriate care. All inquiries receive a response within 72 hours from Molina's Cultural Anthropologist. To access, go to our provider website: http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx

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Cultural & Linguistics

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Health Management Services

Provider Resources

Pregnancy Program

- To refer, complete and fax Molina's Pregnancy Notification Form to **(855) 556-1424**.
- LA County Medi-Cal members are eligible to participate in the pregnancy program offered by Health Net by calling **(800) 675-6110 (TTY: 711)**.

Smoking Cessation

Molina Healthcare collaborates with **Kick It California** to provide smoking cessation counseling.

Tobacco Cessation Services

- English: **(800) 300-8086** or Text "Quit Smoking" to **66819**
- Spanish: **(800) 600-8191** or Text "Dejar De Fumar" to **66819**
- Tobacco Chewers: **(800) 987-2908**
- Chinese: **(800) 838-8917**
- Korean: **(800) 556-5564**
- Vietnamese: **(800) 778-8440**

Vape Cessation Services

- English: Call **(844) 866-8273** or Text "Quit Vaping" to **66819**
- Spanish: Call **(800) 600-8191** or Text "No Vapear" to **66819**
- **Nicotine Replacement Therapy** - If an NRT requires a prior authorization, complete Prescription Drug Prior Authorization form and fax to **(866) 508-6445**.
- List of group counseling, support group or classes: **https://www.molinahealthcare.com/providers/ca/medicaid/resource/smoking-cessation.aspx**.

Weight Management

- To refer, complete and fax Telephonic Health Education Referral form to **(800) 642-3691**.

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Nutrition Consults by a Dietitian

To refer, complete and fax the Telephonic Health Education Referral form to **(800) 642-3691** with provider nutrition prescription and supporting lab valuies.

Health Management Programs and Services

- Asthma
- Diabetes
- Adult Depression
- Heart Health
- COPD

To refer, complete and fax the Health Education Referral form to **(800) 642-3691**.

LA County Medi-Cal members may participate in the Disease Management programs offered by Health Net by calling **(800) 675-6110 (TTY: 711)**.

The above programs are available to Medi-Cal, Medicare, Cal MediConnect (MMP) and Marketplace members.

Diabetes Prevention Program

- Medi-Cal and Marketplace members
  - Refer to website to enroll. **http://www.yeshealth.com/molina**
- LA County Medi-Cal members
  - Refer to Health Net **(800) 675-6110** (TTY: **711**)

Health Education Materials

- Appropriate use of healthcare services
- Risk reduction and healthy lifestyles
- Self care and management of health conditions

Available in other languages and large font as requested.
https://www.molinahealthcare.com/providers/ca/medicaid/resource/Health-Education-Materials.aspx.

Health Education Forms and Resources

https://www.molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx.

- Telephonic health education referral form
- Staying Healthy Assessment (SHA) Form (in all threshold languages)
- Staying Healthy Provider Training Video
- Staying Healthy Provider Training Attestation Sign-In Form
- Alternate IHEBA Notification Form
- SHA Electronic or Other Format Notification Form
- Prescription Drug Prior Authorization Form

Behavioral Health

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Criteria/Coverage for BHT Services

Criteria

- Be under 21 years of age.
- Have a recommendation from a licensed physician and surgeon or a licensed psychologist that evidence-based BHT services are medically necessary.
- Be medically stable.
- Be without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID).

Covered Services

- Medically necessary to correct or ameliorate behavioral conditions and as determined by a licensed physician and surgeon or licensed psychologist.
- Delivered in accordance with the member's MHC-approved behavioral treatment plan.
- Provided by California State Plan approved providers.
- Provided and supervised according to an MHC-approved behavioral treatment plan developed by a BHT service provider

Behavioral Treatment Plan

- Be developed by a BHT Service Provider for the specific member being treated.
- Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
- Be person-centered and based upon individualized, measurable goals and objectives over a specific timeline.
- Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
- Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
- Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- Include the current level (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation)
- Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the member.
- Clearly identify the service type, number of hours of direct service(s), observation and direction, parent/guardian training, support and participation needed to achieve the goals and objectives, the frequency at which the member's progress is measured and reported, transition plan, crisis plan, and each individual BHT service provider responsible for delivering the services.
- Include care coordination involving the parents or caregiver(s), school, state disability programs and others as applicable.
- Consider the member's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
- Deliver BHT services in a home or community-based setting, including clinics. Any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and community.
- Include an exit plan/criteria.

Continuity Of Care

- Continuity of care requirements for new members who did not receive BHT services from an RC prior to July 1, 2018, have not changed. MHC will continue to offer members continued access to an out-of-network provider of BHT services for up to 12 months, in accordance with existing contract requirements and APL 18-008.

- For members under 21 years of age transitioning from an RC, MHC will automatically initiate the continuity of care process prior to the member's transition. At least 45 days prior to the transition date, MHC will receive a list of members transitioning from RCs to MHC, along with member-specific utilization data. MHC will utilize this information to determine BHT service needs and associated rendering providers. MHC will proactively contact the provider to begin the continuity of care process.

- BHT services should not be discontinued or changed during the continuity of care period until a new behavioral treatment plan has been completed and approved by MHC, regardless of whether the services are provided by the RC provider under continuity of care or a new, in-network MHC provider.

ABA Authorization

Billing Code	Unit Amount
H2019	832
H0046	18
H0046	30
S5111	96
H0032	3

Alcohol & Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)

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SABIRT

Requirement: PCPs must ensure unhealthy alcohol & drug screening (SABIRT) services are documented in the patient's medical chart/Electronic Medical Record (EMR). Complete & accurate documentation is required to demonstrate compliance with Medi-Cal & Molina requirements.

How to screen all patient's unhealthy alcohol & drug use:

- Medi-cal requires unhealthy alcohol & drug use for members 11 years of age & older, including pregnant women, using a validated screening tool, every year
- When screening is positive, the provider must offer the member brief assessment, interventions and referral to treatment.
- Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Validated screening tools include, but are not limited to: Cut Down-Annoyed-Guilty-Eye-Opener Adapted to include Drugs (Cage-Aid), TobaccoAlcohol, Prescription medication and other substances (TAPS), National Institute on Drug Abuse (NIDA) Quick Screen, Drug Abuse Screening Test (DAST), Alcohol Use Disorder Identification Test-Consumption (AUDIT-C), Partner, Past, Present (4Ps) for pregnant women and adolescents, Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents, and Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population
- Claim codes for screening & documenting a follow-up plan (for Medi-Cal):

SABIRT Billing Codes and Frequency Limits Table

Billing Code	Description	When to Use	Frequency Limit
G0442	Annual alcohol misuse screening, 15 minutes	Alcohol use screening	1 per year, per provider
H0049	Alcohol and/or drug screening	Drug use screening	1 per year, per provider
H0050+	Alcohol and/or drug services, brief intervention, per 15 minutes	Alcohol misuse counseling or counseling regarding the need for further evaluation/treatment	1 per day, per provider

SABIRT

How to assess patients when a screening is positive:

- When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include, but are not limited to: NIDA-Modified Alchol, Smoking and Substance Involvement Screening Test (NM-ASSIST), Drug Abuse Screening Test (DAST-20), and Alcohol Use Disorders Identification Test (AUDIT).

Brief Interventions & Referral to Treatment:

- For recipients with brief assessments that reveal unhealthy alcohol use, brief misuse counseling shoud be offered. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, must be offered to recipients whose brief assessment demonstrates probable AUD or SUD. Alcohol and/ir drug brief interventions include alcohol misuse counseling and counseling a member regarding additional treatment options, referrals, or services. Brief interventions must include the following:
  - Providing feedback to the patient regarding screening & assessment results
  - Discussing negative consequences that have accurred and the overall severity of the problem
  - Supporting the patient in making behavioral changes
  - Discussins and greeing on plans for follow-up with the patient, including referral to other treatment if indicated
- MCPs must make good faith efforts to confirm whether member receive referred treatments and document when, where, and any next stelps following treatment. If a member does not receive referred treatments, the MASP must follow up with the member to understan barriers and make adjustments to the referrals is warranted. MCPs should also attempt to connect with the provider to whole the member was referred to facilitate a warm hand off to the necessary treatment.

Documentation:

- Member medical records must include the following:
  - The service provided, the name of the screening instrument & the score on the screening instrument, the name of the assessment instrument & the score on the assessment; and if & where a referral to an AUD or SUD program was made.

SABIRT

Documentation (continued):

- PCPs must maintain documentation of SABIRT services provided to members. When amember transfers from one PCP to another, the receiving PCP must attempt to obtain the member's prior medical records, including those pertainign to the provision of preventative services.

Why unhealthy alcohol and drug use screening is critical:

- Unhealthy alcohol & drug use plays a contributing role in a wide range of medical and behavioral health conditions. Coundeling interventions is the primary care setting can address risky drinking behaviors in adults by reducing weekly alcohol consumption and increasing long-term adherence to recommended drinking limits. Brief behavioral counseling interventions decrease the propostion of the persons who engage in episodes of heavy drinking. Additionally, brief counseling intervewntions increase the likelihood pregnant women will abstain from alcohol throughout their pregnancy. Effective treatment options for AUDs and/or substance use disorders depend on the severity of the disorder and include some combination of the following: alchohol and/or drug counseling sessions, participation in mutual help groups. Structured, evidence-based psychosocial interventions, Federal Drug Administration-approved medication, residential treatment (when medically necessary), or some combination of these services.

Resources:

- County Alcohol & Drug Treatment Referral Lines & Webisites
  - Los Angeles: Substance Abuse Prevention & Control (SAPC) at: (888) 742-7900
    - LA County Department of Public Health - Substance Abuse Prevention and Control
  - San Bernardino: Substance Abuse Screening Assessment & Referral Center (SARC) at: (909) 421-4601
    - DBH Internet Website (sbcounty.gov)
  - Riverside: Substance Use CARES Line at: (800) 499-3008
    - Substance Abuse Prevention & Treatment Locations (rcdmh.org)
  - Imperial: Imperial County Access Unit at: (442) 265-1597 or (442) 265-1596
  - Sacramento: Sacramento County Access Team at: (916) 875-1055
  - San Diego: San Diego County Access & Crisis Line at: (888) 724-7240
    - Alcohol and Drug Services (ADS) (sandiegocounty.gov)

Quality – Pay 4 Performance

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Quality Improvement Department

Molina's Quality Team goes over NCQA HEDIS measure/rates, provider incentives, member incentives, state initiatives, as well as any reporting. We do this to help collaborate with and improve our partners HEDIS scores and patient care. We encourage and share all tools available to help patients get the best care they possibly can. If you have any questions, please reach out to your assigned Practice Facilitator below.

Reporting Available:

- Gaps in Care for HEDIS Measures
- Initial Health Assessment (IHA) Lists
- Scorecards for HEDIS Measures
- Supplemental Data Feeds

Provider Incentives:

- Pay-for-Performance (P4P) Program

Region	Meeting, P4P, HEDIS, and Gaps in Care Questions
Imperial	Fernanda Garate Fernanda Garate Fernanda.Garate@MolinaHealthcare.com
San Diego	Cindy Santa Cruz Cindy.SantaCruz@MolinaHealthcare.com
Inland Empire	Michelle Mora Michelle.Mora2@MolinaHealtcare.com Rocio Chavez Rocio.Chavez1@MolinaHealthcare.com Avery Slaughter Avery.Slaughter@MolinaHealthcare.com
Los Angeles	Rocio Chavez Rocio Chavez Rocio.Chavez1@molinaHealthcare.com Michelle Mora Michelle.Mora2@MolinaHealthcare.com
Sacramento	Raquel Sepulveda Raquel.Sepulveda@molinahealthcare.com

Claims and Appeals

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Claims – Quick Reference

Claims Processing Standards

Molina is compliant with all state and federal processing standards.

Claims Submission Options

1. Submit claims directly to Molina Healthcare of California.
2. Claims must be submitted by Provider to Molina within 90 calendar days after the discharge for inpatient services or the Date of Service for outpatient services.
3. Clearinghouse (Change Healthcare).
    - Change Healthcare is an outside vendor that is used by Molina Healthcare of California.
    - When submitting Fee-For-Service EDI Claims (via a clearinghouse) or to Molina Healthcare of California, please utilize the following payer ID 38333.
    - EDI or Electronic Claims get processed faster than paper claims.
    - Providers can use any clearinghouse of their choosing. Note that fees may apply.

Provider Portal Claims Submission:

- Register to access our online services. This will provide you with access to the following:
    - Submit claims
    - Submit Professional (CMS 1500) and Institutional (UB) Claims
    - Submit a corrected claim
    - Void claims
    - Verify claim status
    - Upload applicable attachments to the claim
    - Print claims reports

- If you experience any problems with the Provider Portal, please contact Molina Healthcare's Help Desk at **(866) 449-6848** for technical assistance or call your Provider Services Representative directly.

Claims – Quick Reference

EDI Claims Submission Issues

- Please call the EDI customer service line at (866) 409-2935 and/or submit an email to: EDI.Claims@MolinaHealthCare.Com
- Contact your respective county provider services representative.

Claims Customer Service

- For assistance with any claims related processes or individual claims issues, please contact Claims Customer Service at: **(855) 322-4075.**
- Less than 10 claims

Provider Disputes and Appeals Definition of a Provider Dispute and Appeals

A Provider Dispute or an Appeal is defined as a written notice prepared by a provider that:

- Challenges, appeals, or requests reconsideration of a claim that was processed or adjudicated
- Challenges a request for reimbursement of an overpaid claim
- Seeks resolution to a claim reimbursement determination or other contractual dispute

Claims – Quick Reference

Submission of Provider Disputes and Appeals
Molina offers the following electronic methods to submit disputes and appeals. Electronic dispute/appeal submission benefits our providers, including faster acknowledgement of receipt and overall efficient processing.

1. Molina Provider Portal (most preferred and efficient method):

   https://www.availity.com/molinahealthcare

   - Providers can search and identify the adjudicated claim status on the Molina Portal and submit a dispute or an appeal.
   - Must complete applicable and required information on the portal and upload required supporting attachments to process the dispute or an appeal. Molina's Provider Portal allows up-to 20 MB size upload for attachments collectively and 5 MB size upload for an individual file.
   - Providers may dispute by submitting and completing a Provider Dispute Resolution Request Form within 365 days from the last date of action on the issue.

Credentialing

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Credentialing

All providers need to be credentialed and entered in the Molina system prior to treating members.

- Providers should utilize the CAQH website for credentialing. https://proview.caqh.org/Login/Index?ReturnUrl=%2fPO%2fProvider%2fProviderDocuments
- Ensure attestation is current and Molina has permission to access application via CAQH. (every 120 days update provider information on CAQH)
- Please address missing document/requested information request within 5 days.
- When adding a new provider to a practice, send provider profile to MHCSanDiegoProviderServices@MolinaHealthCare.Com
- Credentialing takes 60-90 days to process.
- Please reach out to your Provider Service Rep for any questions.

Availity Provider Portal

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Availity

Why Molina partnered with Availity

- Submit Claims
- Claim Status
- Check eligibility and benefits
- Secure System
- Next Steps – Schedule Training
- Availity Portal Client Services – 800-228-4548
- 60 Page Handout available upon request

Register Now for Availity, Molina Healthcare's Inc. (Molina) New Provider Portal

https://www.availity.com/molinahealthcare

Model of Care

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2022 Model Of Care

Course Overview

- The Model of Care (MOC) is Molina Healthcare's documentation of the Centers for Medicare and Medicaid Services (CMS) directed plan for delivering coordinated care and case management to members with both Medicare and Medicaid.
- CMS requires that appropriate Molina staff and providers receive basic training about the Molina Healthcare MOC.
- This course will describe how Molina Healthcare and providers work together to successfully deliver the MOC.

MOC - Attestation

Training Materials

- 2022 Model of Care Provider Training Quick Reference Guide
- 2022 Model of Care Provider Training
- 2022 Model of Care Attestation
  (Due October 29, 2022)

2021 MODEL OF CARE TRAINING ATTESTATION

MANDATORY REQUIREMENT

As part of required CMS mandated annual training, Molina has developed the Model of Care program for dual eligible enrollees. The Model of Care program serves as the foundation for Molina's care management policy, procedures and operational systems for our Medicare/Dual eligible population(s).

What Providers Need to Do

1. Complete training.
2. Complete and sign this form.
   a. If it is a group training, one Attestation form should be submitted by the individual with authority to sign on behalf of the group and an attendance roster must be attached.
3. Return this form via email:
   Imperial County: MOC_Imperial@MolinaHealthcare.com
   Inland Empire: MOC_InlandEmpire@MolinaHealthcare.com
   Los Angeles: MOC_LosAngeles@MolinaHealthcare.com
   San Diego: MOC_SanDiego@MolinaHealthcare.com

This Attestation will serve as evidence of completion for Molina's Model of Care Provider training.

Model of Care Training Attestation Calendar Year 2021

I have received and reviewed the written materials for the Model of Care training.

Print Provider Name: _____

Provider Primary Specialty: _____

Print Clinic/Practice Name: _____

Clinic/Practice Address: _____

_____

Signature: _____ Date: _____

TIN: _____ NPI: _____

Provider Contact Name: _____ Tel #: _____

Timely Access

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Timely Access Standards

Type of Services	Standard
Access to non-urgent appointment or primary care – regular and routine care (with a PCP)	Within 10 business days of request
Access to non-urgent appointments for mental health (non-physician)	Within 10 business days of request
Access to urgent care services that do not require prior authorization	Wait time not to exceed 48 hours of request
Access to urgent care (specialist and other) services that require prior authorization	Wait time not to exceed 96 hours of request
Access to non-urgent appointments with a specialist	Within 15 business days of request
Access to after-hours care (with a PCP)	Ability to contact on-call physician after hours within 30 minutes for urgent issues
In-office wait time for schedules appointments (PCP)	Not to exceed 45 minutes
In-office wait time for scheduled appointments (specialist)	Not to exceed 60 minutes
Access to preventive health services	Within 30 business days of request
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness or other health condition.	Within 15 business days of request

Just the Fax (JTF) & E-Communications

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Just The Fax (JTF)

How Molina Stays In Touch:

- Molina submits various communications to its contracted network
- Just The Fax is a form of communication to stay in touch with Molina's Contracted Providers. Please ensure to provide the appropriate fax numbers where Molina can submit important key communications to stay in touch with you.
- Communications can include but are not limited to; Regulatory changes, Molina company change, Member information etc.
- Submit JTF information to your provider service representative.
  - Please provider Molina with you email or fax
- E-mails to submit to you e-communication with updates is welcomed as well.

Online Resources

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Online Resources

Information at your fingertips:

As a key partner of Molina, access to the **Provider Manuals** and other resources are available to you via the Molina website. Molina provides a wide variety of information that we hope can answer your questions and assist in ongoing educate and compliance with state, federal, and regulatory requirements.

Please feel free to use our on-line resources where we make available real time information.

Name	LOB	Link
Molina Website	All	https://www.molinahealthcare.com/members/ca/en-us/Pages/home.aspx
Provider Manual	Marketplace	https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/Provider-Forms.aspx
	Duals	https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Duals/2021-Duals---Provider-Manual.pdf
	Medi-Cal	https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/MediCal/Medi-Cal-Provider-Manual.pdf

Online Resources

Information at your fingertips:

As a key partner of Molina, access to the **Provider Manuals** and other resources are available to you via the Molina website. Molina provides a wide variety of information that we hope can answer your questions and assist in ongoing educate and compliance with state, federal, and regulatory requirements.

Please feel free to use our online resources where you can access additional information:

- Member Rights and Responsibilities
- Fraud, Waste and Abuse

Questions?

Molina Healthcare of California

New Provider Orientation/Training

Checklist & Acknowledgement Form

This is to confirm that the below Provider has received a Molina Healthcare of California (MHC) New Provider Orientation (NPO) and/or Provider In-Service. To ensure compliance, the Provider understands the discussed policies/procedures and Provider/Practitioner Manual, which contains additional contact information and describes in detail MHC's key policies and procedures by applicable line(s) of business.

☐ New Provider Orientation ☐ Provider In-Service

Provider Type (check applicable box):		**Line of Business (check applicable box):**	
☐ IPA PCP	☐ Direct PCP	☐ Medi-Cal	☐ Cal MediConnect (MMP)
☐ Specialists	☐ Other:_____	☐ Market Place	☐ Medicare Options Plus (MMOP)

NPO Topics

Molina Healthcare Background Information
- The Molina Healthcare Story & State Fact Sheet

Contact Information
- Provider Quick Reference Guide & Transportation
- Provider Demographic Process (adds, modifications, terminations) – **If Applicable**
- Emergency Care Reference Sheet

Prior Authorization
- Prior Authorization Guide (If Applicable)
- Autism Spectrum Disorder/Behavioral Health COC Form

Pharmacy Prior Authorization
- Medication Prior Auth. Request Form
- Condensed Formulary

California Children's Services (CCS)
- CCS Job Aid & SAR Forms

Case Management
- Complex Case Management Criteria
- MHC Case Management Referral Form

Preventive Care Services
- Initial Health Assessment (Refer to Provider Manual)
- Staying Healthy Assessment (SHA)
- DHCS SHA Training Attestation & Sign-In Forms
- Screening, Brief Intervention Referral to Treatment (SBIRT)
- SBIRT Training Attestation & Sign-In Forms
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Pay-For-Performance Program (If Applicable)
- Medi-Cal Pay for Performance Program, including Child Health & Disability Prevention (CHDP)
- Medicare Annual Comprehensive Exam (ACE)

Cultural & Linguistic (C&L) / Health Education
- Access to Care Standards/Patient Satisfaction
- Bridge2Access & Sensitive Training (Handouts)
- C & L / Health Education Resources
- Pregnancy Notification Form
- Health Education Referral/Material Request Form
- Comprehensive Tobacco Cessation Services

Claims Information (If Applicable)
- Claims Job Aid & Processing Standards
- Provider Dispute Resolution
- Electronic Fund Transfer (EFT)

Web Portal
- How to Register
- Utilizing Web Portal Submission of PM160s (If Applicable)

Member Rights & Responsibilities
- Sterilization Consent & Member Grievance Forms

Fraud, Waste, & Abuse (FWA)

Additional Provider Resources/Tools
- Provider Manual (MHC and/or Health Net)
- Pharmacy Drug Formulary
- HEDIS Provider/Risk Adjustment Pocket Guide
- Molina Provider Education Series (ADA, CBAS, etc.)
- Medicare/MMP/Marketplace Benefits At-A-Glance
- Molina Dual Options Provider Orientation

*MHC Provider Manuals are available: www.MolinaHealthcare.com. To receive hard copy provider manuals, please request from your Provider Services Representative.

Other Topics Discussed (Indicate Below): _____

_____

Date: _____

Provider Name (Print): _____

Site Address: _____

_____

Authorized Staff Name (If Applicable): _____

Signature: _____

Effective Date: _____

MHC PS Rep Name: _____