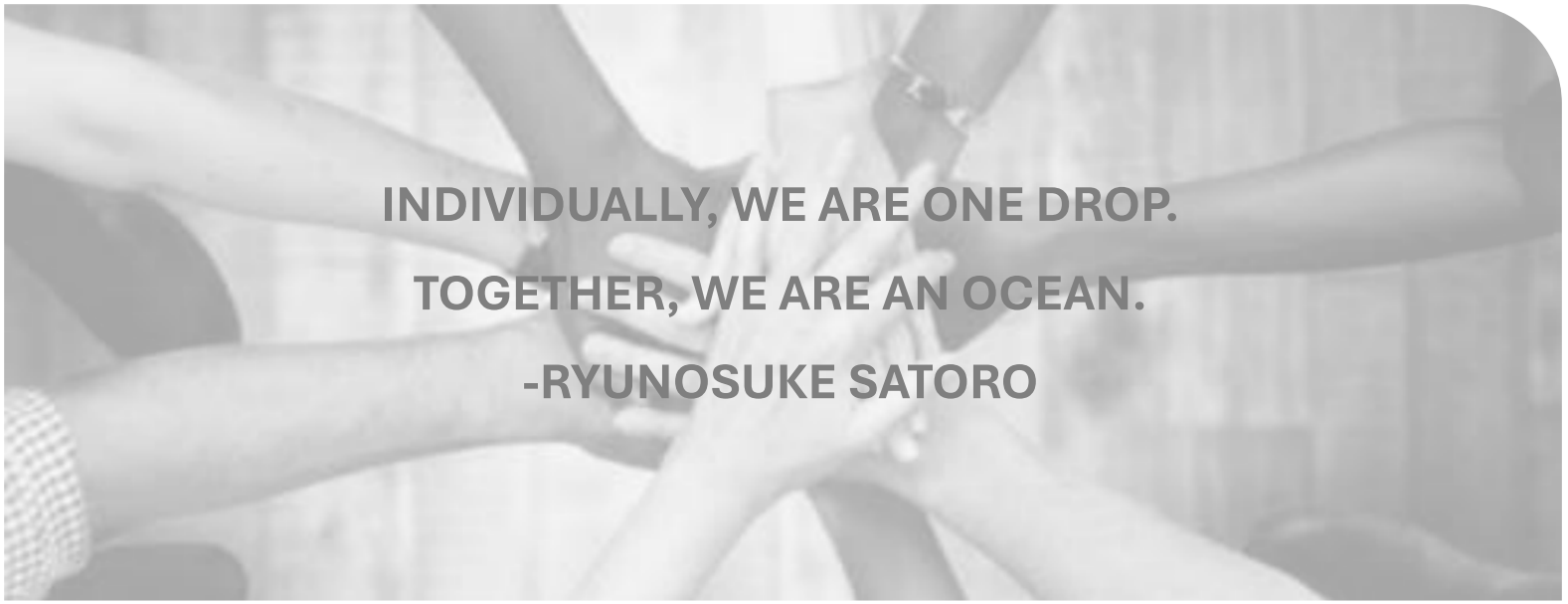
New Provider Orientation

2026

MOLINA® HEALTHCARE

Welcome to Molina Healthcare

Reflection


INDIVIDUALLY, WE ARE ONE DROP.
TOGETHER, WE ARE AN OCEAN.
-RYUNOSUKE SATORO

Molina Healthcare values provider relationships

- Molina Healthcare of California (Molina) strongly values our relationship with you and welcomes you to our Molina family and network of providers. As a health plan founded by
  a physician, Molina shares a common mission with our providers which includes:
  - Ensuring the delivery of high-quality health care services
  - Increasing the delivery of preventive health services and access to care
  - Removing barriers to health care
  - Advocating strongly for the well-being of our members and their families
  - Ensuring health care is available to those who are vulnerable and most in need
  - Providing the right care, in the right setting, at the right time

MOLINA HEALTHCARE

Required by regulators

Molina Healthcare Provider Relations offers ongoing education and training to contracted networks/delegates to ensure comprehensive instruction for providers.
Topics include Molina operational processes and requirements to ensure adherence to compliance standards set forth by regulatory bodies: the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS), and the Department of Managed Health Care (DMHC). To access this training, please visit our Molina Healthcare website.

Additional in-services/training will be offered to providers for continuum of education and upon request.

Required by regulators

- Department Healthcare Services (DHCS)
- Department Managed Healthcare (DMHC)

At Molina Healthcare of California, we prioritize the compliance of our network providers with the Medi-Cal Managed Care program.

We ensure that all providers receive comprehensive training to guarantee their full compliance with the contract and all relevant federal and state statutes, regulations, all plan letters and policy letters.

To access the necessary regulatory information, please use the links provided. Your commitment to compliance is vital to our shared success.

Additional in-services/training will be offered to providers for continuum of education and upon request.

MOLINA HEALTHCARE

Molina Healthcare - California

Molina Operates in 7 Counties

- Medi-Cal
- Medicare
- Marketplace

MOLINA HEALTHCARE

Member rights and responsibilities

Member rights and responsibilities

Providers are required to comply with member rights and responsibilities as outlined in the provider manual.

Member rights include but are not limited to the following:

- Ask questions.
- If members do not agree with their provider's plan of care, they have the right to a second opinion from another provider.
- Let Molina or the state know about any fraud or wrongdoing.
- Be active in their health care.
- Entitled to confidential treatment of medical communication and records.
- Schedule appointments within the timely access standards
- Access to family planning services.
- Secure a copy of Molina's list of approved drug formulary.
- Submit a grievance.
- Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- Get interpreter services on a twenty-four (24) hour basis at no cost to you. This service will help you to talk with your doctor or Molina if you prefer to speak a language other than English

Provider rights and responsibilities

Provider responsibilities and information

Providers must comply with the nondiscrimination of health care service delivery requirements as outlined in the Cultural Competency and Linguistic Services section of this Provider Manual.

Additionally, Molina requires providers to deliver services to Molina Members without regard to source of payment. Specifically, providers may not refuse to serve Molina Members because they receive assistance with cost sharing from a government-funded program.

Section 1557 investigations
All Molina providers shall disclose all investigations conducted pursuant to Section 1557 of the Patient Protection and Affordable Care Act to Molina's Civil Rights Coordinator.

Molina Healthcare
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802

MOLINA HEALTHCARE

Provider Relations

MOLINA HEALTHCARE

Meet us! Provider Relations

Please use this link to secure contact information for our team.

Provider Relations 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.

- The role of your Provider Relations Representative (PRR) is to assist your office. Your PRR is 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.

- Molina welcomes your feedback and looks forward to supporting all your efforts to provide quality care for our members.

MOLINA® HEALTHCARE

Regulatory Trainings

Regulatory trainings

- MHC offers a variety of training opportunities throughout the year to support Providers in staying informed and current on key topics. Take advantage of upcoming sessions to stay engaged and up to date.
- Providers are encouraged to sign up for upcoming training sessions by visiting the Molina website.
- Below is a list of available training sessions:
    - 2026 Enhanced Care Management (ECM) Training
    - 2026 New Provider Orientation (NPO) Training
    - 2026 Biannual Training
    - 2026 Medicare Model of Care (MOC) Training (Medicare)
    - Non-Specialty Mental Health Services
    - Medi-Cal for Kids and Teens (Formerly EPSDT) Training
    - Culturally and Linguistically Appropriate Services Training
    - Availity Training
    - Doula Training (If applicable)

Model of Care (MOC)

Course overview

- The Model of Care is the plan for delivering coordinated care and care management to special needs members and provided the basic framework under which we meeting the regulatory requirements as defined by the Centers for Medicare and Medicaid Services (CMS).
- All contracted Medicare PCPs and key high-volume specialists and certain delegates are required to complete MOC training annually.
    - Key high-volume specialists: Cardiologists, Hematology & Oncology, and Gastroenterology
- This regulatory training will identify how you, as a provider of care, will support the MOC, while understanding CMS requirements for managing those members.

MOC – Training and attestation

Training Materials

- 2026 Model of Care Provider Training QRG (molinahealthcare.com)
- 2026 Model of Care Provider Training
- 2026 Model of Care Attestation

MOLINA HEALTHCARE

2026 MODEL OF CARE TRAINING ATTESTATION
MANDATORY REQUIREMENT

As part of required CMS mandated annual training, Molina has developed the Model of Care program for Medicare SNP enrollees. The Model of Care program serves as the foundation for Molina's care management policy, procedures and operational systems for our Medicare SNP 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 via e-mail by the individual with authority to sign on behalf of the group and an attendance roster must also be attached.
3. Return this form using "submit" button below or via email if submitting a roster: Imperial County MOC_Imperial@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 2026

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: mm/dd/yyyy

TIN: _____ NPI: _____

Provider Contact Name: _____ Tel #: _____

Submit Export to PDF

By submitting my information via this form, I consent to having Molina Healthcare collect my personal information.
I understand and agree that my information will be used and shared in accordance with Molina Healthcare's Privacy Policy and Terms of Use.

Norton SECURED powered by VeriSign

MOLINA HEALTHCARE

Online resources and important contacts

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 to answer your questions and assist in ongoing educate and compliance with state, federal, and regulatory requirements. Please note that Molina has separate sites for our Medi-Cal, Marketplace, and Medicare lines of business.

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

- Member Rights and Responsibilities
- Fraud, Waste and Abuse

MOLINA HEALTHCARE

Online resources

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 to answer your questions and assist in ongoing education and compliance with state, federal, and regulatory requirements.

Please note, the provider manual is an extension of the provider agreement. Providers and vendors are contractually obligated to comply with requirements and operational procedures addressed in the provider manual.

Name	LOB	Link
Molina website	All	molinahealthcare.com/members/ca/en-US/pages/home.aspx
Provider manual	Marketplace	https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/~/media/Molina/PublicWebsite/PDF/Providers/ca/Marketplace/2026%20CA%20Marketplace%20Provider%20Manual
	Medicare	https://www.molinahealthcare.com/~/media/Molina/PublicWebsite/PDF/Providers/ca/Medicare/2026%20CA%20MEDICARE%20PROVIDER%20MANUAL
	Medi-Cal	https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2026-CA-MEDI-CAL-PROVIDER-MANUAL.pdf

MOLINA HEALTHCARE

Molina contact information

Radiology authorizations
Phone: (855) 714-2415
Fax: (877) 731-7218

Medi-Cal pharmacy authorizations
Phone: (855) 322-4075
Fax: (866) 508-6445

Medi-Cal Member Services - benefits/eligibility/non-emergent transportation
Phone: (888) 665-4621
Fax: (310) 507-6186
TTY/TDD: 711

Molina Healthcare of California
200 Oceangate, Suite 100
Long Beach, CA 90802
Main Phone (562) 499-6191
Toll Free (888) 665-4621 (TTY : 711)
Business Hours: Monday to Friday
7:30 a.m. - 5:30 p.m.

Provider Contact Center
Phone (855) 322-4075
Fax (562) 951-1529

Fraud and abuse tip line
Phone: (866) 606-3889

Medi-Cal authorizations
Phone: (844) 557-8434
Fax: (800) 811-4804

MOLINA HEALTHCARE

Molina contact information Health Net

Health Net member services (Medi-Cal Los Angeles)
Phone: 800-675-6110

Health Net Nurse Advice Line
The Nurse Advice Line is staffed after business hours by registered nurses for Member assistance and referral.
Phone: 800-675-6110

Health Net Website
Health Net's website offers information on member eligibility, claim status, Health Net reference materials such as the Medi-Cal Recommended Drug List, Evidence of Coverage, county-specific Medi-Cal operations manuals, forms, and information on how to contact Health Net with questions.
Provider.healthnet.com

Health Net Community Resource Centers
Get help with insurance questions and enrollment forms. Plus, learn about health classes and many other community resources. East Los Angeles
Phone: 323-415-9120

Medicare Advantage Plans

Health Net Amber, Complete, Green, Gold Select, Healthy Heart, Jade, Ruby, Ruby Select and Sapphire

Phone: 800) 949-3022, option 1

Hearing Impaired (TTY/TDD): 711

Please refer to the Health Net section of the Molina Healthcare provider manual for a full list of Health Net contacts.

MOLINA HEALTHCARE

Communications

Provider bulletin

How Molina stays in touch:

- Molina Healthcare's Provider Bulletin keeps the organization connected to its contracted providers and allows us to send key updates. Please provide accurate fax numbers to ensure that important communications from Molina reach you.
- Communications can include but are not limited to: Regulatory changes, business development, member resources, and more.
- Submit contact information to your Provider Relations representative. Please provide Molina with your email and/or fax information.
- Molina's Provider Bulletin can be found on our Molina website and through Availity.

MOLINA HEALTHCARE

Transportation services

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 (NMT)

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

Non-emergency medical transportation (NEMT)

- 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 before the member receives NEMT services. The Physician Certification Statement form can be downloaded at: molina.americanlogistics.com/

Scheduling transportation services

- Please call American Logistics Transportation at (844) 292-2688 at least three (3) business days (Monday to Friday) before the scheduled appointment or schedule the appointment online. molina.americanlogistics.com/

Emergency Preparedness

MOLINA HEALTHCARE

Emergency preparedness

Molina Healthcare wants to ensure you are prepared for public health threats that can affect your area. These could be natural disasters, disease outbreaks, accidents involving hazardous substances and terrorist attacks. Public health threats can affect air quality, cause shortages of safe water and food, and cut off electricity, gas, telephone and other services. Disasters are hard to predict and usually are out of your control. But you can take steps to help keep yourself and your family safe.

Emergency Information

- Assemble an emergency preparedness kit for each member of your house including pets. Kits should include food, water, extra cash, first aid supplies, a flashlight, a radio, a multi-purpose tool, medications and medical items and prescriptions, copies of personal documents, ID cards, cell phone with chargers, a map of the area, an emergency blanket, emergency numbers, sanitation supplies such as disinfecting bleach and other essential items. A change of clothes and weather-appropriate clothing could be included. Consider the special needs of family members and supplement kits with items that fit your needs (such as baby supplies or pet food). Be sure to include your Molina Healthcare Plan ID cards. ready.gov/kit
- Identify ahead of time where to go if you are told to evacuate. Choose several places, such as a friend's home in another town, a motel, or a shelter, and have their phone numbers on hand. You may need to take unfamiliar routes if major roads are closed or clogged so be sure to have a map. You can find open shelters near you by texting SHELTER and your zip code to 4FEMA (43362). Example: Shelter 01234. (Standard text message rates apply.)

MOLINA HEALTHCARE

Emergency preparedness

Emergency Information

- Develop a plan for family communication in an emergency and agree on evacuation routes so everyone knows what to do and where to go. You can find additional information at ready.gov/plan
- Listen to NOAA (noaa.gov) Weather Radio or local radio or TV stations for evacuation instructions. If advised to evacuate, do so immediately.
- Download smart phone apps that may help you in an emergency. There are several apps from the American Red Cross that are free. You can find additional information at redcross.org/prepare/mobile-apps . The Federal Emergency Management Agency (FEMA) also has an app that provides alerts in real time as well as disaster safety tips. For more information, visit fema.gov/mobile-app.
- In case of a disaster, you can register on the American Red Cross Safe and Well website, redcross.org/SafeandWell, to let family and friends know about your welfare. If you do not have internet access, you can call 1-866-GET-INFO.

Good to know:

Please update your address and phone contact information with Molina regularly so we can reach you in case of an emergency. Members can do this by calling Molina Member Services. Visit Contact Us to find the member services phone number for your state.

MOLINA HEALTHCARE

Emergency preparedness

Molina Healthcare wants to ensure you are prepared for public health threats that can affect your area. These could be natural disasters, disease outbreaks, accidents involving hazardous substances and terrorist attacks. Public health threats can affect air quality, cause shortages of safe water and food, and cut off electricity, gas, telephone and other services. Disasters are hard to predict and usually are out of your control. But you can take steps to help keep yourself and your family safe.

Emergency Information

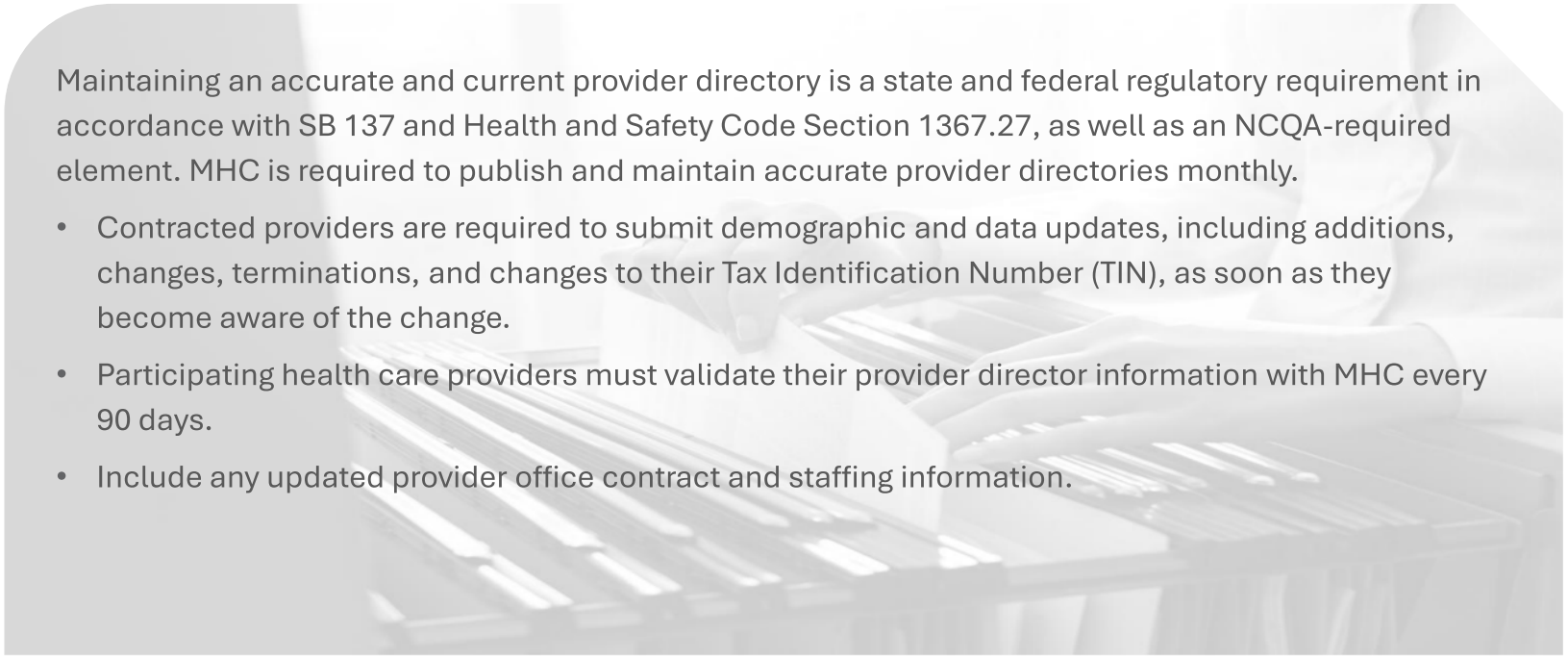
- Assemble an emergency preparedness kit for each member of your house including pets. Kits should include food, water, extra cash, first aid supplies, a flashlight, a radio, a multi-purpose tool, medications and medical items and prescriptions, copies of personal documents, ID cards, cell phone with chargers, a map of the area, an emergency blanket, emergency numbers, sanitation supplies such as disinfecting bleach and other essential items. A change of clothes and weather-appropriate clothing could be included. Consider the special needs of family members and supplement kits with items that fit your needs (such as baby supplies or pet food). Be sure to include your Molina Healthcare Plan ID cards. ready.gov/kit
- Identify ahead of time where to go if you are told to evacuate. Choose several places, such as a friend's home in another town, a motel, or a shelter, and have their phone numbers on hand. You may need to take unfamiliar routes if major roads are closed or clogged so be sure to have a map. You can find open shelters near you by texting SHELTER and your zip code to 4FEMA (43362). Example: Shelter 01234. (Standard text message rates apply.)

Provider data collection and maintenance

Additions/terms/changes

MOLINA HEALTHCARE

Roster submissions: monthly and quarterly



Maintaining an accurate and current provider directory is a state and federal regulatory requirement in accordance with SB 137 and Health and Safety Code Section 1367.27, as well as an NCQA-required element. MHC is required to publish and maintain accurate provider directories monthly.

- Contracted providers are required to submit demographic and data updates, including additions, changes, terminations, and changes to their Tax Identification Number (TIN), as soon as they become aware of the change.
- Participating health care providers must validate their provider director information with MHC every 90 days.
- Include any updated provider office contract and staffing information.

MOLINA HEALTHCARE

Provider roster submission

- ✓ If you are a capitated medical group, IPA, or other group that submits rosters to MHC, please see the detailed instructions listed below. As a reminder, all Medi-Cal providers sent to MHC to be loaded into our network must have completed the Department of Healthcare Services (DHCS) Medi-Cal provider screening and enrollment process.

- There are two distinct kinds of provider rosters:
  - ✓ Monthly provider roster
    - ✓ The monthly roster has additions, updates, and terms for each month. PCP terms, member moves, clinic updates are not processed through this file. These will need to be send to the contracted shared mailbox.
    - ✓ This is sent only if there are 10 or more provider updates (Including the months when the quarterly roster is sent). If it's less than 10, individual requests can be sent to the shared mailboxes.
  - ✓ Quarterly provider roster
    - ✓ Required every 3 months
    - ✓ Quarterly roster is a full reconciliation file

- Template: Please use the ICE roster template and provide all required elements stated in the roster instructions

- Roster naming convention:
  GroupName_RosterType_Date.xls
  - ✓ Examples:
    - PIPA_MonthlyRoster_03242023.xls
    - PIPA_QuarterlyRoster_03242023.xls

MOLINA HEALTHCARE

Provider roster submission (cont'd)

Delivery method:

Quarterly Rosters-

- If you are a capitated group/ IPA or other groups that submits rosters, quarter rosters are required every 90 days to be submitted through D360. Please contact MHCDO.Support@molinahealthcare.com for support.
  - ✓ The expectation is that all providers are listed in the quarter file.
  - ✓ Monthly rosters are not required unless there are more than 10 provider updates to be sent per month

Monthly Rosters-

- Send the rosters and provider updates to the appropriate county-shared mailbox
  Inland Empire: MHCIEProviderServices@MolinaHealthcare.com
  Los Angeles: MHC_LAProviderServices@Molinahealthcare.com
  Imperial: MHCImperialProviderServices@Molinahealthcare.com
  Sacramento: MHCSacramentoProviderServices@Molinahealthcare.com
  San Diego: MHCSanDiegoProviderServices@Molinahealthcare.com

- Responses regarding roster submission:
  - Any roster, roster update of data maintenance request that does not contain all required data elements will be returned to the contracted provider entity (submitter) to append the missing information.
  - Data required – When the request does not have the required information or data:
    The request will be sent back to the sender asking for the required data prior to processing the request.
    Note: The request will not be processed until all required data is received
  - Processing turn around time (TAT) – If all required data is submitted, the requestor will receive an email letting them know the request is being processed and indicating that the TAT for the request will be completed.
  - Roster processing responses – If all required data is received and the roster is processed; we will send additional information. When we send this "process completion" email back to the sender, we will indicate: If any providers have not been processed and the reason why

MOLINA HEALTHCARE

Data maintenance

- Providers are responsible for ensuring that Molina has accurate practice and business information. Accurate information allows us to better support and serve our provider network and members.
  - If you are part of the fee-for-service Molina Direct Network, log into your CAQH account to confirm that the account includes full and accurate information for each provider and/or facility in your practice contracted with Molina.
    - If the information is correct, select the option to confirm.
    - If the information is incorrect, update it in your CAQH account within ten (10) business days.
  - If you do not verify your provider directory information each quarter, the law requires that you be removed from Molina's online provider directory until such time as you validate your information. In addition, if you do not validate your information and we cannot reach you, we may also need to remove you from our provider network by terminating your provider agreement.
    - Log into the Availity Portal
      - ✓ Select the Payer Spaces tab
      - ✓ Select Resources
      - ✓ Select CAQH

Provider directory

MOLINA HEALTHCARE

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 business lines.
- Members and providers can now use the new POD's user-friendly, intuitive search capabilities to find the right health care they need.
- Use the new mobile-friendly POD to quickly find a Molina provider or facility today by selecting “Find A Doctor” at MolinaHealthCare.Com.
- Report changes on the provider directory website via the hyperlink under provider details.

MOLINA HEALTHCARE

State Legislation Senate Bill 137 (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 an 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.

Credentialing

MOLINA HEALTHCARE

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.
- Ensure attestation is current, and Molina has permission to access the application via CAQH. (every 120 days update provider information on CAQH)
- Please address missing documents/requested information requests within 5 days.
- When adding a new provider to a practice, send the provider profile to
  - Inland Empire: MHCIEProviderServices@MolinaHealthcare.com
  - Los Angeles: MHC_LAProviderServices@Molinahealthcare.com
  - Imperial: MHCImperialProviderServices@Molinahealthcare.com
  - Sacramento: MHCSacramentoProviderServices@Molinahealthcare.com
  - San Diego: MHCSanDiegoProviderServices@Molinahealthcare.com
- Credentialing takes 60-90 days to process
- Medi-Cal providers are required to enroll as Medi-Cal providers through DHCS and PAVE to be in the Plan network. PAVE - Provider Application and Validation for Enrollment

Timely access requirements

MOLINA HEALTHCARE

DHCS access and availability standards

Access to care

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and participating specialists. Providers surveyed include OB/GYN (high-volume specialists), hematology/oncologist (high-impact specialists), and behavioral health providers. Providers are required to conform to the access to care appointment standards listed below to ensure that health care services are provided in a timely manner. The PCP or their designee must be available 24 hours a day, seven days a week to members.

Appointments with the primary care practitioner (PCP)

Through their member handbook, members are instructed to call their PCP to schedule appointments for routine/non-urgent care, preventive care, and urgent/emergency care visits. The PCP is expected to ensure timely access to MHC members. If the need for specialty care arises, the PCP is responsible for coordinating all services that fall outside the scope of the PCP's practice.

Appointment access

All providers who oversee the member's health care are responsible for providing the following appointments to Molina members within the noted timeframes. Molina will implement corrective actions for access to health care services that do not meet the performance standards.

Access and availability standards

Appointment Types	Standard
Emergency Care	Immediately
Urgent Care without prior authorization	Within ≤ 48 hours of the request.
Urgent Care with prior authorization	Within ≤ 96 hours of the request.
PCP Routine or Non-Urgent Care Appointments	Within ≤ 10 business days of the request.
PCP Adult Preventive Care	Within ≤ 20 business days of the request.
Specialist Urgent Care without prior authorization	Within ≤ 48 hours of the request.
Specialist Urgent Care with prior authorization	Within ≤ 96 hours of the request.
Specialist Routine or Non-Urgent Care	Within ≤ 15 business days of the request.
Routine or Non-Urgent Care Appointment for Ancillary Services	Within ≤ 15 working days of the request.
Children's Preventive Periodic Health Assessments (Well-Child Preventive Care) Appointments	Within ≤ 7 working days of the request.
After Hours Care	24 hours/day; 7 day/week availability

MOLINA HEALTHCARE

Access and availability standards

Appointment Types	Standard
Initial Health Assessment (IHA) for a New Member (under 18 months of age)	Within 120 days of the enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) for ages 2 and younger, whichever is less.
Initial Health Assessment (IHA) for a New Member (over 18 months of age through 20 years of age)	Within 120 days of the enrollment. The IHA must follow the most recent AAP periodicity schedule appropriate for the child's age, and the scheduled assessments and services must include all content required by the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program for the lower age nearest to the current age of the child.
Initial Health Assessment (IHA) for a New Member (age 21 years and older)	Within 120 days of the enrollment.
Maternity Care Appointments for First Prenatal Care	Within ≤ 2 weeks of the request.
Office Telephone Answer Time (during office hours)	Within ≤ 30 seconds of call.
Office Response Time for Returning Member Calls (during office hours)	Within same working day of call.
Office Wait Time to be Seen by Physician (for a scheduled appointment)	Should not exceed 30 minutes from the appointment time.
Mental Health Appointment (Non-Physician)	10 business days
Mental Health Appointment (Ancillary Provider)	15 business days
Follow –Up Care Mental Health/Substance Use Disorder Follow-Up appointment (Non-physician)	10 business days from prior appointment

MOLINA HEALTHCARE

Access and availability standards

After-hour Availability	After-hour Access Standards
Appropriate after-hour emergency instruction.	If this is a life-threatening emergency, please hang up and dial 911.
Timely physician response to after-hour phone calls/pages.	Within ≤ 30 minutes.

Ancillary Access Type	Ancillary Access Standards
Non-urgent appointment for ancillary services.	Within ≤ 15 business days.

MOLINA HEALTHCARE

Interpreter services

Cultural & linguistic resources:

Member resources available in (English | Spanish | Arabic)

Provider resources available in (English)

- Sections 1557 of the Affordable Care Act (ACA) requires that all limited English proficient (LEP) beneficiaries' language access need 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 provider requesting a beneficiary to provider 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.

MOLINA HEALTHCARE

Availity Provider Portal

MOLINA HEALTHCARE

Availity Essentials Provider Portal

Availity Essentials is Molina Healthcare's official secure provider portal for traditional (non-atypical) providers. Some of the core features available in Essentials for Molina Healthcare include eligibility and benefits, attachments, claim status, Smart claims, and Payer Space (submit and check prior authorizations as well as appeal status and appeal/dispute).

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please register at the Availity Essentials portal: https://www.availity.com/molinahealthcare/

For registration issues, call Availity Client Services at (800) AVAILITY (282-4548)
Assistance is available Monday to Friday, 8 a.m. - 8 p.m. ET.

MOLINA HEALTHCARE

Availity Essentials Provider Portal

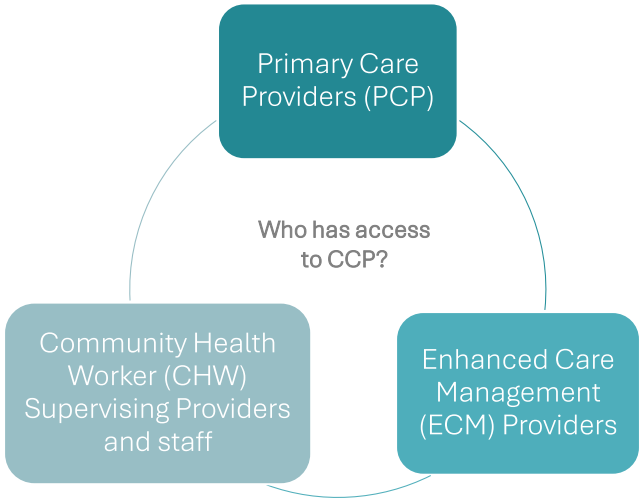
Claims corrections	• Molina providers now have access to a new claim's correction feature from the claim status page. Claims Correction allows you to correct and resubmit a paid or denied claim from the claim status response page
Overpayments	• Eliminate mail and fax for faster dispute resolution and ensure overpayment requests are up to date. View the status and details of any claim Molina has identified as an overpayment. Request additional information, dispute, or resolve the overpayment.
Patient search	• Save time entering patient information for eligibility and benefit inquiries. Enter the patient's member ID or last name, first name, and DOB, and select the patient matching the criteria. The information will automatically populate on the request.
Molina Medicare – Included Molina Healthcare Payor Option	• Select only one option in the payer field. The Molina Medicare option no longer displays in the payer field. When you select the Molina Healthcare option for the region, the plan coverage for the member includes Dual-Eligible, Marketplace, Medicare, and Medicaid.

MOLINA HEALTHCARE

Care Coordination Portlet Overview

Background

- Molina Healthcare of California (MHC) strives to provide effective and comprehensive health care for all Molina members and communities.
- Any provider, medical or non-medical, can gain access to the MHC official provider portal, Availity Essentials.
  - Users may track, submit, and share patient/member information and collaborate with care providers and care team coordinators through the many services available.



To further the Molina mission, MHC launched the Care Coordination Portlet (CCP) on the Availity Essentials Provider Portal.

The CCP identifies members who require or experience:

Gaps in care	Care management	ECM	Social determinants of health

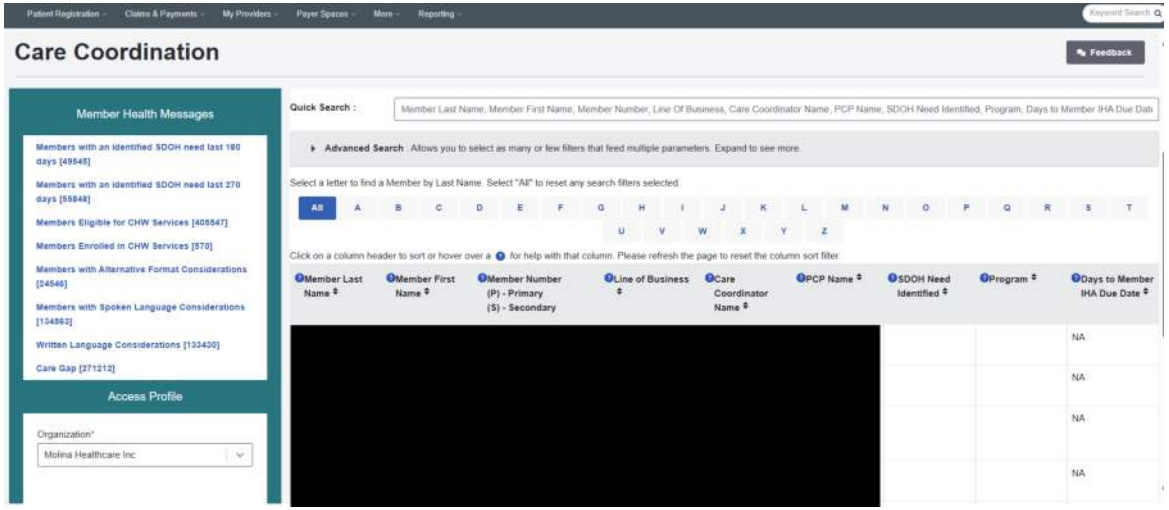
The CCP is a unique offering that drives improvements in **health equity.**

The application ensures providers can identify **health disparities** and address the areas where individual members need the **most support**.

MOLINA HEALTHCARE

Availity Interface

- The CCP application can be found under the **Payer Spaces** drop-down on the Availity homepage.

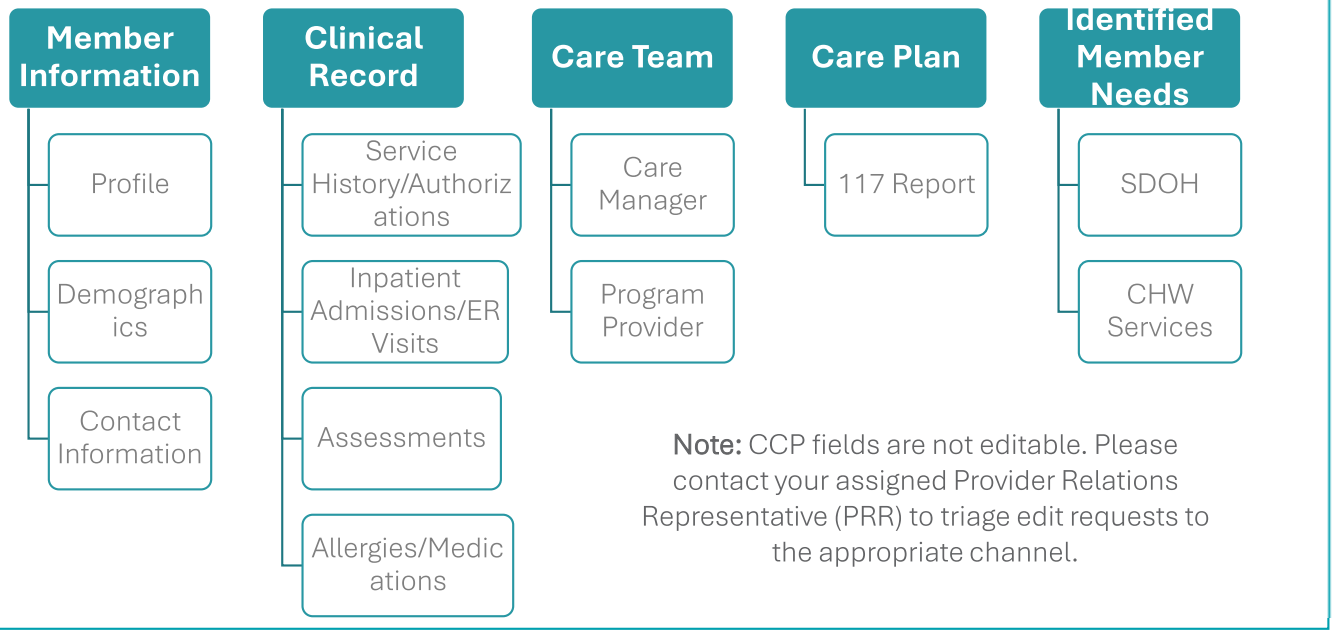


- The CCP dashboard is limited to the provider's **assigned** membership base.
- The Resources tile provides access to **supplementary** member tools for basic needs, language assistance, and clinical support.

MOLINA HEALTHCARE

Features

Providers can find the following information in the CCP:



Note: CCP fields are not editable. Please contact your assigned Provider Relations Representative (PRR) to triage edit requests to the appropriate channel.

MOLINA HEALTHCARE

Encounter data

MOLINA HEALTHCARE

Encounter data

- Encounter reporting and policy
  - MHC requires all providers/practitioners and delegated entities to submit encounter data reflecting the care and services provided to our members.
  - This policy applies to all primary care practitioners (PCPs), contracted either directly with MHC or through an IPA/medical group and delegated entities required to submit encounters. It is important to note the encounter data must also reflect services provided by any ancillary personnel that are under the direction of the PCP, including any physicians (specialists) providing care and services to our patients as defined in their contract with MHC.
  - The collection of encounter data is vital to Molina Healthcare of California (MHC). Encounter data provides the plan with information regarding all services provided to our membership. Encounter data serves several critical needs. It provides:
    - Information on the utilization of services
    - Information for use in HEDIS studies
    - Information that fulfills state reporting requirements

Encounter data

- HIPAA standards for electronic transactions
  - HIPAA requires the Department of Health and Human Services (HHS) to adopt national standards for electronic health care transactions. All covered entities must be in compliance with the electronic transactions and code set standards by October 16, 2003.
    Covered entities include:
    - Health plans
    - Health care providers who transmit health information in electronic form, in connection with a transaction covered by HIPAA
    - Health care clearinghouses
- Electronic health care transactions covered under HIPAA that may affect provider organizations are:

Transaction description	HIPAA transaction standard
Claims or encounter information	ASC X12N 837: Professional, or institutional health care claims or encounter ((005010X222A1/005010X223A2/005010X224A2))
Eligibility for a health plan	ASC X12N 270/271: Health care eligibility benefit inquiry and response (005010X279A1
Referral certification and authorization	ASC X12N 278: Health care services request for review and response (005010X217E2)
Claims status	ASC X12N 276/277: Health care claim status request and response ((005010X212E2)
Payment and remittance advice	ASC X12N 835: Health care claim payment/advice (005010X221A1)

Balance billing

MOLINA HEALTHCARE

Balance billing

What is balance billing?

- Dual eligible beneficiaries (“Medi-Medis”) are individuals with both Medicare and Medi-Cal. Medicare health care providers (like doctors and hospitals) cannot bill dual eligible beneficiaries for Medicare cost sharing. This is known as balance billing and is illegal under both federal and state law. Similarly, this protection also applies to Qualified Medicare Beneficiaries (QMBs).
- Billing dual eligible beneficiaries violates Federal law as outlined in section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997. This section of the Act is available at: ssa.gov/OP_Home/ssact/title19/1902.htm Protections are also found in California Welfare and Institutions Code section 14019.4.
- For additional information, please visit the following links:
  - Balance-Billing (ca.gov)
  - OHC and MMCE Fact Sheet
  - What is Fraud? (ca.gov)

MOLINA HEALTHCARE

Balance billing

Examples

- Dual eligible beneficiaries or QMBs should never receive a bill for their medical services. Patients should not pay for the following:
- Physician visits and other medical care when they receive covered services from a provider in their provider network.
  - Copays
  - Co-insurance
  - Deductibles
- This applies to both Medicare and Medi-Cal providers.

Exceptions

- Dual eligible beneficiaries may receive a bill for medical services if they have a:
  1. Copay for prescription drugs;
  2. Monthly share of cost for Medi-Cal; and/or
  3. Dental, vision, or hearing-aid related service (or other benefit not covered by Medicare Part A or Part B) that is not covered by their Medicare Advantage plan, and not provided by a Medi-Cal enrolled provider

MOLINA HEALTHCARE

Claims and compensation

MOLINA HEALTHCARE

Claims – processing standards

Claims submission options:

1. Submit claims directly to Molina Healthcare of California.
2. Claims must be submitted by the provider for Medi-Cal and Marketplace to Molina within 90 calendar days after the discharge for inpatient services or the date of service for outpatient services. (unless otherwise stated in your contract) Medicare requires One (1) calendar year after the discharge for inpatient services or the date of service for outpatient services.
3. Clearinghouse
   - Molina uses SSI as its gateway clearinghouse. SSI has relationships with hundreds of other clearinghouses.
   - SSI Main Page: thessigroup.com/
   - SSI Registration Page: products.ssigroup.com/molinaregistrationportal/register
   - 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.

Electronic claims submission:

Register to access our online services with Availity. This will provide you with access to the following:

- Submit professional (CMS1500) and institutional (CMS-1450 [UB04]) claims with attached files.
- Add attachments to previously submitted claims
- Submit corrected claims
- Easily and quickly void claims
- Check claims status

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 Relations representative directly.

MOLINA HEALTHCARE

Claims – quick reference

EDI claims submissions:

- 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 Relations 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.
- Greater than 10 claims, contact your Provider Relations representative.

Timely claim processing:

- Claims processing will be completed for contracted providers in accordance with the timeliness provisions set forth in the provider's contract.
- Unless the provider and Molina or the contracted medical group/IPA have agreed in writing to an alternate schedule, Molina will process the claim for service within 45 business days after receipt of clean claims.

Claims – quick reference

Electronic claim payment

- Participating providers are required to enroll for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)
- Providers who enroll in EFT payments will automatically receive ERAs as well.
- EFT/ERA services allow providers to reduce paperwork, provides searchable ERAs, and providers receive payment and ERA access faster than the paper check and RA processes.
- There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll.

Overpayments and incorrect payments refund requests

- If, as a result of retroactive review of claim payment, Molina determines that it has made an overpayment to a provider for services rendered to a member, it will make a claim for such overpayment.
- Providers will receive an overpayment request letter if the overpayment is identified in accordance with state and CMS guidelines. Providers will be given the option to either:
  - Submit a refund to satisfy overpayment,
  - Submit request to offset from future claim payments, or
  - Dispute overpayment findings.

Provider disputes and resolution process

MOLINA HEALTHCARE

Provider disputes

- **A Provider Dispute is defined as a written notice prepared by a provider that:**
  - Challenges, appeals, or requests for reconsideration of a claim that has been denied, adjusted, or contested
  - Challenges MHC's request for reimbursement for an overpayment of a claim
  - Seeks resolution of a billing determination or other contractual dispute
- For claims with dates of service in 2004 or after, all provider disputes require the submission of a Provider Dispute Resolution Request Form or a Letter of Explanation, which serves as a written first-level appeal by the provider.
- For paper submissions, MHC will acknowledge the receipt of the dispute within 15 working days and within two working days for electronic submissions.
- If additional information is needed from the provider, MHC has 45 working days to request necessary additional information. Once notified in writing, the provider has 30 working days to submit additional information, or the claim dispute will be closed by MHC.
- **How to Submit Provider Disputes:**
  - **Method 1**: Molina Availity Essentials portal (**preferred method**):
    - Log onto the Availity Essentials portal: provider.MolinaHealthcare.com
    - Search and identify adjudicated claims and submit a dispute/appeal
    - Complete the required information on the portal and upload the required documents or proof to support the dispute
  - **Method 2**:
    - Fax to **(562) 499-0633**
  - **Method 3**:
    - **Mail to:** Molina Healthcare of California
Attn: Provider Dispute Resolution Unit
P.O. Box 22722
Long Beach, CA 90801

MOLINA HEALTHCARE

Pharmacy

MOLINA HEALTHCARE

Pharmacy benefit management (PBM): Medi-Cal

- Prescription drugs are covered by Molina Healthcare through the Medi-Cal Pharmacy Benefit carve-out to Medi-Cal Rx (MRx)
- Drug list information, including the following, can be found online:
  - Physician administered drug list
  - Drug formulary
  - Medication prior authorization criteria
  - medi-calrx.dhcs.ca.gov/provider/drug-lookup

Pharmacy benefit management (PBM): Medicare and Marketplace

- 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 is available on Caremark.com 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 authorization criteria
  - Marketplace Formulary
  - Medicare Formulary

Utilization management

MOLINA HEALTHCARE

Utilization management

Molina ensures the service delivered is medically necessary and demonstrates an appropriate use of resources based on the level of care needed for a member. This program promotes the provision of quality, cost-effective, and medically appropriate services that are offered across a continuum of care as well as integrating a range of services appropriate to meet individual needs. Molina's UM program maintains flexibility to adapt to changes in the member's condition and is designed to influence the member's care by:

- Managing available benefits effectively and efficiently while ensuring quality care.
- Evaluating the medical necessity and efficiency of health care services across the continuum of care.
- Defining the review criteria, information sources, and processes that are used to review and approve the provision of items and services, including prescription drugs.
- Coordinating, directing, and monitoring the quality and cost-effectiveness of health care resource utilization.
- Implementing comprehensive processes to monitor and control the utilization of health care resources.
- Ensuring services are available in a timely manner, in appropriate settings, and are planned, individualized, and measured for effectiveness.
- Review processes to ensure care is safe and accessible.
- Ensuring qualified health care professionals perform all components of the UM and CM processes.
- Ensuring UM decision-making tools are appropriately applied in determining medical necessity decisions.

Utilization management

Medical necessity

“Medically necessary” or “medical necessity” is defined under Title 22, California Code of Regulations, Section 51303(a) as “health care services ...which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury...” In any of those circumstances, if a patient’s condition produces debilitating symptoms or side effects, then it is also considered medically necessary to treat those. For children and youth under 21 years old, there is an expanded medical necessity definition under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, called Medi-Cal for Kids and Teens in California. Here, medical necessity is defined as any services the could “correct or ameliorate” a child’s health condition, regardless of whether or not the service is covered under the state’s Medicaid plan. This is determined on a case-by-case basis

Molina has partnered with Milliman Clinical Guidelines (MCG) Health to implement cite for guideline transparency. Providers can access this feature through the Availity Essentials portal. With MCG cite for guideline transparency, Molina can share clinical indications with providers. The tool operates as a secure extension of Molina’s existing MCG investment and helps meet regulations around transparency for delivery of care:

- Transparency—Delivers medical determination transparency.
- Access—Clinical evidence that payers use to support member care decisions.
- Security—Ensures easy and flexible access via secure web access.

MCG cite for guideline transparency does not affect the process for notifying Molina of admissions or for seeking prior authorization. To learn more about MCG or cite for guideline transparency, visit MCG's website or call (888) 464-4746.

Utilization management

UM Decisions

A decision is any determination made by Molina or the delegated medical group/IPA or other delegated entity with respect to the following:

- Determination to authorize, provide, or pay for services (favorable determination)
- Determination to delay, modify, or deny authorization or payment of request (adverse determination)
- Discontinuation of a payment or authorization for a service

Molina follows a hierarchy of medical necessity decision making with federal and state regulations taking precedence. Molina covers all services and items required by state and federal regulations.

Providers can contact Molina's Healthcare Services department to obtain Molina's UM criteria at:

- Medi-Cal: (844) 557-8434
- Marketplace: (800) 526-8196
- Medicare: (855) 322-4075

Where applicable, Molina corporate policies can be found on the public website at: MolinaClinicalPolicy.com. Please note that Molina follows state-specific criteria, if available, before applying Molina-specific criteria.

Utilization management

Peer to peer

Upon receipt of an adverse determination, the provider (peer) may request a peer-to-peer discussion within five business days of the decision. When at all possible, the Molina medical director who made the initial denial decision will be available to discuss the case with the provider.

A "peer" is a physician, physician assistant, or nurse practitioner who provides care directly to the member. Contracted external parties, administrators, or facility UM staff can request that a peer-to-peer telephone communication be arranged and performed. However, in general, they are not the typical "peer" with whom Molina's medical director discusses a case.

How to request a peer to peer (P2P): Call 866-814-2221 (Monday to Friday, 8 a.m. – 5 p.m.)

When requesting a peer to peer, please include the following:

- Member name
- Auth number
- Dates of Service for P2P
- Facility name
- Requesting provider name, contact number and best time to call

Key functions of the UM program

Eligibility and oversight

- Eligibility verification
- Benefit administration and interpretation
- Verification that authorized care correlates to member's medical necessity need(s) and benefit plan
- Verifying of current physician/hospital contract status

Resource management

- Prior authorization and referral management
- Pre-admission, admission and inpatient review
- Referrals for discharge planning and care transitions
- Staff education on consistent application of UM functions

Quality management

- Satisfaction evaluation of the UM program using member and provider input
- Utilization data analysis
- Monitor for possible over- or under-utilization of clinical resources
- Quality oversight
- Monitor for adherence to CMS, NCQA, state and health plan UM standards

MOLINA HEALTHCARE

Utilization management

Molina ensures the service delivered is medically necessary and demonstrates an appropriate use of resources based on the level of care needed for a member. This program promotes the provision of quality, cost-effective, and medically appropriate services that are offered across a continuum of care as well as integrating a range of services appropriate to meet individual needs.

Molina's UM program maintains flexibility to adapt to changes in the member's condition and is designed to influence member's care

For more information about Molina's UM program, or to obtain a copy of the HCS program description, clinical criteria used for decision making, and how to contact a UM reviewer, access the Molina website or contact the Molina's UM Services department at (844) 557-8434.

Prior authorization and utilization management

Covered & carved out services

MOLINA HEALTHCARE

Prior authorization code guide

Clinical guidelines/based on practice guidelines are used for PA

Molina requires a prior authorization for specified services as long as the requirement complies with federal or state regulations and the Molina hospital or Provider Relations agreement.

For additional information regarding the prior authorization of specialized clinical services, please refer to the prior authorization tools located on the MolinaHealthcare.com website: molinahealthcare.com/providers/ca/medicaid/palookup

PA code guide is updated quarterly and is subject to change as needed.

MOLINA HEALTHCARE

Requesting prior authorization

Availity Essentials Portal:

- Participating providers are encouraged to use the Molina Availity Essentials Portal for prior authorization submissions whenever possible.
- The benefits of submitting your prior authorization request through the Availity Essentials Portal are:
  - Create and submit prior authorization requests
  - Check status of authorization requests
  - Receive notification of change in status of authorization requests
  - Attach medical documentation required for timely medical review and decision making

Fax:

- The prior authorization request form can be faxed to Molina at: (800) 811-4804.

Phone:

- Prior authorizations can be initiated by contacting Molina's Health Care Services department at: (844) 557-8434.
- It may be necessary to submit additional documentation before the authorization can be processed.

MOLINA HEALTHCARE

Carved out or delegated services

- The pharmacy benefit has been carved out to Medi-Cal Rx.
  Medi-Cal Rx | Homepage
- Dental screening is carved out to Medi-Cal Dental Program:
  dental.dhcs.ca.gov/
- Substance use disorder (SUD) treatment is carved out to the county.
- The vision benefit has been delegated to VSP Vision Care.
  vsp.com/

For more information on the Medi-Cal Rx program and portal go to,

medi-calrx.dhcs.ca.gov/home/

Please refer to the Molina Provider Manual for additional information.

MOLINA HEALTHCARE

Authorization contacts

Dept.	Phone	Dept.	Medi-Cal	Marketplace	Medicare
Prior authorization	(844) 557-8434	**Member service contact center and eligibility**	(888) 665-4621	(888) 858-2150	(800) 665-0898
Pharmacy authorizations	(855) 322-4075	**Provider contact center**	(855) 322-4075		
Behavioral health	(844) 557-8434	**Dental**	(800) 322-6384 Medi-Cal Dental Program	(855) 230-5530 DentaQuest	(888) 818-7932 Delta Dental
Radiology authorizations	(855) 714-2415	**Transportation**	(844) 292-2688 American Logistics	Call customer care: (855) 322- 4075	
Transplant authorizations	(855) 714-2415	**Vision**	(844) 859-5870 VSP	(800) 526-8196 VSP	(855) 322-4075 VSP

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://www.availity.com/molinahealthcare/

Available features include:

- Authorization submission and status
- Download frequently used forms
- Provider directory
- Nurse Advice Line report
- Claims submission and member eligibility status

MOLINA HEALTHCARE

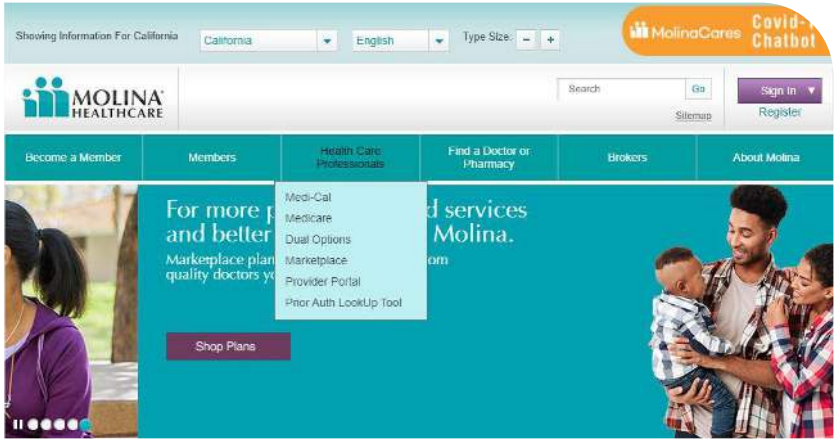
Prior Authorization Lookup Tool

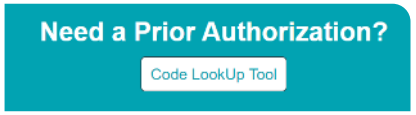
Provider access

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

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

Choose your line of business (LOB)





Pre–Service form

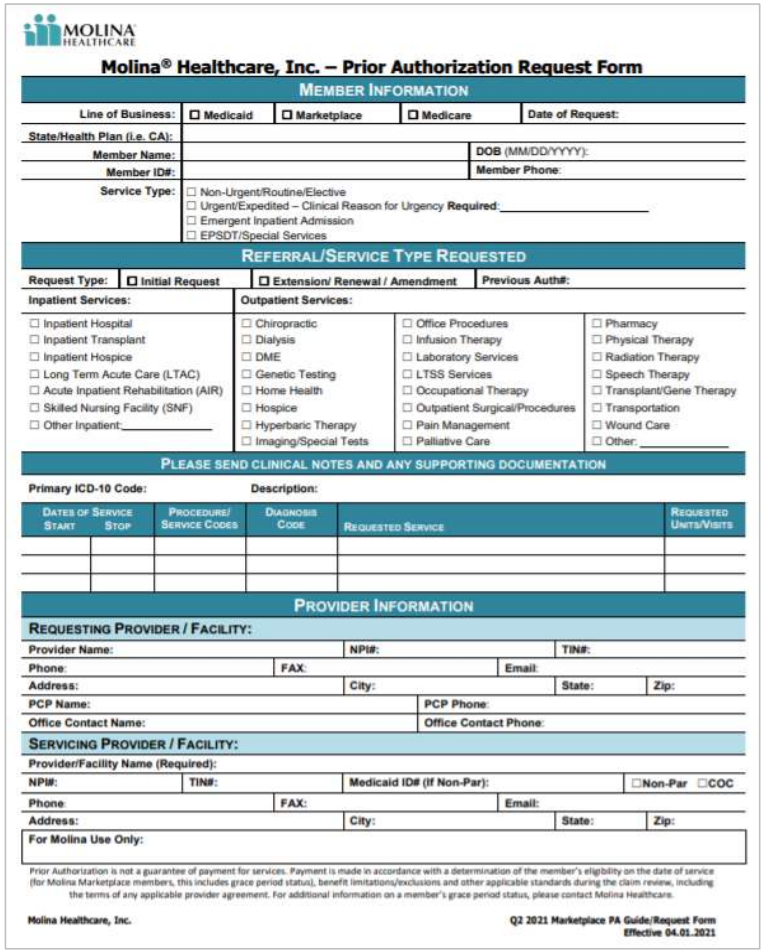
To Access the pre-service form, please visit the Molina Healthcare website: Molina® Healthcare Medicaid Pre-Service Review Guide

Additional prior authorization and referral forms:

- Applied Behavior Analysis Referral Form
- Behavioral Health Therapy Prior Authorization Form (Autism)
- Community-Based Adult Services (CBAS) Request Form
- Continuity of Care Form
- DHCS 6013A Medical Review/Prolonged Care Assessment Form
- HS-231 Certification for Special Treatment Program Services Form
- Molina ICF/DD Authorization Request Form

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:	Outpatient Services:		
☐ Inpatient Hospital	☐ Chiropractic	☐ Office Procedures	☐ Pharmacy
☐ Inpatient Transplant	☐ Dialysis	☐ Infusion Therapy	☐ Physical Therapy
☐ Inpatient Hospice	☐ DME	☐ Laboratory Services	☐ Radiation Therapy
☐ Long Term Acute Care (LTAC)	☐ Genetic Testing	☐ LTSS Services	☐ Speech Therapy
☐ Acute Inpatient Rehabilitation (AIR)	☐ Home Health	☐ Occupational Therapy	☐ Transplant/Gene Therapy
☐ Skilled Nursing Facility (SNF)	☐ Hospice	☐ Outpatient Surgical/Procedures	☐ Transportation
☐ Other Inpatient:_____	☐ Hyperbaric Therapy	☐ Pain Management	☐ Wound Care
	☐ Imaging/Special Tests	☐ Palliative Care	☐ Other: _____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: Description:

Dates of Service Start	Dates of Service 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:

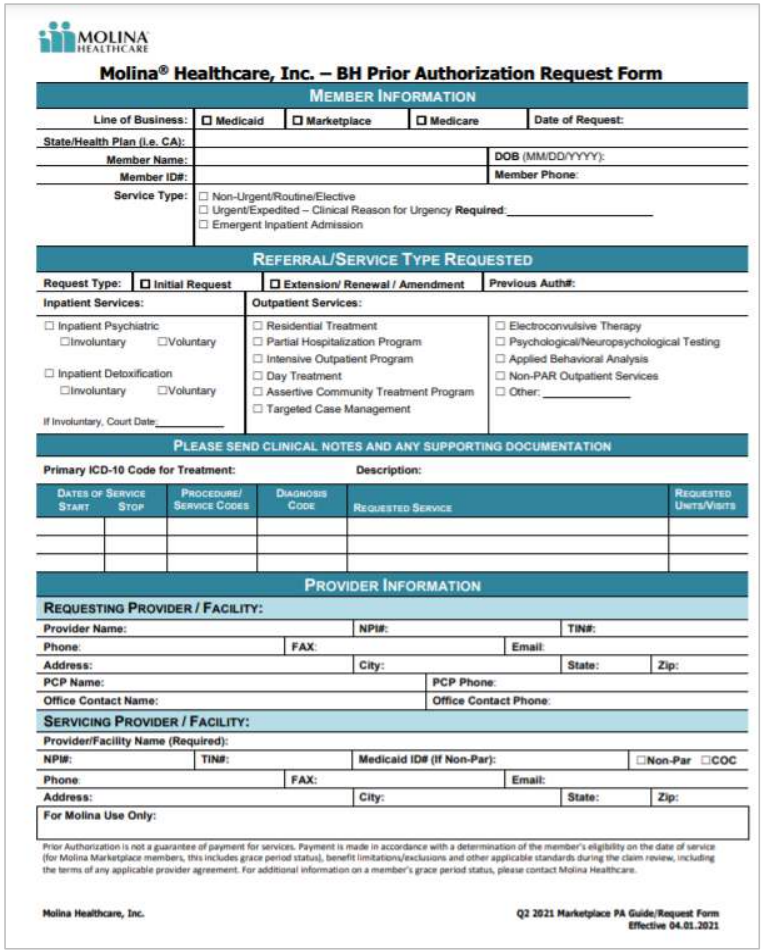
Provider/Facility Name (Required):			
NPI#:	TIN#:	Medicaid ID# (If Non-Par):	☐Non-Par ☐COC
Phone:	FAX:	Email:	
Address:		City:	State: Zip:

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:	Outpatient Services:	
☐ Inpatient Psychiatric ☐Involuntary ☐Voluntary	☐ Residential Treatment	☐ Electroconvulsive Therapy
	☐ Partial Hospitalization Program	☐ Psychological/Neuropsychological Testing
	☐ Intensive Outpatient Program	☐ Applied Behavioral Analysis
☐ Inpatient Detoxification ☐Involuntary ☐Voluntary	☐ Day Treatment	☐ Non-PAR Outpatient Services
	☐ Assertive Community Treatment Program	☐ Other: _____
	☐ Targeted Case Management	
If Involuntary, Court Date:_____		

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code for Treatment: Description:

Dates of Service Start	Dates of Service 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

Care management and Long-Term Services and Support (LTSS)

Care management

- Assists members of all ages with complex needs and/or who have difficulty coordinating their care due to:
  - Multiple comorbid diagnoses & medications
  - Needing help in accessing care or Continuity of Care
  - Experiencing health and/or behavioral health crisis
  - High utilization (admissions, ED visits)
  - Barriers in accessing care
  - Non-adherence
  - Risk for Long-term care/institutionalization
  - Long Term Services and Supports (LTSS)
  - Collaboration with the Interdisciplinary Care team including the PCP
- Basic case management:
  - Provided by PCP in collaboration with Molina
  - Initial health assessment (IHA)
  - Coordination of necessary health care services

Member identification sources: member self-referral, PCP, Medical Groups, reports, such as at-risk stratification tools and predictive modeling, and internal departments, etc.

MOLINA HEALTHCARE

Care Management

Molina provides multiple avenues for members to be referred to the plan for case management services beyond what the PCP provides, including telephone, fax, or email.

To refer a member for complex case management:

Phone: (833) 234-1258
Fax: (562) 499-6105
Email: MHCCaseManagement@MolinaHealthcare.com
For members under 21: MHCHealthcareServicesCCS@MolinaHealthCare.com

Molina welcomes referrals from PCPs, hospital discharge planners, social workers, CCS case managers, Early Start staff, members and/or member's family/caregivers, specialty physicians, and other practitioners. CM Program and contact information is also available from Member Services, the 24-hour Nurse Advice Line, and in the Health Care Professionals sections on the Molina website.

Members appropriate for complex case management are those who have complex service needs and may include your patients with multiple medical conditions, high levels of dependence, conditions that require care from multiple specialties, and/or additional social, psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

Care management programs

- Care Management
- Additional Pediatric Programs
- Transition of Care Program (ToC)
- Major Organ Transplant (MOT)
- My Care – palliative care program
- CA Healthy Beginnings Maternity Program

Additional Pediatric CM Programs

Pediatric Asthma Program

- For members under 21 who have been hospitalized or have frequent emergency room visits due to Asthma to help improve disease management

Pediatric Diabetes Program

- For members under 21 who have been hospitalized or have frequent emergency room visits due to Diabetes to help improve disease management

Pediatric Sickle Cell Program

- For members under 21 diagnosed with Sickle Cell disease to support them in getting the ongoing preventive care they need

Molina My Right Care Program

- For members turning 21 and aging out of the California Children's Services (CCS) program who continue to need at least three tertiary care specialists to manage their ongoing complex chronic health conditions

MOLINA HEALTHCARE

Transitions of Care (TOC)

- Coaches assist members when they are admitted to the hospital and through their transitions to other levels of care.
- Identification includes the Molina inpatient census and admission, discharge, and transfer (ADT) feed from health information exchanges.
- Areas they assist with:
  - Following discharge orders from the hospital:
    - Closing the loop on requested services (e.g., home health, DME).
    - Medication review.
- Education of signs and symptoms and when to report worsening conditions.
- Assist and ensure timely follow-up appointment(s) after hospitalization:
  - Goal is to secure appointments within 7 days of discharge or sooner if needed to reduce avoidable hospitalizations.
- Referrals to resources to help reduce barriers related to SDOH (e.g., transitional meals, transportation, ECM/community supports).
- Assess and refer to complex case management for ongoing needs.

Major Organ Transplant (MOT)

- Dedicated case managers provide care management services for all members undergoing evaluation for MOT, all members listed for any transplant (including kidney), and one year of follow-up.
- All transplant care must be provided through a DHCS-approved Center of Excellence (COE).
- Providers requesting transplant evaluation authorization for members enrolled in an IPA also need to submit authorization to Molina for the facility component and listing.
- Since Molina is responsible for the transplant surgery and the bulk of transplant costs for members enrolled in an IPA, please provide MOT evaluation authorization to Molina's preferred COEs only.
- If Molina receives requests for non-preferred COEs approved by the IPA, Molina will redirect to contracted COEs.

Major Organ Transplant (MOT)

Molina Preferred Centers of Excellence

Sacramento County

UC Davis

- Bone Marrow
- Liver

UCSF

- Bone Marrow (Only if UC Davis has declined the referral)
- Heart
- Kidney-Pancreas
- Liver
- Lung

California Pacific Medical Center

- Bone Marrow (Only if UC Davis has declined the referral)
- Kidney-Pancreas
- Liver

Sutter Memorial Sacramento

- Bone Marrow (Only if UC Davis has declined the referral)
- Heart

MOLINA HEALTHCARE

Major Organ Transplant (MOT)

Molina Preferred Centers of Excellence

Los Angeles County

Cedars Sinai Medical Center
- Bone marrow
- Heart
- Liver
- Lung

City of Hope
- Bone marrow

Riverside/San Bernardino County

Loma Linda University Medical Center
- Bone marrow
- Heart
- Kidney-Pancreas
- Liver
- Lung

San Diego County

Scripps Green Hospital
- Liver

University of California San Diego
- Bone marrow
- Heart
- Liver
- Lung

Sharp Memorial Hospital
- Heart

MOLINA HEALTHCARE

My Care – Palliative Care Program

- All ages, primarily home-based palliative care only for Medi-Cal members
  - A specialized medical care for patients living with a serious illness.
  - The goal is to improve the quality of life for both the patient and the family.
- Criteria for all diagnoses:
  - Advanced Illness.
  - Started to use ER and inpatient hospital services related to their disease.
  - Member's death within a year would not be unexpected.

MOLINA HEALTHCARE

My Care – palliative care program

Benefits of enrollment:

- Home visits with medical team (MD, NP, nurse, MSW, chaplain):
  - Minimum of 4 outreaches/month.
  - At least 1 is face-to-face.
- Advance care planning.
- Vendor's 24/7 Nurse Advice line.
- Care coordination with the treating physician and Molina (facilitate authorizations for DME, outpatient paracentesis, etc.).
- Symptoms management (pain, difficulty breathing, nausea, etc.).
- Reduce unnecessary admissions and help the member obtain the right level of care at the right time and place.
- Monthly operational meetings with vendors to review all referrals and enrolled members.

MOLINA HEALTHCARE

If a Provider identifies a Molina member who would benefit from My Care services:

- Submit a referral to the palliative care vendor or
- Notify the PCP/specialist who will complete the service request form (prior auth form).
- Once approved, the palliative care vendor will reach out to the member to enroll.
- Send referrals directly to Molina preferred providers:
  - Lightbridge Hospice (San Diego County)
  - Elizabeth Hospice (San Diego County)
  - Snowline (Sacramento County)
  - ProHealth (Sacramento County)
  - Silverado (Los Angeles, Riverside and San Bernardino Counties)
  - Roze Room Hospice (Los Angeles County)

MOLINA HEALTHCARE

Long Term Services and Support (LTSS)

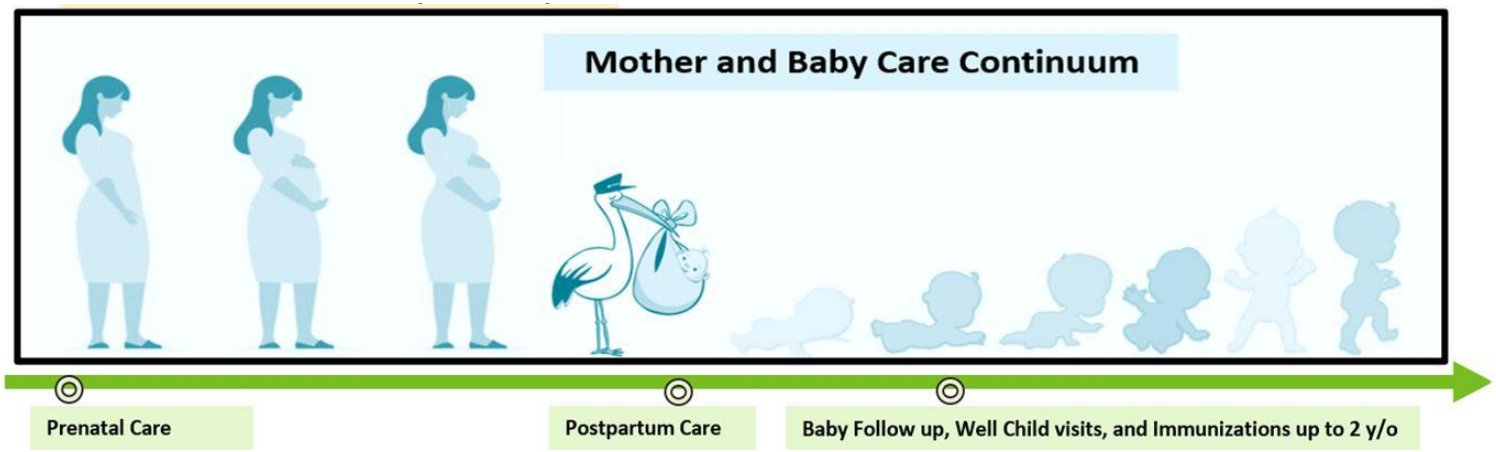
- Molina Medi-Cal members have access to a variety of Long-Term Services and Supports (LTSS) to help them meet their daily needs for assistance and improve their quality of life. LTSS benefits are provided over an extended period, mainly in member homes and communities, but also in facility-based settings such as nursing facilities as specified in his/her Individualized Care Plan. Overall, Molina's care team model promotes improved utilization of home and community-based services to avoid hospitalization and nursing facility care.
  - LTSS includes all the following:
  - Community-Based Adult Services (CBAS)
  - In-Home Supportive Services (IHSS)
  - Multipurpose Senior Services Program (MSSP)
  - Long Term Care, Custodial Level of Care in a nursing or Subacute facility
  - Intermediate Care Facility for the Developmentally Disabled (ICF/DD)

To access information about how to identify LTSS needs, eligibility criteria, and how to appropriately refer for LTSS services, please refer to HEALTHCARE SERVICES: LONG-TERM SERVICES AND SUPPORTS in the Molina Healthcare Provider Manual.

MOLINA HEALTHCARE

CA Healthy beginnings - Maternity CM program

Support for pregnancy and



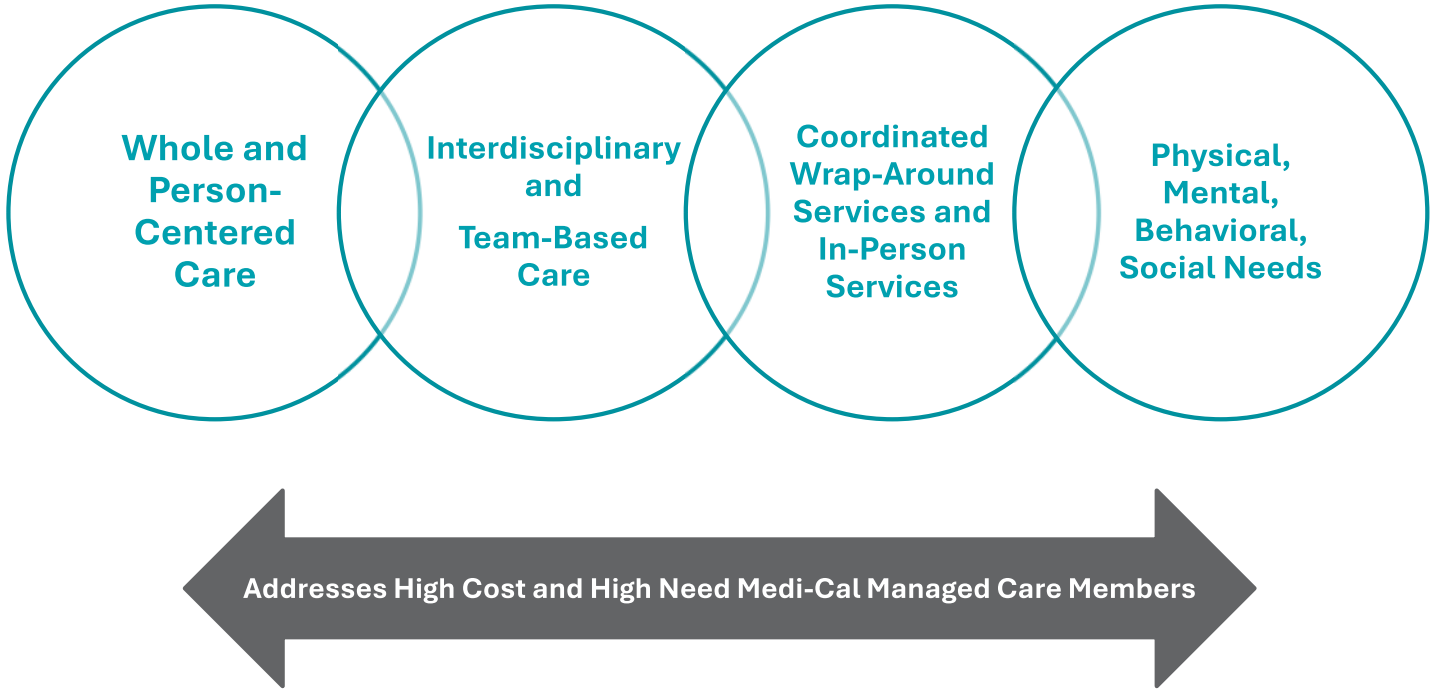
- **High Risk OB Program (HROB) for members who meet criteria:** the RN Case Manager provides prenatal care support and up to 365 days post-delivery.
- **General Maternity and Well Child CM Program:** Members with healthy pregnancy. The RN Case Manager provides prenatal care support and up to 365 days post-delivery. The case manager will also work with the Mom and follows the baby for well child visits and immunizations up to 2 y/o.
- **Transitions of Care Program (ToC):** Pregnant moms not active with ECM, HROB, Maternity CM, or any other CM program and hospitalized, are followed by our ToC Team for post discharge care, then warm handoff occurs to the Maternity Case Manager for ongoing support for Mom and Baby.

MOLINA HEALTHCARE

Enhanced Care Management (ECM) and Community Supports (CS)

Enhanced Care Management Framework

ECM is a statewide whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs.



MOLINA HEALTHCARE

ECM population of focus | Timeline

ECM Populations of Focus	Go-Live Date
Adults and their Families Experiencing Homelessness	1/1/2022
Adults without Dependent Children/Youth Living with Them Experiencing Homelessness	7/1/2023
Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	7/1/2023
Adults at Risk for Avoidable Hospital or ED Utilization	1/1/2022
Children/Youth at Risk for Avoidable Hospital or ED Utilization	7/1/2023
Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs	1/1/2022
Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD)	7/1/2023
Adults Transitioning from Incarceration within the past 12 months	1/1/2024
Children/Youth Transitioning from Youth Correctional Facility within the past 12 months	1/1/2024
Adults Living in the Community who are at Risk for LTC Institutionalization	1/1/2022
Adult Nursing Facility Residents transitioning to the Community	1/1/2022
Children/Youth Enrolled in CCS or CCS WCM with Additional Needs beyond the CCS Condition	7/1/2023
Children/Youth Involved in Child Welfare	7/1/2023
Adults with Intellectual or Developmental Disabilities (I/DD) **Must meet another Population of Focus in order to meet this one*	1/1/2022
Children/Youth with Intellectual or Developmental Disabilities (I/DD) **Must meet another Population of Focus in order to meet this one)*	7/1/2023
Adults Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes **Must meet another Population of Focus in order to meet this one*	1/1/2022
Children/Youth Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes **Must meet another Population of Focus in order to meet this one)*	7/1/2023
Adults and Child/Youth Birth Equity	1/1/2024

MOLINA HEALTHCARE

ECM process member referrals

The ECM Team will receive ECM member referrals from external providers, internal (Molina CM & TOC), and member self-referrals (from the Call Center) via email through the Molina ECM Team Inbox.

The ECM Team will review the referral to ensure the member qualifies for the program, process the referral by completing an ECM Enrollment Assessment, assigning an ECM Provider, and informing the ECM Provider of the newly assigned member.

ECM Provider has 90 days to complete an HRA and Care Plan

ECM Provider assigns an ECM LCM

- Assist with care coordination services
- Updates care plan
- Educates/coach member
- Facilitates referrals to CS (as needed)
- Continually reassessing to determine if member should continue with ECM or need to be downgraded to lower level of care (like Molina CM) or discharged/graduated completely from the ECM program.

MOLINA HEALTHCARE

Community Supports eligibility criteria and reminders

- Completed referrals must be submitted to the CA HCS Community Supports LTSS team for review.
- CS services require authorization (except Sobering Centers)
  - Each CS has specific qualifying criteria for members to be approved for the service based on DHCS Policy Guide. The criteria is listed on the referral form for each CS service.
  - The request will be reviewed and decided by the Molina Community Supports team.
- Duplication of services is not permitted
  - Members cannot be receiving these services through another avenue, such as a state or county funded program.
- Reminders:
  - Check monthly for health plan enrollment & eligibility
  - Housing CS:
    - Housing deposits requests that include items not on the pre-approved list must be discussed.
    - ICP/Individualized housing support plan must be updated to be member-centric.
      - Provide to Molina if not using CCA
    - Quarterly CS housing assessment in CCA
  - Notify Molina for all discontinuation requests via email as soon as possible.
  - Withdrawn requests for members who not meet eligibility criteria.
    - Outreach in advance to Molina for any questions about specific CS services.

MOLINA HEALTHCARE

Purpose and Administration of Community Supports

Medi-Cal managed care plans will have the option to integrate Community Supports into their population health management plans – often in combination with the new enhanced care management benefit

Community Supports would be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future health care costs

Community Supports must be cost effective. For example, Community Supports might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays and emergency department use

MOLINA HEALTHCARE

Molina's Community Supports

Community Supports	Imperial	Los Angeles (HN)	Riverside	Sacramento	San Bernardino	San Diego
Housing Transition Navigation Services	X	X	X	X	X	X
Housing Deposits	X	X	X	X	X	X
Housing Tenancy & Sustaining Services	X	X	X	X	X	X
Short-Term Post-Hospitalization	1/1/2024	X	X	X	X	X
Recuperative Care (Medical Respite)	1/1/2024	X	X	X	X	X
Respite Services	Home: X	Home: X	Home: X	Home: X	Home: X	Home: X
Day Habilitation Programs	X	X	X	X	X	X
Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities	1/1/2024	X	X	1/1/2024	X	1/1/2024
Community Transition Services/Nursing Facility Transition to a Home	X	X	X	X	X	X
Personal Care and Homemaker Services	X	X	X	X	X	X
Environmental Accessibility Adaptations (Home Modifications)	7/1/2023	X	X	7/1/2023	X	7/1/2023
Medically Tailored Meals/Medically-Supportive Food	X	X	X	X	X	X
Sobering Centers	1/1/2024	X	X	X	TBD	X
Asthma Remediation	X	X	X	X	X	X

DHCS menu of options: The 14 Community Supports

Housing transition Navigation services	Housing deposits (Move-In assistance)	Housing tenancy and sustaining services	Short-term post hospitalization housing
Recuperative care (Medical respite)	Respite (For caregivers)	Day habilitation programs	Nursing facility transition/diversion to assisted living facilities
Nursing facility transition to a home	Personal care and homemaker services	Environmental accessibility adaptions (home modifications)	Meal/medically tailored meals
	Sobering centers	Asthma remediation	

MOLINA HEALTHCARE

Referral and authorization process

The CS team will receive CS referral from external providers or internally (Molina CM & TOC) through the CS team inbox:

MHC_CS@MolinaHealthcare.com or Fax:833-908-4424

The CS team will review the referral to ensure the member meets eligibility criteria. Once eligibility is met and member consent is checked off, CS team will review. CS team will reach out by email or phone if additional information is needed.

The CS team has a 5-business day turnaround time (TAT) to review and submit for authorization to UM.

Once the referral has been processed, CS team will email referrer if the request has been approved or needing additional information. Utilization Management Prior Auth (UM-PA) will also fax the authorization decision.

MOLINA HEALTHCARE

How to refer a member?

CS Referrals

- There is a separate CS referral form specific to each CS service.
- Email the completed referral form to MHC_CS@molinahealthcare.com or Fax: 833-908-4424

ECM Referrals

- Submit referral form to MHC_ECMreferrals@molinahealthcare.com
- 5 business day turnaround for processing and response. If a referral is more urgent, please indicate URGENT in the subject line when sending the referral and allow up to 72 hours. Most urgent requests are processed on the same day.
- We accept all ECM referral forms, including the Sac Universal Referral Form.

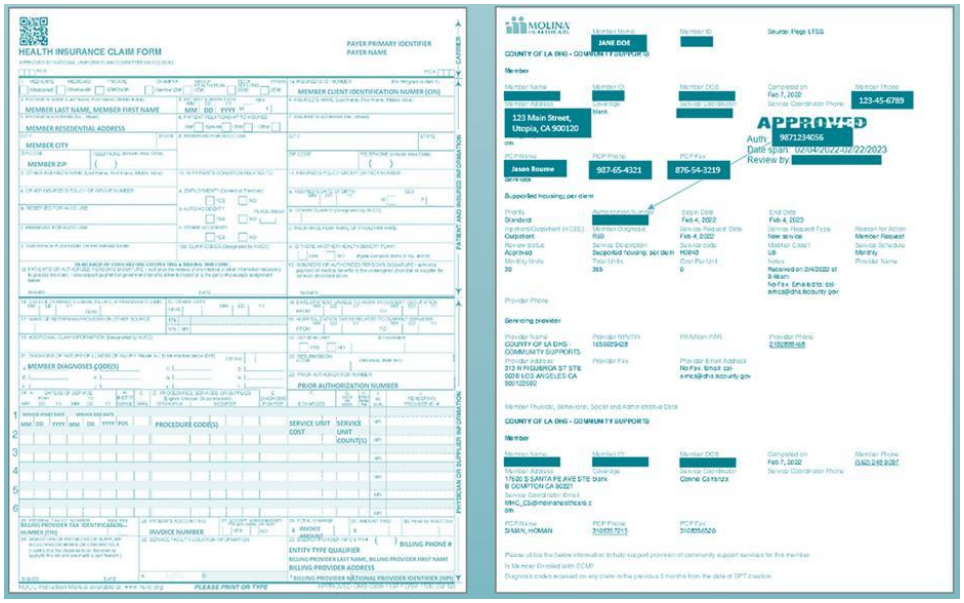
ECM and CS Referral Forms are available on Molina's public website, located in the provider section, under Frequently Used Forms:

molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx

MOLINA HEALTHCARE

Community Supports claims

- Providers are requested to submit claims on CMS-1500.
- More information at cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.
- Please ensure that the “billing provider name” in Box 33 in your “PayTo Name {a space}{a dash}{a space}CS”. This will aid claims being linked to the correct provider contract, which has been configured.
- All claims must be submitted within 90 days of the date of service. Any corrected claims must also be submitted within 90 days of the date of service.
- Molina Healthcare of CA will accept invoices from CS provider who do not have the technical capabilities to generate a claim. However, at a minimum, CA DHCS required that provider submit information related to the minimum data elements in their invoices, which are in **colored font** on the CMS-1500 image.



Community Supports claims

- Claims codes
  - Diagnosis codes: Enter the appropriate diagnosis code(s) in box 21A-L on the CMS-1500 claim form. Enter the correspondence diagnosis pointer code indicated in box 21 A-L in box 24 E for every service line entered.
  - Place of service code: Enter the appropriate place of service code in 24 B. The place of service code list can be found in the following CMS website: cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
  - Procedure codes: Enter the procedure code that has been approved using the appropriate HCPCS code, unity and modifier, based on the description in the following table. Enter the codes in 24 D-G

Description	HCPCS Code	Units Description	Modifier To Use	Routine Authorization Timeframe*	Initial Max Units to Authorize
Housing Transition/Navigation Services: Supported housing, per month	H0043	1 unit = 1 day (monthly case rate)	U6	Initial 12 months and 6 months thereafter	365
Housing Deposits: Supported housing, per month. Requires deposit amounts to be reported on the encounter.	H0044	1 unit = 1 month	U2	6 months	6
Housing Tenancy and Sustaining Services: Support brokerage, self-directed; per month	T2041	1 unit = 15 mins (monthly case rate)	U6	Initial 12 months and 6 months thereafter	35040
Short-Term Post-Hospitalization Housing: Supported housing; per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	H0044	1 unit = 1 month	U3	3 months	3
Recuperative Care: Residential care, not otherwise specified, waiver, per diem	T2033	1 unit = 1 day	U6	Monthly	30
Respite Services – Home: Respite care, in the home; per diem	S9125	1 unit = 1 hour	U6	Daily for 4 hours and dependent on need.	4
Day Habilitation Programs: Skills training and development; per 15 minutes	H2014	1 unit = 15 mins	U6	24 hours per 6 months	96
Community Transition Services/Nursing Facility Transition to a Home: Community transition, per service. Requires billed amount(s) to be reported on the encounter.	T2038	1 unit = 1 month (monthly case rate)	U5	6 months	6
Personal Care/Homemaker Services: Personal care services; services, per hour	T1019	1 unit = 15 minutes	U6	Daily for 4 hours and dependent on need.	16
Medically-Supported Food/Medically Tailored Meals: Home delivered meal	S5170	1 unit = 1 delivered meal	U6	Up to 4 weeks	56
Sobering Centers: Alcohol and/or drug services; ambulatory detoxification	H0014	1 unit = 1 day	U6	Daily	1
Asthma Remediation: Home modifications; per service	S5165	1 unit = 1 service	U5	6 months	12 (2 units per month)

MOLINA HEALTHCARE

Community Supports claims

- **Corrected claims:**
  - Must be free of handwritten or stamped verbiage (paper claims).
  - Must be submitted on a standard red and white UB-04 or CMS-1500 claim form (paper claims).
  - Original claim number must be inserted in field 64 or the UB-04 or field 22 of the CMS-1500 of the paper claims, of the applicable 837 transaction loop for submitting corrected claims electronically.
  - The appropriate frequency code/resubmission code must also be billed in field 4 of the UB-04 and 22 of the CMS-1500.
    - **Note:** The frequency/resubmission codes can be found in the NUCC (National Uniform Claim Committee) manual for CMS-1500 Claim forms of the UB Editor (Uniform Billing Editor) for UB-04 claim forms.

- **Modes of submission:**
  - Claims may be submitted electronically through either Availity or the Provider Portal for those who have an existing account. Please note that Molina will be transitioning completely to Availity, therefore it is encouraged to register and use the Availity platform for electronic submissions.
    - **Electronic:** Availity at provider.molinahealthcare.com/Provider/Login , or
    - Alternatively, providers may also utilize our clearinghouse, Change Healthcare, for submission, as follows:
      - Change Healthcare (CH),
      - CH's Telephone #: 1-877-469-3263,and
      - Molina's Payer ID # with CH is: 38333.

Mail to: Molina Healthcare, Inc.
P.O. Box 22667
Signal Hill Post Office
2371 Grand Avenue
Long Beach, CA 90809

Services for seniors and people with disabilities

MOLINA HEALTHCARE

Developmental disability services (DDS)

Who is eligible for Regional Center services?

- 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.

MOLINA HEALTHCARE

Developmental disability services (DDS)

Determine 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 aged 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)

Referrals to the member's local regional center

- Referrals are made directly to the intake screener of the member's local regional center (RC).
- 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 centers

- Some of the services 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

Clinical protocols and practice guidelines for seniors and persons with disabilities/chronic conditions

It is important to ensure that the Molina members we serve receive access to quality care that supports their individual health needs. Available services include:

- Transportation to medical appointments
- Coordination of medical, social and mental health services
- Complex case management
- Improved member communications utilizing alternate formats
- Detailed information on accessibility of provider offices

How to find an accessible Molina provider:
molinahealthcare.com/providers/ca/medicaid/resource/ProviderFacilityReq.aspx

Molina's 24-Hour Nurse Advice Line:
molinahealthcare.com/providers/ca/medicaid/resource/NurseAdviceLine.aspx

Population health
Cultural and linguistics
Health education

MOLINA HEALTHCARE

Health education

Health management program and services

Program and services

- Asthma (2+ y.o)
- Diabetes (18+ y.o)
- Hypertension (18+ y.o)
- Heart failure (18+ y.o)
- Depression (18+ y.o)
- Adult weight loss management and obesity (18+ y.o)
- Nutrition consults (2+ y.o)
- Refer using the referral form: molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx
- Or have members call: 866-891-2320, ext.: 751137, option 2

Smoking cessation

Refer to KICK IT CA

- For quitting smoking, vaping, and smokeless tobacco
- Counseling is available in multiple languages (English, Spanish, Korean, Vietnamese, Cantonese and Mandarin).
- NRTs covered by Molina
- 10 – days of patches available via KICK IT for qualifying members (for members 18+)
- Speak with a Quit Coach 800-300-8086 (English) 800-600-8191 (Spanish)
- Chat with a Quit Coach Kickitca.org/chat

Diabetes prevention program

Contract with Teladoc Health

- For members 18+ with a diagnosis of Pre-Diabetes
- Medi-Cal Members can call Member Services at 888-665-461
- Covered CA Members can call Member Services at 866-772-4190
- Providers can refer members by emailing the member details to HealthEducation.MHC@MolinaHealthcare.com and we will enroll the member into the program.

Maternal mental health

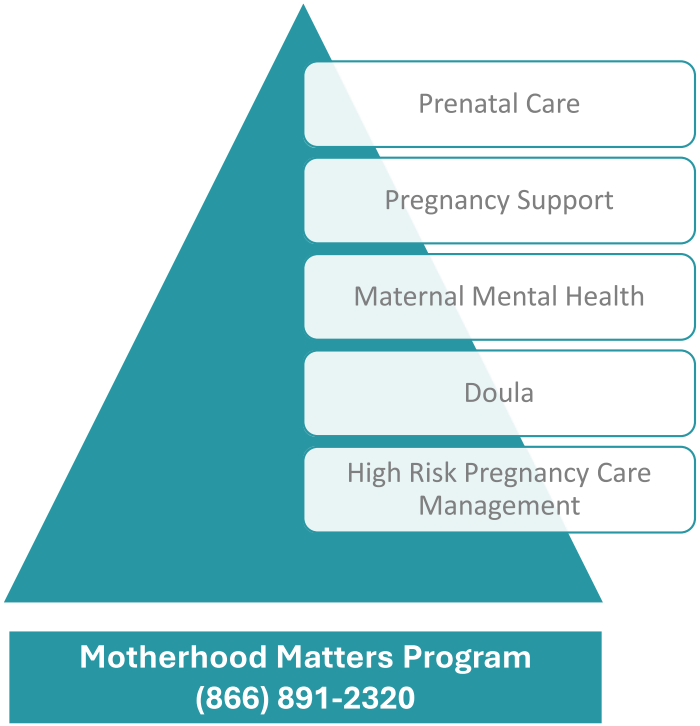
Prenatal and postpartum care

- Use a validated screening tool (PHQ-9, EPDS) (1 screening completed at prenatal visit and 2nd screening at 6 weeks postpartum visit)
- G8431 (positive) and G8510 (negative)* with modifier HD for Medic-Cal members.
- Refer to a network mental health provider or County MH provider.
- Molina High-Risk OB program includes:
  Risk Screening
  Clinical case management
- Member Education Refer: 866-891-2320
- WeConnect app – Medi-Cal (Sac, SD, Riv, SB)
- Dx of SUD, OUD, or mental behavioral health conditions.
  Refer: hipaa.jotform.com/213005264240137

MOLINA HEALTHCARE

Maternal Health

Molina offers Maternal Health programs and support.



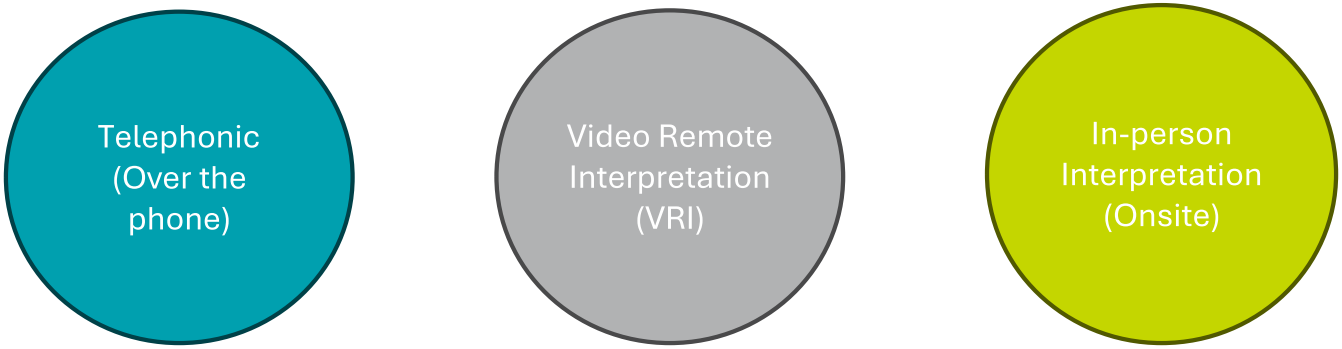
Motherhood Matters Program

For resources and support during pregnancy (including mental health), call: **(877) 665-4628** or fill out and send in the Pregnancy Notification Form **via fax 855-556-1324**

- Screenings
- Care Management
- High Risk Care Management
- Pregnancy Resources
- Maternal Mental Health Support
- *Prior authorization is not required*
- **Doula Services**
  - *A Doula is a non-medical person trained to provide pregnancy and postpartum support*

Cultural and Linguistic services

Molina offers **three** types of interpretation services for members:



To get access to interpretation services, email: mhc-interpreters@molinahealthcare.com

Member Services

Call Molina's Member Services Contact Center at:

- Medi-Cal Members: (888) 665-4621, Mon-Fri, 7am -7pm
- Marketplace members: (888) 858-2150, Mon-Fri, 8am-6pm
- Medicare members: (800) 665-0898, Mon-Fri, 8am-8pm

Provider Services

- Hanna Interpreting Services: (833) 739-6055 or via **Molina.hannahub.ai**
- Nurse Advice Line: (888) 275-8750

Cultural and linguistic training and resources

- Molina offers Cultural Competency training videos on our website: molinahealthcare.com/providers/ca/medicaid/resource/cme.aspx
- Additional resources on the Molina website include the provider education series of brochures on service members with disabilities: molinahealthcare.com/providers/ca/medicaid/resource/cme.aspx
- 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 training, contact Molina: HealthEducation.MHC@molinahealthcare.com

Language Rights and the Law

Sections 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 individuals 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.

Cultural and Linguistic services

Translation Services

- Upon request, Molina translates member materials such as care plans and existing health education materials into members' preferred language. Please call member services or email healtheducation.mhc@molinahealthcare.com to request these materials if needed.
- Molina offers a variety of low literacy health education materials in English and Spanish online at: molinahealthcare.com/providers/ca/medicaid/comm/Pages/HealthEducation-Materials.aspx

Alternative Format

- Molina offers vital documents in alternative formats, making it easier for you to access important information. These include:
  - Large print
  - Braille
  - Audio format
  - Translation of member materials (care plans, health education) into preferred language.
- Please call member services or email healtheducation.mhc@molinahealthcare.com to request these formats if needed.

Resources

- Guide for Cultural and Linguistic Services molinahealthcare.com/providers/ca/medicaid/resource/cme.aspx

Health education resources

Phone: (866) 891-2320

Monday to Friday, 8:30 a.m. - 5:30 p.m.

Fax: (800) 642-3691

Email: HealthEducation.MHC@MolinaHealthcare.com

Health education materials: molinahealthcare.com/providers/ca/medicaid/resource/Health-Education-Materials.aspx

Health management programs

Health management programs

- Molina's health management programs provide patient education information to members and helps facilitate provider access to these chronic disease programs and services.
- For more information about the health management programs, please call the Provider contact center at (855) 322-4075.

Breathe with Ease SM Program

- Molina Healthcare provides an asthma health management program called breathe with ease, designed to assist Members in understanding their disease. The program educates the member and family about asthma symptom identification and control.

Building Brighter Days adult depression management program

- The Building Brighter Days depression management program is a collaborative team approach comprised of health education, clinical case management and provider education. The overall goal is to provide better overall quality of life, quality of care and better clinical outcomes for members who have a primary psychiatric diagnosis of major depressive disorder.

MOLINA HEALTHCARE

Health management programs

Tobacco prevention and cessation services

- All providers are required to identify and track all tobacco use, both initially and annually.
- All providers are also required to institute a tobacco user identification system to identify tobacco users in their primary care practice, per USPSTF recommendations.

Services for pregnant tobacco users

- Pregnant beneficiaries should be offered tailored, one-on-one counseling exceeding minimal advice to quit.

Prevention of tobacco use in children and adolescents

- Providers are required to: Provide interventions, including education or counseling, in an attempt to prevent initiation of tobacco use in school-aged children and adolescents.

Smoking cessation resources

- molinahealthcare.com/providers/ca/medicaid/resource/smoking-cessation.aspx

MOLINA HEALTHCARE

Health management programs

Weight management

- Molina's weight management program is comprised of one-on-one telephonic education and coaching by a health educator to support the weight management needs of the member.
- The health education staff work closely with the member's provider to implement appropriate intervention(s) for members participating in the program.

Diabetes prevention program

- Molina Healthcare offers the diabetes prevention program (DPP) to eligible members. The DPP is an online lifestyle change program that focuses on member engagement and health outcomes and is recognized by the Centers for Disease Control and Prevention (CDC).

For more information on our programs, you can visit our Health Management web page
To refer a member please call 833-269-7830

MOLINA HEALTHCARE

Health education resources

Health education materials

- Appropriate use of health care services
- Risk reduction and healthy lifestyles
- Self-care and management of health conditions
- bit.ly/3NB3Ewj

Health education forms

- Health education referral form
- Health education services flyer
- bit.ly/3sSWQm1

MOLINA HEALTHCARE

Cultural Competency

MOLINA HEALTHCARE

Cultural Competency training

Provider resources on gender-affirming care

- Quality Interactions
- National LGBTQIA+ Health Education Center
- San Mateo Pride.org
- LGBTQIA+/2S Collaborative
- UCSF Lesbian, Gay, Bisexual, and Transgender Resource Center

Molina provider education series

- Americans with Disability Act (ADA)
- Members who are Blind or have Low Vision
- Service Animals
- Tips for Communicating with People with Disabilities & Seniors
- Health Resources for LGBTQ+ Members

Ask Molina's Cultural and Linguistics Specialist

MOLINA HEALTHCARE

Cultural Competency training

Building culturally competent health care: Training for health care providers and staff

1. 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
2. Industry Collaboration Effort (ICE) Cultural Competency Training for Healthcare Providers
3. Industry Collaboration Effort (ICE) Better Communication, Better Care
4. Teach Back Method
5. Culturally and Linguistically Appropriate Service Standards
6. Americans with Disabilities Act
7. The Arc
8. Virginia Commonwealth University Life Expectancy Mapping
9. Robert Wood Johnson Foundation Life Expectancy by Zip Code

MOLINA HEALTHCARE

Questions?

MOLINA HEALTHCARE