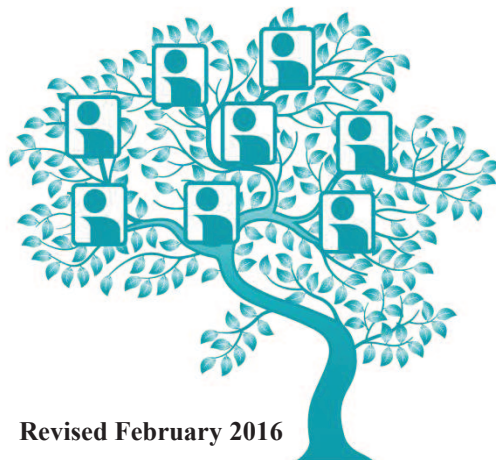




2016
New Provider Orientation
California



Revised February 2016

New Specialist Provider Orientation & Acknowledgement

Molina Medical Group | California



This is to confirm that the undersigned Specialist Physician/ Group has received a Molina Medical Group (MMG) New Provider Orientation. The Specialist Physician/ Group understands the following components of the Provider/Practitioner Manual, which contains important contact information and describes MMG's policies and procedures for Medi-Cal, Medicare, and exchange product line managed care programs.

- | | |
|--|--|
| <input type="checkbox"/> 1. Welcome Letter | <input type="checkbox"/> 5. Rosters |
| <input type="checkbox"/> 2. MMG Story | <ul style="list-style-type: none">• Contracted Hospital Roster |
| <input type="checkbox"/> 3. MMG Directory | <input type="checkbox"/> 6. Claims and Encounter Data |
| <input type="checkbox"/> 4. Utilization Management | <ul style="list-style-type: none">• Claims Guidelines• Provider Dispute Resolution Form |
| <ul style="list-style-type: none">• UM Guidelines• UM Service Request Forms | <input type="checkbox"/> 7. Language Assistance |

Specialist Physician/ Group Name

Specialty

Provider/ Group Name

Representative Signature

____/____/____
Date

Site Address 1

Site Address 2

Age Limitations:

Languages spoken by office:

Active Contract Date:

MMG Provider Representative:

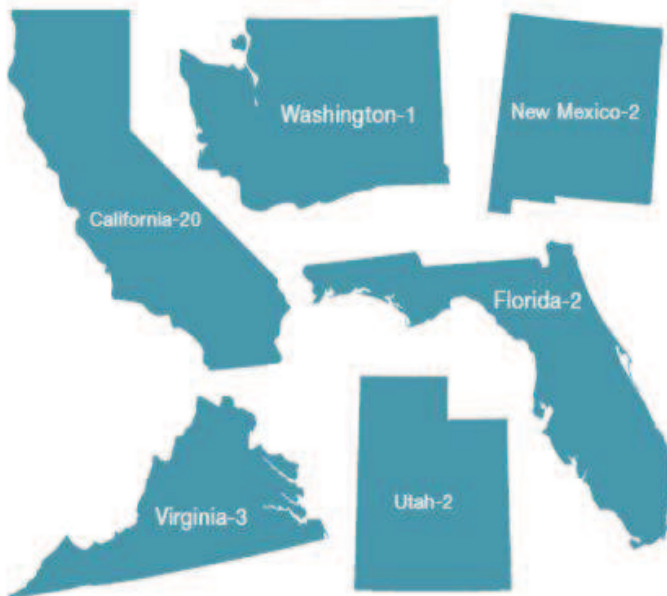
Molina Medical Group

About Molina Medical Group

Molina began with a single medical clinic in 1980, and while it continues to expand in this and other areas, the central motivation that spawned that first clinic remains—providing quality healthcare to under-served people. Molina Medical Group (MMG) is the forefront in providing direct care for patients.

MMG manages direct delivery of healthcare services to persons eligible for Medicaid, Medicare, and other government-sponsored programs for low-income families and individuals.

Today, MMG is working to expand its Provider network in Southern California to be able to provide more coverage to MMG members.



Mission Statement

Molina Healthcare's mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

Facts about Molina Medical Group

- Dr. C. David Molina opened his first clinic in Wilmington in 1980.
- MMG currently operates in six states (UT, CA, NM, WA, VA and FL) and has 30 clinics providing care to approximately 85,000 members.
- Primary Goal of the individual clinics is to provide quality preventive and ongoing care to individuals and families in areas where gaining access to quality care is difficult.



Provider Quick Reference Guide | IMPORTANT NUMBERS

Main Phone: (562) 499-6191 ■ Toll Free: (888) 665-4621 ■ TTY: (800) 479-3310
Business Hours: 7:30am- 5:30pm Monday- Friday

Department	Contact Information	
Behavioral Health Services	(888) 562-5442, Ext 129558	
Bridge2AccessSM Program	(877) 665-4627	
Claims EDI Vendor: Emdeon Emdeon Payer ID: 38333	(855) 322-4075 Select option for: Option 1 [Medi-Cal] Option 2 [Marketplace] Option 3 [Medicare] Option 4 [Dual Options] Then select option 3 for Claims	Molina Medical Group Attn: Claims Department P.O. Box 22702 Long Beach, CA 90801
Community Outreach	(562) 435-3666, Ext 127227	
Cultural & Linguistic Specialist	(888) 665-4621, Ext 111032	
Encounter Data Submission	(866) 409-2935	Molina Medical Group P.O. Box 22807 Long Beach, CA 90801
Fraud, Waste, Abuse Tip Line	(866) 606-3889	
Health Education	(866) 472-9483	
Hearing Services (AVESIS – 3rd party administrator for hearing eligibility, claims & benefits)	(800) 327-4462	
Interpreter	(888) 665-4621	
Medicare Transportation Services	(866) 475- 5423	(866) 288-3133 (TTY)
Member Eligibility & Services	(800) 675-6110 [Medi-Cal] (855) 322-4075 [Marketplace] (800) 665-0898 [Medicare] (855) 655-4627 [Dual Options]	
Motherhood Matter Pregnancy Program	(866) 891-2320	
Pharmacy (CVS Caremark)	(888) 665-4621	(866) 508-6445 (Fax)
Provider Disputes	(888) 322-4075	P.O. Box 22722 Long Beach, CA 90801
Quality Improvement	(800) 526-8196, Ext 126137	
Utilization Management	(888) 562-5442, Ext 129558	Fax: (844) 710-1604
Vision Services	(888) 493-4070	www.marchvisioncare.com
Web Portal Help Desk	(866) 449-6848	
24 Hour Nurse Advice Hotline	(888) 275-8750	

PROVIDER SERVICES TEAM

California Region	Representative	Extension
Los Angeles 200 Oceangate, Suite 100 Long Beach, CA 90802 Phone: (562) 435-3666 Fax: (562) 499-6171	Jackie Pham <i>Director of Contracting & Provider Services</i>	Ext. 121212
	Pam Tran <i>Manager Provider Contracting</i>	Ext. 121209
	Joshua Lee <i>Provider Services Representative II</i>	Ext. 125030
	Wakesha Rivers <i>Provider Contracts Specialist</i>	Ext. 117538
Riverside/ San Bernardino 887 E. 2ND Street, Suite B Pomona, CA 91766 Phone: (888) 562-5442 Fax: (909) 623-5917	Mary Margaret Castañeda <i>Provider Contracts & Services Manager</i>	Ext. 127224
	Maria Calderon <i>Provider Services Representative Riverside County</i>	Ext. 122218
	Alexis Martinez <i>Provider Services Representative San Bernardino County</i>	Ext. 122024
	Yasmine Jabsheh <i>Provider Services Representative High Desert</i>	Ext. 122021
Sacramento 2180 Harvard Street, Suite 500 Sacramento, CA 95815 Phone: (888) 562-5442 Fax: (916) 561-6040	Linda Baez <i>Provider Contracts & Services Manager</i>	Ext. 128543
	Aide Silva <i>Provider Services Representative</i>	Ext. 127140
	Juan Carlos Garcia <i>Provider Services Representative</i>	Ext. 126232

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☒ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☒ Molina Medicare Options Plus
- ☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:
☒ **Medical Group/ IPA/MSO**
Primary Care

- ☒ IPA/MSO
- ☒ Directs
- ☒ MMG

Specialists

- ☒ Directs
- ☒ IPA

☐ **Hospitals**
Ancillary

- ☐ CBAS
- ☒ SNF/LTC
- ☒ DME
- ☒ Home Health
- ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

122233	127685	111131
127690	127657	114378
120104	127879	

Riverside/San Bernardino Counties

128007	123251	126556
128010	127709	

Sacramento County

127140	126232
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San Diego County

121592	120098	126236
121587	126225	

Imperial County

125680	121588
121587	

UPDATED PRIOR AUTHORIZATION (PA) CODE MATRIX AND REVIEW GUIDE

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the updated Prior Authorization Code Matrix. We have also updated our Prior Authorization / Pre-Service Review Guide.

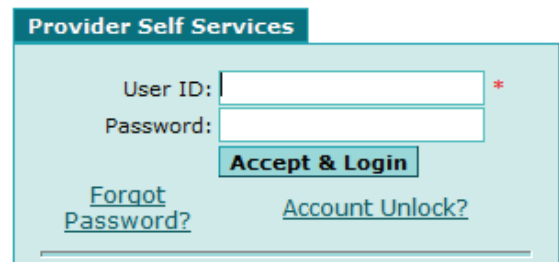
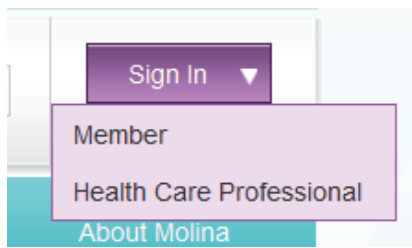
Molina Healthcare has updated our prior authorization code matrix and has made another reduction in the number of codes/procedures/services that require Prior Authorization and has also added codes that will now require PA, including Physical Therapy. The PA Code Matrix is available online via the provider portal as well as our public website. Please note that this document is updated frequently. It is advised that you check this document prior to PA submission as codes may be removed or added. All codes listed require PA. The new PA Code Matrix is now available online at:

- For Medi-Cal, and Duals LOB:
www.molinahealthcare.com → I'm a Healthcare Professional → Select State (CA) and line of business → Forms → Frequently Used Forms → Q1 2016 PA Code Matrix.
- For Medicare LOB:
www.molinahealthcare.com → I'm a Healthcare Professional → Select State (CA) and line of business → Prior Authorization Forms → Q1 2016 PA Code Matrix

Please note that office visits and/or procedures at Contracted/Network Providers and referrals to Contracted/Network Specialists **do not require PA**. In addition, please note that because this is a national document some codes/services listed **may not** be covered by Medicare or Medi-Cal; please refer to each regulatory agency for specific non-covered codes.

Attached you will also find our updated Prior Authorization / Pre-Service Review Guide as well as the Behavioral Health Prior Authorization Form.

Save time and paper by submitting your Authorization Requests online via our provider portal! The provider portal can be accessed from www.molinahealthcare.com and select Sign In → Health Care Professional, followed by your login information.

A screenshot of the 'Provider Self Services' login page. It has a teal header with the text 'Provider Self Services'. Below the header are two input fields: 'User ID:' and 'Password:'. To the right of the 'User ID' field is a red asterisk. Below the 'Password' field is a blue button labeled 'Accept & Login'. At the bottom left are the links 'Forgot Password?' and at the bottom right is the link 'Account Unlock?'.

QUESTIONS

If you have any questions or require further clarification regarding this notification, please contact your respective Molina Provider Services Representative at (855) 322-4075.

Molina Healthcare of California
Medi-Cal/Medicare Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2016

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

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

This Prior Authorization/Pre-Service Guide applies to
all Molina Healthcare Medi-Cal and Medicare Members – excludes Marketplace
Refer to Molina's website or portal for specific codes that require authorization
Only covered services are eligible for reimbursement

• **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**

- Inpatient, Residential Treatment
- Electroconvulsive Therapy (ECT)
- Behavioral Health Treatment (BHT) for treatment of Autism Spectrum Disorder (ASD). Including but not limited to:
 - Applied Behavioral Analysis (ABA)
 - Discrete Trial Teaching
 - Early Start Denver Model
 - Social Skills Training

• **Cosmetic, Plastic and Reconstructive Procedures (in any setting)** Refer to Molina's Provider website or portal for specific codes considered cosmetic

- **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- Medicare Hearing Supplemental benefit: Contact Avesis at 1-800-327-4462

• **Experimental/Investigational Procedures**

- **Genetic Counseling and Testing** except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations

- **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits. Note: PA may be required for medications associated with Home Infusion.

• **Hyperbaric Oxygen Therapy**

- **Imaging, Advanced and Specialty:** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Inpatient Admissions:**

- Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)

- **Long Term Services and Supports:** Refer to Molina's Provider website or portal for specific codes that require authorization. Not a Medicare covered benefit.

• **Neuropsychological and Psychological Testing**

• **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**

- Emergency Department and Urgent Care services
- Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
- Nurse Midwife services
- Local Health Department (LHD) services
- Family Planning Services
- HIV Testing and Counseling
- OB/Gyn services (with OB/Gyn within PCP Network)
- Treatment for Sexually Transmitted Diseases (STDs)
- Minor consent services

- **Occupational Therapy:** After initial evaluation plus twenty four (24) visits for outpatient and home settings

- **Office Visits & Office Based Surgical Procedures at Participating (Contracted) providers do not require prior authorization for covered services**

- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's Provider website or portal for specific codes that require authorization

- **Pain Management Procedures:** Injections, except trigger point injections (Acupuncture is not a Medicare covered benefit)

- **Physical Therapy:** After initial evaluation plus twenty four (24) visits for outpatient and home settings

- **Prosthetics/Orthotics:** Refer to Molina's Provider website or portal for specific codes that require authorization

- **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina's Provider website or portal for specific codes that require authorization

- **Sleep Studies: (Except Home Sleep Studies)**

- **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina's Provider website or portal for specific codes that require authorization

- **Speech Therapy:** After initial evaluation plus six (6) visits for office, outpatient and home settings

- **Transplants including Solid Organ and Bone Marrow** (Corneal transplant does not require authorization)

- **Transportation:** non-emergent Air Transport

- **Unlisted & Miscellaneous Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.

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

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDI-CAL / MEDICARE

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function.

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process within 2 business days of the denial decision. Denials also are communicated to the provider by telephone, fax or electronic notification 24 hours of making the denial decision. . .
- Providers and members can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 1 (800) 526-8196

Important Molina Healthcare Medi-Cal and Medicare Contact Information

Medicare Authorizations:

Phone: 1 (800) 526-8196 Option 3, then Option 4

Fax: 1 (866) 472-6303

Medi-Cal Authorizations:

Phone: 1 (800) 526-8196 Option3, then Option 4

Fax: 1 (800) 811-4804

Medicare Behavioral Health Authorizations:

Phone: 1 (800) 665-0898 Fax: 1 (866) 472-6303

Medi-Cal Behavioral Health Authorizations:

Phone: 1 (800) 526-8196 Option 4 Fax: 1 (800) 811-4804

All Radiology Authorizations:

Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218

All OB/NICU and Transplant Authorizations:

Phone: 1 (888) 562-5442 x751108 Fax: 1 (877) 731-7218

Medi-Cal Pharmacy Authorizations:

Phone: 1 (888) 665-4621 Fax: 1 (866) 508-6445

Medicare Pharmacy Authorizations:

Phone: 1 (800) 665-0898 Fax: 1 (866) 290-1309

Medi-Cal Member Customer Service -

Benefits/Eligibility:

Phone: 1 (800) 665-4621 Fax: 1 (866) 507-6186

TTY/TDD: 711

Medicare Member Customer Service -

Benefits/Eligibility:

Phone: 1 (800) 665-0898 Fax: 1 (310) 507-8196

TTY/TDD: 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: 1 (855) 322-4075 Fax: 1 (562) 951-1529

24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1-866/735-2929]

Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]

Medi-Cal Vision Care: Phone: 1 (888) 493-4070

Medicare Vision Care: Phone: 1 (800) 327-4462

Medi-Cal Dental: Phone: 1 (800) 322-6384

Medicare Dental: Phone: 1 (855) 214-6779

Medicare Non-emergent Transportation:

Phone: 1 (866) 475-5423 Fax: 1 (866) 913-4509

Providers may utilize Molina Healthcare's Provider Portal at:

<https://provider.molinahealthcare.com/Provider/Login>

Available features include:

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

Molina Medical Group (MMG) Prior Authorization Request Form

Fax Number: (844) 710-1604

Radiology Fax Number: (877) 731-7218 (MRI, CTPET, SPECT)

CA MMG Utilization Mgmt Toll Free Number (855) 885-3180

Member Information					
Plan:	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Marketplace	<input type="checkbox"/> Custodial Member Requiring Prior Authorization of Outpatient Services	<input type="checkbox"/> Other
Member Name:					DOB:
Member ID#:					Phone:
Member Address:					
Services Type:	<input type="checkbox"/> Elective /Routine		<input type="checkbox"/> Expedited/Urgent*		

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

Referral/ Service Type Requested			
Inpatient/ Facility: <input type="checkbox"/> Surgical Procedures <input type="checkbox"/> Custodial <input type="checkbox"/> Disenrollment from IPA to Molina Direct <input type="checkbox"/> ER Admits <input type="checkbox"/> Sub-Acute <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient : <input type="checkbox"/> Office Visit <input type="checkbox"/> Office Procedure <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Rehab (PT,OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> DME <input type="checkbox"/> OB Care (Submit PNR) EDC: Delivery Facility:	<input type="checkbox"/> Home Health <input type="checkbox"/> Pharmacy- to Include Injectables and Infusion Therapy <input type="checkbox"/> Hemodialysis <input type="checkbox"/> ACE/Homebound Program <input type="checkbox"/> Complexist Program <input type="checkbox"/> Other:	
Diagnosis Code & Description:			
Procedure Code & Description:			
Number of Visits requested:		Date (s) of Service:	
Clinical Indications for the request:			

Please send clinical notes and any supporting documentation

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

Form revised 1-2016

Confidentiality Notice: This fax transmission, including any attachments, contains confidential information that maybe privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon the fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents.

FOR MOLINA MEDICAL GROUP USE ONLY: MHC Tracking #: _____ (INCLUDE ON CLAIM)

Expiration Date: _____

Member Information

Plan: ☐ Medi-Cal ☐ Medicare ☐ DUALS ☐ Marketplace

Date of Request: _____ Admit Date: _____

Request Type: ☐ Initial ☐ Concurrent

Member Name: _____

DOB: _____

Member ID#: _____

Member Phone: _____

Service Is: ☐ Elective/Routine ☐ Expedited/Urgent*

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

Provider Information

Treatment Provider/Facility/Clinic Name and Address: _____

Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

Attending Psychiatrist Name: _____

UR Contact Name: _____

UR Phone#/Fax#: _____

Facility Status: ☐ PAR ☐ Non-PAR Member Court Ordered? ☐ Yes ☐ No ☐ In Process Court Date: _____

Service Type Requested

Service is for: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use		
<input type="checkbox"/> Inpatient Psychiatric Hospitalization <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <input type="checkbox"/> Subacute Detoxification <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary If Involuntary, Court Date: _____	<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Day Program	<input type="checkbox"/> Electroconvulsive Therapy (ECT) <input type="checkbox"/> Psychological/Neuropsychological Testing (*see page 3 for details) <input type="checkbox"/> Non Contracted Outpatient Services <input type="checkbox"/> Other – Describe: _____

Procedure Code(s) and Description Requested: _____

Length of Stay Requested: _____

Dates of Service Requested: _____

Primary Diagnosis Code for Treatment (including Provisional Diagnosis)	
Additional Diagnoses (including any known Medical Diagnoses/Conditions)	
Psychosocial Barriers (formerly Axis IV)	

For Molina Use Only:

Clinical Review - Initial and Concurrent

Functioning: Presenting/Current Symptoms that Necessitate Treatment (or Continued Treatment)

* Denotes Documentation of Safety Plan Completed under Additional Information

- | | | |
|--|---|---|
| <input type="checkbox"/> *Suicidal ideations/plan/attempt
<input type="checkbox"/> *Homicidal ideations/plan/attempt
<input type="checkbox"/> *History of Suicidal/Homicidal actions
<input type="checkbox"/> Hallucinations/Delusions/Paranoia
<input type="checkbox"/> Self-Mutilation (ex. cutting/burning self)
<input type="checkbox"/> Mood Lability
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Appetite Changes
<input type="checkbox"/> Significant Weight Gain/Loss
<input type="checkbox"/> Panic Attacks
<input type="checkbox"/> Poor Motivation
<input type="checkbox"/> Cognitive Deficits
<input type="checkbox"/> Somatic Complaints
<input type="checkbox"/> Anger Outbursts/Aggressiveness
<input type="checkbox"/> Inattention | <input type="checkbox"/> Impulsivity
<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Problems with Performing ADL's
<input type="checkbox"/> Poor Treatment Compliance
<input type="checkbox"/> Social Support Problems
<input type="checkbox"/> Learning/School/Work Issues
<input type="checkbox"/> Substance Use Interfering with Functioning |
|--|---|---|

**Medication Administration Document can be submitted in lieu of completing the below*

Medication Name	Dosage/ Frequency	New from Admit?	Date Current Dose Initiated	Compliant?	Lab/Plasma Level?
		<input type="checkbox"/> New		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> New		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> New		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> New		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> New		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information (explanation of any checked symptoms or other pertinent information):

**For Inpatient, RTC, and Partial Hospitalization/Day Treatment - Please submit current (within the last 48 hours) Medical Progress Notes for Clinical Review*

**For ECT, Psychological/Neuropsych Testing and Non-Contracted OP Requests – see page 3 for additional information required for review*

Aftercare Plan/Follow-up Appointment

Expected Discharge Date: _____

Follow-Up Appointment Scheduled: ☐ YES ☐ NO

(Complete if member is in Inpatient Hospitalization)

**NOTE: First follow-up apt must be scheduled within 7 (seven) days of discharge.*

Provider Type	Provider Name	Telephone Number	Date of Appointment	Time of Appointment

Is treatment being coordinated with the Psychiatrist or Behavioral Health Practitioner?

☐ Yes ☐ No

If Yes, Name of Provider: _____

Last Contact Date with Provider: _____

If No, please explain: _____

NOTE: Level of Care coverage is subject to State Contract Specific Covered Services. Please refer to the State Specific Provider Handbook for a list of covered levels of care. Authorization of services does not guarantee payment. Payments for services are pending eligibility at the time of service and benefit coverage.

Clinical Information

Please provide the following information with the request for review:

Neuropsychological/Psychological Testing: *as covered per benefit package

- Diagnoses and neurological condition and/or cognitive impairment (suspected or demonstrated)
- Description of symptoms and impairment
- Member and Family psych /medical history
- Documentation that medications/substance use have been ruled out as contributing factor
- Test to be administered and # of hours requested, over how many visits and any past psych testing results
- What question will testing answer and what action will be taken/How will treatment plan be affected by results

Electroconvulsive Therapy (ECT):

Acute/Short-Term: *as covered per benefit package

- Acute symptoms that warrant ECT (specific symptoms of depression, acute mania, psychosis, etc.)
- ECT indications (acute symptoms refractory to medication or medication contraindication)
- Informed consent from patient/guardian (needed for both Acute and Continuation)
- Personal and family medical history (update needed for Continuation)
- Personal and family psychiatric history (update needed for Continuation)
- Medication review (update needed for Continuation)
- Review of systems and Baseline BP (update needed for Continuation)
- Evaluation by anesthesia provider (update needed for Continuation)
- Evaluation by ECT-privileged psychiatrist (update within last month needed for Continuation)
- Any additional workups completed due to potential medical complications

Continuation/Maintenance: *as covered per benefit package

- Information updates as indicated above
- Documentation of positive response to acute/short-term ECT
- Indications for continuation/maintenance

Non Contracted Outpatient Services

Initial:

- Rationale for utilizing Out of Network provider
- Known or Provisional Diagnosis

Concurrent/Ongoing:

- Rationale for utilizing Out of Network provider
- Personal and family psychiatric medical history (comprehensive assessment/History and Physical are acceptable)
- Medication review
- Known barriers to treatment and other psychosocial needs identified
- Treatment plan including ELOS and discharge plan
- Additional supports needed to implement discharge plan



DATE: _____

THIS REFERRAL IS VALID FOR 30 DAYS ONLY

MOLINA HEALTHCARE OF CALIFORNIA DIRECT REFERRAL TO SPECIALIST

DIRECT REFERRALS ARE ONLY VALID TO A MOLINA HEALTHCARE CONTRACTED SPECIALIST

PATIENT NAME:	MEMBER ID:
Date of Birth (mm/dd/yyyy):	Address:
Phone Number:	
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Medicare
<input type="checkbox"/> Dual Options	<input type="checkbox"/> Marketplace
Referred To:	Specialty:
Phone Number:	Address:
Fax Number:	
Diagnosis:	ICD-9 Code:
ATTACH ALL NECESSARY CLINICAL INFORMATION TO THIS DIRECT REFERRAL	
Referring PCP:	Specialty:
Phone Number:	Address:
Fax Number:	

PLEASE NOTE: SPECIALISTS ARE REQUIRED TO SUBMIT REPORTS BACK TO THE REFERRING PCP

INSTRUCTIONS:

- Provide completed original form to Molina Healthcare member to be presented to Specialist.
- Forward a copy to referred Specialist.
- Place a copy in the Molina Healthcare member's medical record.

All out-of-network services require Prior Authorization (PA). Initial specialty consults and follow-ups for Bariatric Surgery, Pain Management, and Reconstructive or Cosmetic Surgery require PA. All other requests for initial specialty consults and follow-ups to contracted providers do not require PA.

UPDATED: SEPTEMBER 2014

Pregnancy Notification Form

Today's Date: _____

Urgent - Time Sensitive

Upon confirmation of a positive pregnancy test, please complete the form and fax toll free to (855) 556-1424. If you have questions or need assistance, please call (877) 665-4628.

Member Information

Member's Name: _____ Member ID/CIN: _____
Member's DOB: _____ Preferred Language: _____
Phone #: () _____ Alternate Phone #: () _____
Address: _____ City: _____ State: _____ Zip: _____
LMP: _____ EDC: _____
IPA Name: _____

High Risk Condition(s)

Current Pregnancy

- ☐ Hypertension
- ☐ Diabetes
- ☐ Smoking
- ☐ Excessive Nausea & Vomiting
- ☐ 17 P Candidate (If +PTD)
- ☐ No problems with current pregnancy
- ☐ Other: _____
- ☐ Pre-term labor
- ☐ Multiple Gestation

Past Pregnancy

- ☐ N/A
- ☐ Hypertension
- ☐ Diabetes
- ☐ Pre-term labor
- ☐ Pre-term delivery
- ☐ No problems with past pregnancy
- ☐ Other: _____

Provider Information

Practitioner's Name: _____
Practitioner's Address: _____
Practitioner's Phone Number: _____
Date of First Prenatal Appointment Scheduled/Completed: _____
Referred to OB/GYN Practitioner: _____
Referred OB/GYN Practitioner Phone #: () _____

Hospital System	Hospital Name	City	Phone Number	Medi-Cal Managed Care	Molina Medicare Options Plus	Dual Options (Cal MediConnect)	Molina Marketplace (Covered CA)
AHMC Healthcare Inc.	Alhambra Hospital Medical Center	Alhambra	626-570-1606	✓	✓	✓	✓
	Garfield Medical Center	Monterey Park	626-573-2222	✓	✓	✓	✓
	Greater El Monte Medical Center	South El Monte	626-579-7777	✓	✓	✓	✓
	Monterey Park Hospital	Monterey Park	626-570-9000	✓	✓	✓	✓
	Whittier Hospital Medical Center	Whittier	562-945-3561	✓	✓	✓	✓
Alta Hospitals System LLC	Hollywood Community Hospital at Van Nuys	Van Nuys	818-787-1511	✓	✓	✓	✓
	Hollywood Community Hospital at Brotnan Medical Center	Culver City	310-943-4500	✓	✓	✓	✓
	Hollywood Community Hospital at Hollywood	Hollywood	323-463-2271	✓	✓	✓	✓
	Los Angeles Community Hospital at Norwalk	Norwalk	562-863-4763	✓	✓	✓	✓
	Los Angeles Community Hospital at Los Angeles	Los Angeles	323-267-0477	✓	✓	✓	✓
Aurora Behavioral Health Care	Charter Oak Hospital (Behavioral Health Services Only)	Covina	626-967-3925	✓	✓	✓	✓
	Las Encinas Hospital (Behavioral Health Services Only)	Pasadena	951-549-8032	✓	✓	✓	✓
Avanti Hospital System	East Los Angeles Doctors Hospital	Los Angeles	323-268-5514	✓	✓	✓	✓
	Memorial Hospital of Gardena	Gardena	310-532-4200	✓	✓	✓	✓
California Hospital Association (CHA)	Hollywood Presbyterian Medical Center	Los Angeles	213-413-3000	✓	✓	✓	✓
College Enterprise	College Hospital of Cerritos (Behavioral Health Services Only)	Cerritos	562-924-9581	✓	✓	✓	✓
	College Hospital of Costa Mesa (Behavioral Health Services Only)	Costa Mesa	949-642-2734	✓	✓	✓	✓
	College Medical Center	Long Beach	562-997-2500	✓	✓	✓	✓
Dignity Health	St. Mary Medical Center	Long Beach	562-491-9000	✓	✓	✓	✓
Los Angeles County	Harbor - UCLA Medical Center	Torrance	310-222-1811	✓	✓	✓	✓
	LAC - USC Medical Center	Los Angeles	323-226-2622	✓	✓	✓	✓
	Olive View - UCLA Medical Center	Sylmar	818-364-1555	✓	✓	✓	✓
	Rancho Los Amigos National Rehabilitation	Downey	562-803-0124	✓	✓	✓	✓
	Children's Hospital Los Angeles	Los Angeles	323-660-2450	✓	✓	✓	✓
Memorial Care Health System	Community Hospital Long Beach	Long Beach	562-498-1000	✓	✓	✓	✓
	Long Beach Memorial Medical Center	Long Beach	562-933-2000	✓	✓	✓	✓
	Miller Children's Hospital Long Beach	Long Beach	562-933-2000	✓	✓	✓	✓
Prime Healthcare Services	Centinel Hospital Medical Center	Inglewood	310-673-4660	✓	✓	✓	✓
	Encino Hospital Medical Center	Encino	818-995-5000	✓	✓	✓	✓
	San Dimas Community Hospital	San Dimas	909-599-6811	✓	✓	✓	✓
	Sherman Oaks Hospital	Sherman Oaks	818-981-7111	✓	✓	✓	✓
	Holy Cross Medi-Cal Center	Mission Hills	818-365-8051	✓	✓	✓	✓
Providence Health & Services	Little Company of Mary (San Pedro)	San Pedro	310-832-3311	✓	✓	✓	✓
	St. Joseph Medical Center	Burbank	818-843-5111	✓	✓	✓	✓
	Tarzana Medical Center	Tarzana	818-881-0800	✓	✓	✓	✓
	Palmdale Regional Medical Center/Lancaster Community Hospital	Palmdale	626-359-8111	✓	✓	✓	✓
Universal Health Services, Inc. (UHS)	Beverly Hospital	Montebello	323-726-1222	✓	✓	✓	✓
	City of Hope National Medical Center	Duarte	626-359-8111	✓	✓	✓	✓
	Downey Regional Medical Center	Downey	562-904-5000	✓	✓	✓	✓
	Methodist Hospital of South CA	Arcadia	626-445-4441	✓	✓	✓	✓
	Mission Community Hospital	Panorama	818-787-2222	✓	✓	✓	✓
	Pacific Alliance Medical Center	Los Angeles	213-624-8411	✓	✓	✓	✓
	Pacific Hospital of the Valley	Sun Valley	818-767-3310	✓	✓	✓	✓
	Pomona Valley Hospital Medical Center	Pomona	909-865-9500	✓	✓	✓	✓
	Silver Lake Medical Center	Los Angeles	213-989-6100	✓	✓	✓	✓
	Torrance Memorial Medical Center	Torrance	310-325-9110	✓	✓	✓	✓
	Valley Presbyterian Hospital	Van Nuys	818-782-6600	✓	✓	✓	✓

CLAIMS GUIDELINES

Claims Processing Standards

On a monthly basis, 90% of Medi-Cal claims received by Molina are processed within thirty (30) calendar days. 100% of claims are processed within forty-five (45) working days. These standards must be met in order for Molina to remain compliant with State requirements and ensure timely pay.

Claims Filing Timeframe

Molina Medical Group (MMG) will accept complete claims from Providers for processing if received within one hundred and eighty (180) days following the date of service. Provider shall promptly submit to MMG, claims for covered services rendered to MMG members. All claims shall be submitted in a form acceptable to and approved by MMG, and shall be complete including any applicable medical records pertaining to the claim as required by MMG's policies and procedures.

Any claims that are not submitted by the Provider to MMG within one hundred eighty (180) days of providing the covered services that are the subject of the claim shall not be eligible for payment, and Provider hereby waives any right to payment therefore.

Claims Submission Options

1. Online Submission: www.MolinaHealthcare.com
Please register online to begin
2. Clearing House (Emdeon)
 - Emdeon is an outside vendor that is used by Molina Medical Group
 - When submitting EDI Fee-For-Service Claims (via a clearinghouse) to Molina Medical Group, 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. Please note that fees may apply.

3. Hard copy CMS 1500 Professional claims, please mail to:

**For Medi-Cal, Marketplace &
Cal Mediconnect**

Molina Medical Group
Attn: Claims Department
P.O. Box 22702
Long Beach, CA 90801

For Medicare Options Plus

Molina Medical Group
Attn: Claims Department
P.O. Box 22811
Long Beach, CA 90801

4. Hard copy PM160 forms, please mail to:

Molina Medical Group
Attn: CHDP Department
P.O. Box 16027
Mailstop "HFW"
Long Beach, CA 90806

Encounter Data Submission Options

1. Clearing House (Emdeon)
 - When submitting EDI Encounter Data to Molina Medical Group, please utilize the following payer ID **33373**

Providers can use any clearinghouse of their choosing. Please note that fees may apply.

2. Hard copy CMS 1500 form, please mail to:

**For Medi-Cal, Marketplace &
Cal Mediconnect**

Molina Medical Group
P.O. Box 22807
Long Beach, CA 90801

For Medicare Options Plus

Molina Medical Group
P.O. Box 22802
Long Beach, CA 90801

Claims Processing

MMG will adjudicate each complete claim or portion thereof according to the agreed upon contract rate, no later than forty five (45) working days after receipt unless the claim is contested or denied. If a claim is contested or denied, the provider will receive a written determination stating the reasons for this status no later than forty five (45) working days after receipt.

EDI Claim Submission Issues

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

Provider Disputes

The purpose of Provider Dispute Resolution (PDR) is to:

- Provide a fast, fair, and cost-effective dispute resolution mechanism to process and resolve contracted and non-contracted provider disputes
- Research and resolve disputes in accordance with 1300.71.38 California Code of Regulations (CCR) - AB 1455 claims Settlement Practices and Dispute Resolution Mechanism.

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

- Challenges, appeals, or requests reconsideration of a claim that has been denied, adjusted, or contested.
- Challenges a request for reimbursement for an overpayment of a claim
- Seeks resolution of a billing determination or other contractual dispute

Molina Healthcare will acknowledge the receipt of the dispute if submitted within **three hundred sixty five (365) days** from the last date of action on the issue.

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 submission, MMG will acknowledge receipt of the dispute within **fifteen (15) working days**. If additional information is needed from the Provider, MMG has **forty five (45) working days** to request necessary additional information. Once notified in writing, the Provider has **thirty (30) working days** to submit additional information or claim dispute will be closed by MMG.

- Molina will address providers concerns in a timely, accurate and effective manner.
- Identification of trends (root cause) will be communicated in an effort to reduce future claim errors and assist in the reduction of future PDR submissions.

The Provider Dispute Resolution Request form can be accessed at www.MolinaHealthcare.com on the forms tab.

Claims Customer Service & Provider Disputes

- For assistance with any claims related processes or individual claims issues, please contact Claims Customer Services at: **(888) 562-5442**, Ext **129558**.
- If you would like a Claims Department to research related issues, you also have the option of submitting a Special Project. Please submit all Medi-Cal and contracted Medicare claims Special Projects to: MHC_SpecialProjects@MolinaHealthcare.com or fax **(562) 499-0603**.
- Please include the following components in your submission:
 - Claim Number
 - Date of Service
 - Member Name
 - Member ID
 - Billed amount
 - Paid amount (if any)
 - Comments/reason for project

For assistance with any claims related processed, please contact:

James Loopeker..... (562) 491-7069
Manager, Provider Inquiry Research & Resolution

If you need to file a formal **Provider Dispute**, please send to:

For Medi-Cal, Marketplace & Cal Mediconnect

Molina Medical Group
Attn: Provider Dispute Resolution Unit
P.O. Box 22722
Long Beach, CA 90801

For Medicare Options Plus

Molina Medical Group
Attn: Provider Dispute Resolution Unit
P.O. Box 22817
Long Beach, CA 90801

PROVIDER DISPUTE RESOLUTION REQUEST

NOTE: SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT NOT TO BILL THE PATIENT

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute..
- For routine follow-up, please use the Provider Tracking Form instead of the Provider Dispute Resolution Form.
- Mail the completed form to: Molina Healthcare of California
P.O. Box 22722
Long Beach, CA 90801
ATTN: Provider Dispute Resolution

***PROVIDER NAME:**

***PROVIDER TAX ID # / Medicare ID #:**

PROVIDER ADDRESS:

PROVIDER TYPE

☐ MD
 ☐ Mental Health
 ☐ Hospital
 ☐ ASC
 ☐ SNF
 ☐ DME
 ☐ Rehab
☐ Home Health
☐ Ambulance
☐ Other _____

(please specify type of "other")

*** CLAIM INFORMATION**
☐ Single
☐ Multiple "LIKE" Claims (complete attached spreadsheet)
Number of claims: ____

*** Patient Name:**

Date of Birth:

*** Health Plan ID Number:**

Patient Account Number:

Original Claim ID Number: (If multiple claims, use attached spreadsheet)

Service "From/To" Date: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)

Original Claim Amount Billed:

Original Claim Amount Paid:

DISPUTE TYPE

- | | |
|---|--|
| <input type="checkbox"/> Claim
<input type="checkbox"/> Appeal of Medical Necessity / Utilization Management Decision
<input type="checkbox"/> Request For Reimbursement Of Overpayment | <input type="checkbox"/> Seeking Resolution Of A Billing Determination
<input type="checkbox"/> Contract Dispute
<input type="checkbox"/> Other: |
|---|--|

*** DESCRIPTION OF DISPUTE:**

EXPECTED OUTCOME:

Contact Name (please print)

Title

Phone Number

Signature

Date

Fax Number

For Health Plan Use Only

TRACKING NUMBER
 PROVIDER ID#

[] **CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED**
 (Please do not staple additional information)

Twenty-Four Hour Access to Telephonic Interpreters

- Molina provides free 24-hour access to telephonic interpreter services for members with limited English proficiency.
- Please call Molina's Member Services Department to arrange for this service:
 - For Medi-Cal members contact Member Services at **(888) 665-4621** (Monday-Friday, 7am-7pm)
 - For Covered California (Marketplace) members contact Member Services at **(888) 858-2150** (Monday-Friday, 8am-6pm)
 - For Medicare members contact Members Services at **(800) 665-0898** (Monday-Friday, 8am-8pm)
 - For Cal MediConnect (Duals) members contact Member Services at **(855) 665-4627** (Monday-Friday, 8am-8pm)
- For after hours and weekends, please call Molina's Nurse Advice Line [English **(888) 275-8750** or Spanish **(866) 648-3537**] to arrange for this service.
- To speak to members who are Deaf, Hard Of Hearing, or have a speech difficulty, Providers may use the California Relay Service. Dial **711** and give the Relay Operator (RO)/Communication Assistant (CA) the member's area code and telephone number. The RO/CA will connect and communicate via the member's preferred type of communication (TTY, VCO, Internet, ASCII, etc.).

Face-to-Face Interpretation**American Sign Language (ASL) Interpretation**

- American Sign Language interpretation is available for member's clinical appointments at no cost.
- Please call Molina's Member Services Department to request an ASL interpreter. Please refer to the phone numbers listed above to contact Member Services.
- Requests may also sent via email to MHC-Interpreters@molinahealthcare.com.

Foreign Language Interpretation (Applies only to Medi-Cal and Cal MediConnect [Duals] members)

- For Medi-Cal members please call Molina's Member Services Department at **(888) 665-4621** (Monday-Friday, 7am-7pm) to request a face-to-face interpreter.
- For Duals members please call Molina's Member Services Department at **(855) 665-4627** (Monday-Friday, 8am-8pm) to request a face-to-face interpreter.
- Requests may also be sent via email to MHC-Interpreters@molinahealthcare.com
- We recommend that provider offices give at least three to five business days' notice so that an interpreter can be identified for the appointment. Sign language interpreters are in high demand and may require at least five business days' notice.
- Molina cannot guarantee the availability of an interpreter at all times, however we will try our best to have an interpreter at the patient's appointment.

Translation of Written Documents

- Written member-informing documents that provide information regarding access to and usage of plan services are translated into appropriate threshold languages in Molina's counties of operation. We also offer member-informing documents in large print, Braille and in audio format. For more information please refer to the phone numbers listed above to contact Member Services.
- Molina offers a variety of low literacy health education materials in English, Spanish and other threshold languages at no cost to Providers or members. Order forms can be accessed online at www.MolinaHealthcare.com or by calling Health Management at (866) 472-9483.

Cultural and Linguistic Consultation and Training

- For questions regarding cultural beliefs and practices that may affect patient care, contact Molina's Health Education and Cultural & Linguistic Services Department at (888) 562-5442 ext. 112408.
- Cultural competency trainings are also available upon request for network providers. For more information contact (888) 562-5442 ext. 112408.

"Ask the Cultural and Linguistics Specialist" Interactive Q&A Forum

- This is an interactive web-based question and answer forum on Molina's provider website.
- Molina's contracted physicians can pose questions related to providing culturally appropriate care online.
- All inquiries receive a response within 72 hours from Molina's Cultural and Linguistics Specialist.
- To access, go to:
http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

- Family members, minors or friends may not understand medical terminology and may interpret incorrectly or omit information.
- A child or minor should not be used to interpret complex medical information. In addition, using a child to interpret may affect family dynamics in a negative way.
- Confidentiality must also be taken into consideration when interpreting patient health information.
- Please document in member's medical record if the member insists on using a family member as an interpreter or refuses the use of interpreter services after being notified of his or her right to have a qualified interpreter at no cost.



Health Education Referral Form

MMG/Direct Providers Only

To refer a Molina member for health education services:

1. Complete all requested information (please print clearly).
2. Fax or E-mail the completed referral form to Molina at (562) 901-1176 or MHIHealthEducationMailbox@MolinaHealthcare.com
3. Fax required documentation with all referrals.
4. If you have questions, call (866) 472-9483.

Today's date: _____

Member Information

Last Name: _____	First Name: _____	Member ID/ CIN #: _____
Address: _____		City: _____ Zip Code: _____
Current Phone #: _____	Preferred Language: _____	DOB: _____
Diagnosis: _____		
Full Name of Guardian (if member is under 18 years of age): _____		
Best Time to Call Member: _____		OK to leave messages at home: <input type="checkbox"/> YES <input type="checkbox"/> NO

PCP Information

Name: _____	Molina Medical Group #: _____
Address: _____	
Phone Number: _____	Ext: _____ Fax Number: _____

Educational Need

Attach: Recent Progress Notes and Labs

<input type="checkbox"/> COPD <input type="checkbox"/> CVD (Cardiovascular Disease): <input type="checkbox"/> Coronary Artery Disease, <input type="checkbox"/> Congestive Heart Failure, <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma <input type="checkbox"/> Cholesterol <input type="checkbox"/> Nutrition (General) <input type="checkbox"/> Substance Use Specify: _____	<input type="checkbox"/> Injury Prevention <input type="checkbox"/> Healthy Baby (Infant Safety/Car Seat) <input type="checkbox"/> Pregnancy EDC: _____ <input type="checkbox"/> Mental Health Specify: _____	<input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Stress Management <input type="checkbox"/> Women's Health <input type="checkbox"/> Exercise <input type="checkbox"/> Family Planning <input type="checkbox"/> STD's
---	---	--	--

Weight Control

- ☐ Pediatric Weight Management (ages 16 and below)

Attach: Recent Progress Notes and Growth Charts

- ☐ Weight Management (Weight Watchers® program, ages 17 and older only)

Height: _____ Weight: _____ BMI: _____

For a BMI of 40 or higher (obesity class III), it is Molina's policy that the referral contain a signed medical release (physically able to exercise) for the member to participate in the Weight Watchers® Program.

"OK to participate in the Weight Watchers® program:" _____

Physician Signature

Date

Medical Nutrition Therapy (Consultation with Registered Dietitian)

For all MNT referrals, please attach most recent progress notes and labs

<input type="checkbox"/> Failure to Thrive	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Nutrition Assessment (specify need):
<input type="checkbox"/> Liver Failure	<input type="checkbox"/> Oncology	<input type="checkbox"/> Other:
<input type="checkbox"/> Multiple Food Allergies	<input type="checkbox"/> Renal Failure	



MOLINA
Health Education Print Materials
Fax Request to (562) 901-1176

Today's Date: _____

REQUESTING PROVIDER INFORMATION	
Name:	Phone # () -
Address:	Contact Name:
	No. of Molina Members:

- **A maximum of 25 pieces per topic and no more than 10 topics may be ordered at one time**

CONDITION SPECIFIC HEALTH EDUCATION TOPICS		
Condition Specific Topics	Quantity	*Language/Format Requested
1. AIDS		
2. Asthma		
3. Breastfeeding		
4. Breast Self Examination		
5. Chlamydia		
6. Cholesterol		
7. Childhood Food Allergies		
8. COPD		
9. Dental Health		
10. Diabetes-gestational diabetes		
11. Diabetes		
12. Emergency Room Brochure – (When to use the ER)		
13. Exercise		
14. Family Planning		
15. HIV/STD Prevention		
16. Hypertension		
17. Injury Prevention-children		
18. Mammography		
19. Mental Health		
20. Nutrition-elementary school child		
21. Nutrition-general		
22. Nutrition-pregnancy		
23. Pregnancy health		
24. Preventive Services-exam and test guidelines		
25. Stress Management		
26. Substance Use		
27. Tobacco Prevention		
28. Tobacco Cessation		
29. Top 10 Brochure – Molina Benefits Information		
30. Tuberculosis		
Condition Specific-Topics	Quantity	Language Requested

**All listed topics are also available in Spanish. Some topics are also available in Chinese, Vietnamese, Russian, and Hmong. Alternative formats may also be available such as large print and braille.*
For Weight Management topics, please use the Weight Management Materials Order Form



MOLINA
Weight Management Print Materials
Health Education
Fax Request to (562) 901-1176

Today's Date: _____

REQUESTING PROVIDER INFORMATION	
Name:	Phone # () -
Address:	Contact Name:

A maximum of 25 pieces per topic and no more than 10 topics may be ordered at one time

WEIGHT MANAGEMENT HEALTH EDUCATION TOPICS		
Weight Management Topics <small>A = Adult C = Child T = Teen</small>	Quantity	*Language/Format Requested
1. Breakfast Tips to Start Your Day (A)		
2. Healthy Snack Ideas (A/C)		
3. What's In Your Cup? (drinks and calories) (A/T)		
4. Fast Food – How Does It Add Up? (A/T)		
5. Brain Teaser (calorie counts per ounce of soda and fruit drinks) (A/T)		
6. Family Fitness (A/C)		
7. Water...the forgotten Nutrient (A/T)		
8. Tips to Avoid Mealtime Battles (A)		
9. Guide to Serving Sizes and Portions (A/T)		
10. How Do I Eat Well? (A/T)		
11. Exercise and You (A/T)		
12. Tips for Teens: Lower Your Risk for Type 2 Diabetes (T)		English only
14. Making Meals Matter For Your Young Child – ages 2-6 (A)		
15. Making Meals Matter For Your School - Age Child – ages 6-12 (A)		
16. The Kid's Activity Pyramid (A/T/C)		
17. How Much Sugar is in Your Drink? (A/T)		English only
18. Kids and Healthy Weight – A Family Approach (A/C)		

**All listed topics are also available in Spanish unless specified otherwise.*

For other health education topics, please use the General Health Education Materials Order Form

Health Education Services

Provider Resources

Motherhood Matters® Pregnancy Program

The program strives to improve birth outcomes, reduce costly hospitalizations and guide the mother with the care of her newborn.

- Molina Healthcare's pregnancy program is for all pregnant members of any age. (Members residing in LA County are excluded from this program. LA County members are eligible to participate in the pregnancy program offered by Health Net).

Weight Management

- Molina Healthcare offers Weight Watcher's to all members ages 17 and older in all Counties of operation.
- For members with a BMI of 40 or higher, a written release by the medical provider is required.

Smoking Cessation

Molina Healthcare provides individual, group and telephonic counseling for members of any age who use tobacco products. Individual counseling is provided by PCP's, and members can be referred to the CA Smoking Cessation Program for telephonic counseling. We help members, including teens, pregnant smokers and tobacco chewers to quit smoking, in all Counties of operation.

- Enrollment into a program qualifies the member for 3 months of Nicotine Replacement Therapy (NRT). If an NRT requires a prior authorization, complete

The above programs are available to Medical, Medicare, Cal MediConnect and Covered CA members.

the Medication Prior Authorization Request Form and fax to (866) 508-6445.

- For a list of group counseling, support groups or classes in your county see Molina Healthcare's website at: <http://www.molinahealthcare.com/medicaid/providers/ca/forms/Pages/fuf.aspx>

Molina will cover group counseling if a fee is associated with the program.

Disease Management Programs

Molina Healthcare offers several disease management programs including:

- *Asthma*
- *Diabetes*
- *Cardiovascular Disease (Hypertension, Coronary Artery Disease, and Congestive Heart Failure)*
- *COPD*

All programs are designed for members with confirmed diagnosis. Members are identified through internal data. (LA County members may participate in the Disease Management programs offered by Health Net).

MolinaHealthcare.com



Your Extended Family.



Health Education Services

Provider Resources

Referral Criteria/Process:

Motherhood Matters pregnancy program: complete the **Pregnancy Notification Form** upon confirmation of a positive pregnancy test and fax back to (855) 556-1424.

Weight Management / Smoking Cessation / Disease Management: complete the **Health Education Referral Form** and fax back to (562) 901-1176.

Individual Health Education Behavioral Assessments (IHEBA) - "Staying Healthy"

Molina Healthcare's Health Education Department also makes available patient education and provider training materials for the implementation of the required Staying Healthy Assessments.

Health Education Materials

Molina Healthcare offers a variety of low literacy health education materials to support patient education. Many of the materials are available in other languages and large font. To access materials please complete the **print materials order forms**, and fax back to Health Education at (562) 901-1176.

All forms listed can be accessed through the Molina Healthcare website at: <http://www.molinahealthcare.com/medicaid/providers/ca/forms/Pages/fuf.aspx>

- *Health Education Referral Form*
- *Pregnancy Notification Form*
- *Weight Management Print Materials Order Form*
- *Health Education Print Materials Order Form*
- *Medication Prior Authorization Request Form*

- *Staying Healthy Assessment Forms (available in all threshold languages)*
- *Staying Healthy Provider Training Video*
- *Staying Healthy Provider Training Attestation Sign-In Form*
- *Use of Bright Futures Notification Form*
- *Alternate IHEBA Notification Form*
- *SHA Electronic or Other Format Notification Form*



If you have any questions, please contact your **Provider Services Representative** at

1-800-526-8196.

Riverside/San Bernardino

Janina Granados	Ext. 127709
Lori Cadle	Ext. 128007
Candice Le Reed	Ext. 126556

San Diego/Imperial

Sonya Martinez	Ext. 121588
Jaclynn Thompson	Ext. 126236
Taide Villa	Ext. 126225
Vidiana Cervante	Ext. 120098

Sacramento

Aide Silva	Ext. 127140
Juan Carlos Garcia	Ext. 126232

Los Angeles County:

Lorena Guerra	Ext. 120104
Louise Salter	Ext. 127690
Elizabeth Bishop	Ext. 122233
Mylene Tabing	Ext. 121934
Estela Garcia	Ext. 127657
Estee Volper	Ext. 114378

MolinaHealthcare.com



Your Extended Family.