



2014
New Specialist Provider
Orientation
California



Revised September 2014

TABLE OF CONTENTS

MMG STORY	TAB 1
MMG DIRECTORY, PIM, & WEB PORTAL	TAB 2
ELECTRONIC FUND TRANSFER	TAB 3
MEMBER/PATIENT INFORMATION	TAB 4
QUALITY MANAGEMENT	TAB 4
MEMBER RIGHTS AND RESPONSIBILITIES	TAB 4
MEMBER GRIEVANCE AND APPEAL	TAB 4
BRIDGE2ACCESS PROGRAM	TAB 4
UTILIZATION MANAGEMENT	TAB 5
UTILIZATION MANAGEMENT GUIDELINES.....	TAB 5
UTILIZATION MANAGEMENT SERVICE REQUEST FORMS.....	TAB 5
DRUG FORMULARY	TAB 5
COMPLEX CASE MANAGEMENT.....	TAB 5
CALIFORNIA CHILDREN SERVICES	TAB 6
CULTURE AND LINGUISTICS SERVICES	TAB 7
HEALTH EDUCATION.....	TAB 7
CLAIMS	TAB 8
CLAIMS GUIDELINE.....	TAB 8
PROVIDER DISPUTE RESOLUTION FORM	TAB 8
HIPPA & FRAUD, WASTE, & ABUSE.....	TAB 9
ROSTERS	TAB 10

This is to confirm that the undersigned Specialist Physician has received a Molina Medical Group (MMG) New Provider Orientation. The Specialist Physician 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.

- ☐ 1. MMG Story
- ☐ 2. MMG Directory
 - Transportation Services
 - PIM
 - Web Portal
- ☐ 3. Electronic Fund Transfer
- ☐ 4. Member/ Patient Information
 - Quality Management
 - Member Rights and Responsibilities
 - Grievance and Appeals
 - Bridge2Access Program
- ☐ 5. Utilization Management
 - UM Guidelines
 - UM Service Request Forms
 - Drug Formulary
 - Complex Case Management
- ☐ 6. California Children Services
- ☐ 7. Culture and Linguistic Service & Health Education
- ☐ 8. Claims
 - Claims Guidelines
 - Provider Dispute Resolution Form
- ☐ 9. HIPPA & Fraud, Waste, & Abuse
- ☐ 10. Rosters

(Group Name/ Physician Name)

(Speciality)

(Physician/ Physician Representative Print)

(Physician/ Physician Representative Signature)

____/____/____
(Date)

(Site Address 1)

(Site Address 2)

Active Contract Date:

MMG Provider Representative:

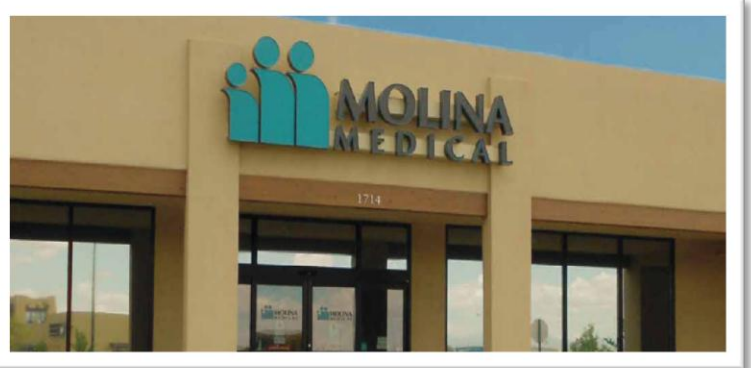
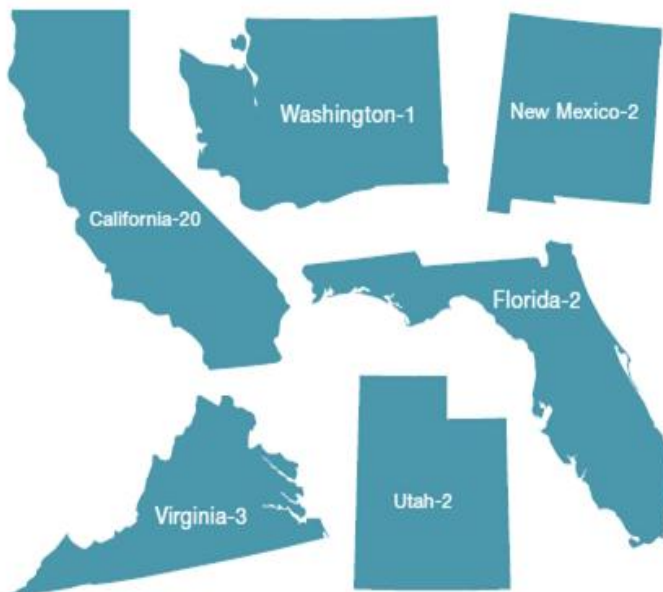
Molina Medical Group

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

Department	Contact Information	
Behavioral Health Services	(888) 562-5442, Ext 129558	
Claims EDI Vendor: Emdeon Emdeon Payer ID: 38333	(855) 322-4075, Ext 751123	Attn: Claims Department P.O. Box 22693 [or 22702] Long Beach, CA 90801
Community Outreach	(562) 435-3666, Ext 127227	
Cultural & Linguistic Specialist	(888) 665-4621, Ext 111032	
Encounter Data Submission	N/A	P.O. Box 22693 Long Beach, CA 90801
Health Education	Contact your Regional Provider Services Representative	
Hearing Services (AVESIS – 3rd party administrator for hearing eligibility, claims and benefits)	(800) 327-4462	
Interpreter	(877) 373-6022	Enter PIN 1011 Enter Dept. # (Please see C&L Tab) Please say the language you need
Fraud, Waste, Abuse Tip Line	(866) 606-3889	
Member Eligibility & Services	(800) 675-6110 [Medi-Cal] (855) 322-4075 [Marketplace] (800) 665-0898 [Medicare] (855) 655-4627 [Dual Options]	
Bridge2AccessSM Program	(877) 665-4627	
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	
Medicare Transportation Services	(866) 475- 5423	(866) 288-3133 (TTY)
Utilization Management	(888)-562-5442, Ext 129558	
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
	Helen Nguyen <i>Provider Services Representative II</i>	Ext. 129880
Riverside/ San Bernardino 887 E. 2ND Street, Suite B Pomona, CA 91766 Phone: (888) 562-5442 Fax: (909) 623-5917	Mesrak Gessesse <i>Director of Contracting & Provider Services</i>	Ext. 121208
	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
Sacramento 2180 Harvard Street, Suite 500 Sacramento, CA 95815 Phone: (888) 562-5442 Fax: (916) 561-6040	Steve Soto <i>Director of Contracting & Provider Services</i>	Ext. 128546
	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

Emergency Medical Transportation

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

Non-Emergency Medical Transportation

- Non-emergency medical transportation to medical facilities is covered when members’ medical and physical condition does not allow them to take regular means of public or private transportation (car, bus, air, etc.). The member must have prior approval for these services before the services are given.

Non-Emergency Non-Medical Transportation

- Non-emergency non-medical transportation is available if the member is recovering from serious injury or medical procedure that prevents him/her from driving to a medical appointment and when the member has no other form of transportation available.

To schedule transportation services, call Member Services at (800) 675-6110.

*Please call at least five working days
before the appointment to arrange for this transportation.*



Provider Information Management (PIM)

PIM is responsible for loading and maintaining provider demographic information in the integrated management system (QNXT). It is critical for PIM to receive all the required information necessary for loading. Accurate provider data loads ensure that the follow areas can utilize our data, such as: Claims, Membership, Outbound Files, Directories, and Reports.

Request can be sent to our MHC PIM mailbox: MHCPIM@MolinaHealthcare.com

In order to get information loaded faster, it is best to send information on an excel spreadsheet with the following fields populated within their own cells:

- Change Type
- Last Name
- First Name
- Middle Initial
- NPI
- State License
- Medi-Cal and/or Medicare number
- Specialty
- Address
- Suite
- City
- Zip
- Phone
- Fax
- Office Hours
- PCP
- Physician's Language
- Physician's Gender
- Physician's Ethnicity
- Fed ID
- Billing NPI
- Group Affiliation (if different from billing name)
- Billing Name
- Billing Address
- Billing Suite
- Billing City
- Billing Zip
- Billing Phone
- Billing Fax
- DEA with Effective Date
- Malpractice Carrier/Policy with Effective Date
- Insurance Amount
- Hospital Affiliation
- Age Restriction
- Line of Business (LOB)
- Effective Date
- Medical Board
- Board Cert Date
- Board Re-Cert Date
- CHDP Certification
- Email
- Supervising Physician's Name (for Midlevels)
- Supervising Physician's NPI (for Midlevels)
- Comments

EXAMPLE:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Field Name	Change Type	Last Name	First Name	Middle Initial	NPI	State License	Medi-Cal and/or Medicare number	Specialty	Address	Suite	City	Zip	Phone	Fax	Office Hours	PCP	Physician's Language	Physician's Gender
2	Example	Add, Term or Change	Smith	John	A	1012468090	AXXXXXX		Family Practice	1 Main St	Ste 1	Long Beach	90628	XXX-XXX-XXXX	XXX-XXX-XXXX	M-T-TH 8-5	Y/N	English	M/F

For an electronic format of this Excel template, please contact your respective Provider Services representative.

Checklist for Adds, Terminations, and Changes

Requirements for all submissions (this first criteria should be used with all request):

- ☐ Change type: Add, Termination (“Term”), or Change
- ☐ Name: Provider’s first and last name
- ☐ Tax ID
- ☐ NPI
- ☐ County

Additional Requirements for Terminations:

- ☐ Group affiliated with
- ☐ Termination effective date
- ☐ Termination reason

Additional Requirements for Changes:

1. Change of Address
 - ☐ New address
 - ☐ Comments stating what address to terminate
 - ☐ Effective date of change
2. Change of Tax ID
 - ☐ New taxpayer identification numbers (TIN)
 - ☐ W-9
 - ☐ Comments saying what TIN to terminate from
 - ☐ Effective date of change
 - ☐ What line of business (LOB), e.g., Medi-Cal, Medicare, should be affiliated
 - ☐ What contracts should be affiliated
3. Change of Specialty
 - ☐ New specialty
 - ☐ Comments stating what specialty to terminate
 - ☐ Effective date of change
 - ☐ Board certification, Board name, effective and expiration dates
 - ☐ Will the provider be changing to or from a PCP status?
 - i. If “Yes” (changing status to PCP)
 - ☐ PCP indicator
 - ☐ Open Panel
 - ☐ Minimum age
 - ☐ Maximum age
4. Change of Name
 - ☐ New name
 - ☐ New W-9
5. Change of LOB
 - ☐ New LOB
 - ☐ Effective date of change
 - ☐ Comments, i.e., adding a new LOB, changing an existing one
 - ☐ Affiliated contract

A Web Portal Just for You



Welcome California Providers!

Molina's provider web portal is an easy-to-use, online tool designed to meet your needs! Both our Medicare and Medicaid providers have access to our portal. Check out the many features we provide to you:

- Verify member eligibility
- Print member eligibility listing
- Search for contracted providers
- Submit and check status of service request authorizations online
- See claim status inquiry
- Export and download claim files
- View and update profile
- Download frequently used forms
- Read FAQs
- Contact Molina Healthcare via secure email



**Register for our Provider
Web Portal Today.**

It's easy. Visit our website at
www.MolinaHealthcare.com

For technical support, or if you don't remember your username or password, call our Support Desk at (866) 449-6848. For other questions, call Molina Healthcare Provider Services at (888) 665-4621



Your Extended Family.

MyMolina.com for Molina Members



Online Tools for Your Molina Members!

Molina members now have quick & easy access to their information at **www.MyMolina.com**. Molina members can sign up for our new portal, where they can find an extraordinary amount of information tailored towards their needs.

Members can log on to MyMolina.com to:

- Change their doctor
- Check eligibility
- Order a replacement ID and print a temporary card
- View important health education information

How Members Register:

1. Enter their Member ID (or Social Security number), Date of Birth and Zip Code
2. Enter their Email Address
3. Create a User Name and a Password

Now they're ready to log in and use MyMolina.com!

If a member is already registered for Molina's Member On-Line Services, tell them to go to MyMolina.com and log in, by entering their User Name and Password. Forgot their Password or User Name? They can simply click on the "Forgot My Password" and go through the steps to have it quickly reset. If they don't remember their User Name or have any problem logging on, they can call our Support Desk at (866) 449-6848.



Your Extended Family.



ERA/EFT FAQs

CONTACT INFORMATION:

Alegeus ProviderNet Website: <https://providernet.alegeus.com>

Alegeus ProviderNet Contact: ProviderNet@alegeus.com or (877) 389-1160

Molina ERA/EFT Unit: EDI.ERAEFT@MolinaHealthcare.com or (866) 409-2935

FAQs

Do I get charged for being configured for EFT through ProviderNet?

No. Molina Healthcare picks up any fees related to the accessibility of your payment data as well as the EFT payment processing. This is a FREE service for you to take advantage of.

Why does registration for EFT/ERA require that I have received a paper check payment from Molina Healthcare?

The reason behind this necessity is to ensure that the person registering the Provider has the authority to do so, and is aware of the EOP name and address information – while registering with ProviderNet.

- An initial payment to at least one Tax ID + NPI association is necessary to become eligible for EFT thru ProviderNet.
 - If the Provider has multiple NPIs associated to one Tax ID, then only one affiliation needs a paper check.
 - If the Provider has multiple Tax IDs and NPIs, then each Tax ID would need a minimum of one paper check from Molina.

I called ProviderNet, and they say I'm registered, but I'm still receiving paper checks?

- You must have signed and returned an ACH Authorization form to ProviderNet
 - If not, please do so immediately and fax it back to ProviderNet (602) 643-1915
- Also, please verify that the bank account and routing information provided is valid (this could possibly cause delays in finalizing of your set-up).
- If you are a Provider that has multiple entities with similar names, you may want to make sure that you have registered for each entity.

How long does it take for pre-note approval?

- Normally, 10 calendar days.



Can I make a change to my bank account information on ProviderNet?

- Yes, but if you change an account that is tied to an address, the EFT process may be interrupted. The best thing to do is add another account using the Accounts form, and once it has been verified (normally a ten calendar day process) you may then associate it with all applicable locations.

Can I set up multiple users on my ProviderNet account?

- Yes. The User Administration feature can be used to add and maintain users and their permissions. You may also change your login information at My Profile.

How long does it normally take for the EFT payment to get applied to my bank account (after I am a registered provider)?

- For verified bank accounts, the money is transferred within 24 hours of Molina's payment process. Your bank may vary on when they release the funds into your account. Usually it is the next business morning; however please check with your bank on specifics.

How do I view my EOPs that are associated with the EFT payment now that I am no longer receiving the paper check?

- The EOP's are available to view and download on the ProviderNet website.
- Note: If you are currently receiving EFT payments you have login credentials to the ProviderNet website.

How long does my EOP remain available on ProviderNet for view/download/save?

- The EOP PDF will remain online for up to 12 months after original payment.

If I have a Clearing House that manages my payables, can I have my ERA/835 files go directly to them?

- If your Clearing House is already activated with ProviderNet, you can select them in the configuration as your Trading Partner. Once you have selected them as the Trading Partner, they will directly receive your payment files. Not the EFT payment, but the related payment files.
- If your Clearing House is not activated with ProviderNet, please contact them to get set-up. It is free to the Clearing House, and to the Provider.

Alegeus ProviderNet Registration Instructions

This document provides step-by-step instructions on how to register with Alegeus ProviderNet to receive electronic payments and remittance advices. Any questions during this process should be directed to Alegeus Provider Services at ProviderNet@Alegeus.com or 877-389-1160.



Sign In

E-mail

Password

[Connect](#)

[Register](#)

[Forgot your password?](#)

Welcome To Alegeus ProviderNet

Alegeus ProviderNet gives healthcare providers an easy-to-use portal to manage claims payment and receivables tied to specific payers. For approved claims, payers transmit payment and remittance details in standard HIPAA formats through the portal. Rather than receiving paper checks and printed remittance documents, which can require substantial effort to post and reconcile, registered providers will receive payments and remittance information electronically. ACH payments are automatically generated and routed to the configured destination accounts, and ERAs are posted on Alegeus ProviderNet. Alegeus ProviderNet users are then able to log in and view, search, and download their electronic remittance information in human readable formats.



Register Now

Alegeus ProviderNet's user-friendly, online registration process will allow you to enter your office locations and depository accounts, and authorize specific payers to initiate electronic claim payments via ACH. Once registered, you can immediately begin experiencing the convenience and efficiency of electronic processes - receiving both electronic payment and remittance advice (ERA) transmissions from your payers. It's that easy!

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Important Notice

According to HIPAA rules and regulations, the sharing of such information and usage of the account by others who are not actually performing or planning to perform the procedures constitutes improper use of PHI and is a violation of the HIPAA rules and regulations.

1. Go to <https://providernet.alegeus.com/>
2. Click Register
3. Accept the Terms and Conditions

To get started with ProviderNet, please answer a few verification questions...

If you are a Billing Service, [click here](#) to register.
If you are a Clearinghouse, [click here](#) to register.

What is your National Provider ID (NPI)?*

If your organization has submitted an EFT application to Alegeus (formerly FIS/Metavante), please enter the same NPI and TaxID as used on the application.

Select a Payer*

Enter a recent Check or EFT Number from the selected payer*

Special Note: if you are entering a number for an EFT payment, please enter it exactly as it is shown on your Explanation of Payment (e.g., EFT123456).

What is your primary Federal Tax ID?*

Required fields are in bold

[Continue](#)

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4. Answer verification questions
 - a. Select the Payer as **Molina Healthcare**
 - b. Enter your primary NPI, Tax ID, a recent Claim Number and a recent Check Number associated with a recent payment from Molina Healthcare
 - i. NPI is required, and should be the main identifier for your business
 - ii. Note that all fields with bold labels are required
 - iii. Other Tax IDs may be entered when registration is completed

Create a User Account to access payment information online.

Your E-mail Address will become your User ID.

User E-mail Address*

Confirm E-mail Address*

User Name*

Password*

Confirm Password*

Password Reset Question*

Password Reset Response*

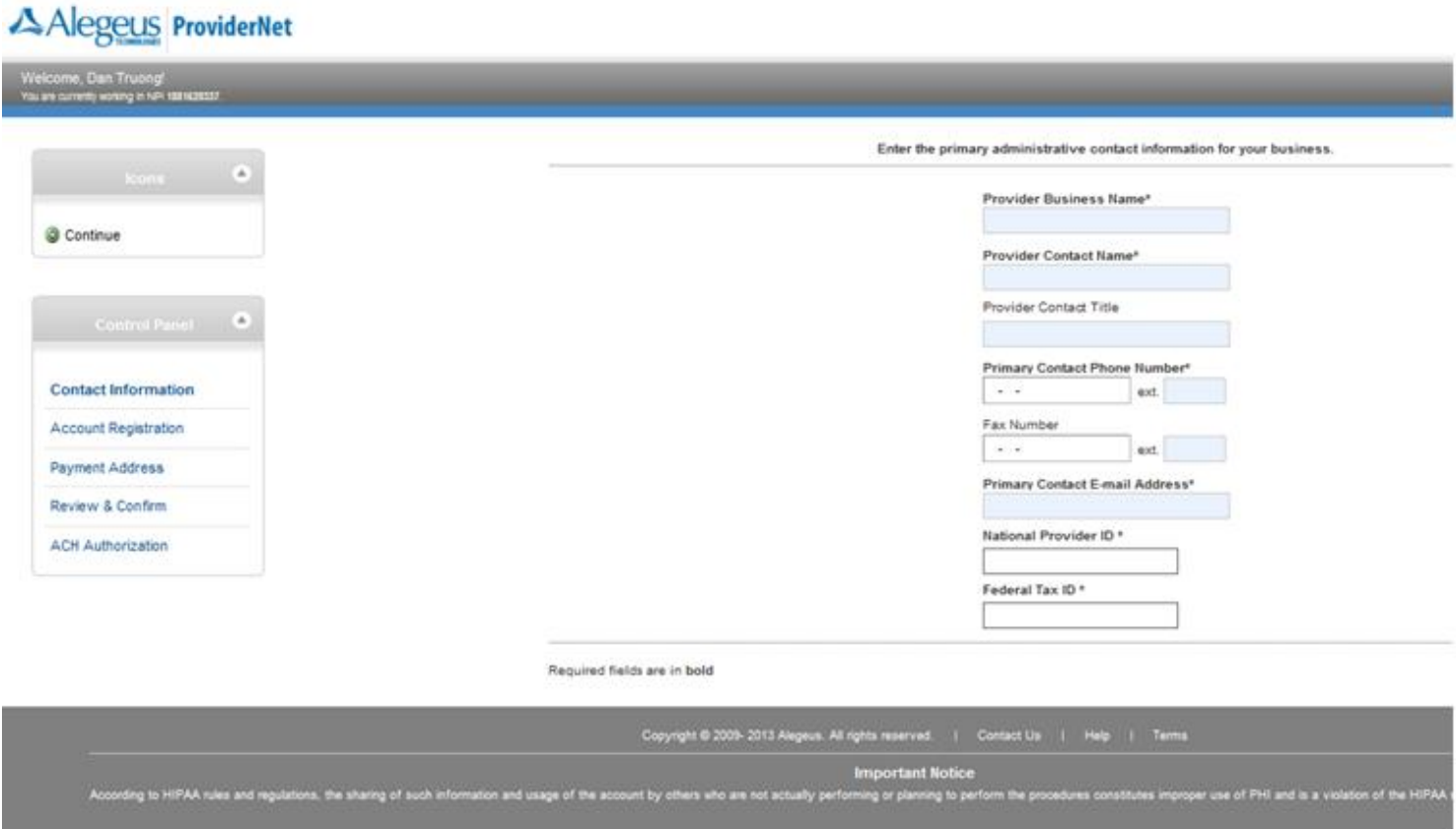
Required fields are in bold

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Important Notice

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5. Create a user account to access Alegeus ProviderNet
 - a. Your e-mail address will be your user name
 - b. A strong password is required, and must have a combination of at least eight letters and Numbers



The screenshot shows the Alegeus ProviderNet interface. At the top, the Alegeus Technologies logo is on the left, and the text "Welcome, Dan Truong" and "You are currently working in NPI 1881628337" is on the right. Below the welcome message, there is a "Continue" button and a "Control Panel" menu. The "Control Panel" menu includes links for "Contact Information", "Account Registration", "Payment Address", "Review & Confirm", and "ACH Authorization". The main content area is titled "Enter the primary administrative contact information for your business." and contains several form fields: "Provider Business Name*", "Provider Contact Name*", "Provider Contact Title", "Primary Contact Phone Number*" (with a sub-field for "ext."), "Fax Number" (with a sub-field for "ext."), "Primary Contact E-mail Address*", "National Provider ID *", and "Federal Tax ID *". A note at the bottom of the form states "Required fields are in bold". The footer of the page includes copyright information "Copyright © 2009-2013 Alegeus. All rights reserved." and links for "Contact Us", "Help", and "Terms". An "Important Notice" section at the bottom states: "According to HIPAA rules and regulations, the sharing of such information and usage of the account by others who are not actually performing or planning to perform the procedures constitutes improper use of PHI and is a violation of the HIPAA".

6. Enter your administrative contact information
 - a. NPI and TaxID should be pre-filled with the same ones you entered for verification

Welcome, Dan Truong!
You are currently working in NPI 1881628337.

Icons

Continue

Control Panel

[Contact Information](#)
[Account Registration](#)
[Payment Address](#)
[Review & Confirm](#)
[ACH Authorization](#)

Enter the primary bank account information for your business.
You will have the ability to enter additional accounts after registration is complete.

Account Name/Nickname*
Dan Truong Checking

Primary Account Holder Name*

Bank Name/Financial Institution*

Routing Number*

Account Number*

☐ Savings Account

Required fields are in bold

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Important Notice

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- b. Enter the bank account that will receive the ACH deposits.
- c. You may enter additional bank accounts once registration is complete

Welcome, Dan Truong!
You are currently working in NPI 1881628337.

Control Panel

[Contact Information](#)
[Account Registration](#)
[Payment Address](#)
[Review & Confirm](#)
[ACH Authorization](#)

Select atleast one address where you receive payments.

You will have the ability to enter additional addresses after registration is complete.

The address below was loaded from Molina Healthcare payment history for NPI 1881628337 and TIN 300345009 .

NOTE: If you change this address information, the EFT process may be interrupted.

Description	Addressee	Address1	Address2	City
<input checked="" type="checkbox"/> HEALTH CARE	HEALTH CARE	101 BUENA		PENTAS

Required fields are in bold

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Important Notice


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7. Enter you Mail to Name (i.e. Pay-to Name) EXACTLY as it is on your recent payment Explanation from Molina Healthcare.

Enter the Address Line 1, 2, City, State and Zip EXACTLY as it is on your recent payment Explanation from Molina Healthcare.

These pieces of information are CRITICAL to the registration matching process between Alegeus ProviderNet and Molina Healthcare.

Review your information below for accuracy.
Click a [Section Heading](#) to edit the corresponding information.
Click Continue when you are finished reviewing your information.

 Continue

ProviderNet

UserID	dan.truong@fisglobal.com
User Name	Dan Truong
Password Reset Question	What is your pet's name?
Password Reset Response	dog

Provider Contact Information

Business Name	Dan Truong Company
Contact Name	Dan Truong
Contact Title	CEO
Contact Phone Number	972-323-3131
Contact Fax Number	972-323-3130
Contact E-mail Address	dan.truong@fisglobal.com
National Provider ID	
Federal Tax ID	

Payment Address

Address Name	HEALTH CARE
Address Line 1	101 BUENA
Address Line 2	
City	PENITAS
State, Zip	TX,

- Review the information that was entered in the preceding steps. If you need to change anything, click a blue section heading or use the menu on the left to navigate to that form.

ACH AUTHORIZATION FORM

Please complete and sign the following ACH Authorization form. Fax completed form, voided check or bank letter to ProviderNet Support: 802-843-1916. Note: A completed and signed ACH form and a voided check or bank letter must be returned to complete the ProviderNet registration and verification process.

SECTION I - PROVIDER INFORMATION	
<input checked="" type="checkbox"/> New Provider <input type="checkbox"/> Modify Existing Provider	
Provider Business Name	Dan Truong Company
Provider Addressee	HEALTH CARE
Address	101 BUENA ST
City, State, ZIP	PENITAS
NPI	
TaxID	
Primary Contact Name	Dan Truong
Phone # / Ext	972-323-3131
Fax #	972-323-3130
E-mail	dan.truong@trglobal.com
SECTION II - AUTHORIZATION	
<p>I authorize Alegeus to initiate direct deposit of accounts payable disbursements into the account specified below, and approve reversal of any such funds if deposit is submitted in error, provided that all transactions are executed in accordance with NACHA operating rules. I understand that this authorization will remain in effect until cancelled in writing and it is my responsibility to notify Alegeus of any changes to this account. I understand that either Alegeus or I can terminate the Electronic Funds Transfer process with 30 days of written advance notice.</p>	
Signature	<div>Primary Contact Name</div> <div>Dan Truong</div>
Title	CEO
Date	05/02/2013
SECTION III - ACCOUNT INFORMATION	
Bank Name/Financial Institution	Capital One Bank
Routing Number	111901014
Account Number	123456789
Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings



9. Print, Sign, and return the ACH Authorization Form to Alegeus. Once we have received this form we will issue a zero-dollar transaction to test your bank account information. If Alegeus does not receive a rejection notice within ten days, the account is activated and made available for ACH transactions.
10. Clicking Continue takes you to the ProviderNet Start screen, where you would usually see a summary of your recent payments. However, this summary may not be available when you first log in, as payment history is loaded to ProviderNet nightly. If that is the case, please check back on the following day.

Member Identification (ID) Cards Example

Molina Medical Group



Example:

MediCaid

Member: Test Member ID #: <#####> DOB: #####		
Provider: MOLINA MEDICAL GROUP - MARYSVILLE PCP Phone: (916) 646-1200 Provider Group: MOLINA MEDICAL GROUP		
24Hours Nurse Help Line: (888) 275-8750 Para Enfermera En Español: (866) 648-3537 RX Questions: Caremark/ CVS (800) 770-8014 Hospital Admission Notification: (800) 526-8196 Member Services: (888) 665-4621 Eligibility Info: (800) 357-0172 ER Notification: (800) 357-016	RxBIN: 004336 RxPCN: ADV RxGRP: RX0016	

Example:

Molina Marketplace

Molina Marketplace ID #: ##### Member: TEST MEMBER DOB: ##### Subscriber Name: TEST MEMBER Subscriber ID: #####			
Provider: MOLINA MEDICAL GROUP - EAST ANAHEIM ST Provider Phone: (310) 518-6146 Provider Group: MOLINA MEDICAL GROUP		Plan: Molina Silver 94 HMO	
Medical Cost Share Primary Care: \$3 Specialist Visits: \$5 Urgent Care: \$6 ER Visit: \$25	Prescription Drugs Rx Deductible: Not Applicable Generic Drugs: \$3 Preferred Brand Drugs: \$5 Non-Preferred Brand Drugs: \$10 Specialty Drugs: 10%		
Molina Healthcare of California, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: RX0845			

Example:

MMP/Medicare

Molina Dual Options Cal MediConnect Plan			
Member Name: Test Member Member ID: <#####> Health Plan ID: (80840) Medicaid ID: <Medicaid ID#>	RxBIN: 004336 RxPCN: MEDDADV RxGRP: RX5062 RxID: <#####>		
PCP Name: MOLINA MEDICAL GROUP- EAST LONG BEACH PCP Phone: (562) 437-0373 H8677-002			

Member Identification (ID) Cards Example

Molina Medical Group



*Front
Page*



200 OceanGate, Suite 100
Long Beach, CA 90802

Welcome to Molina Healthcare!

August 9, 2014

[Member Full Name]
[Address]
[City, State, Zip]

Thank you for choosing Molina as your health care plan. We know how important your good health is and we will do all that we can to assist you and your family with your health care needs. Please call your primary care provider within 90 days of your eligibility date so that we can schedule an initial health check-up (physical). Please call soon. Once again, thank you for joining Molina. Attached is an I.D. card for each member of your family who is covered by Molina. Your card is valuable. Protect it at all times. If your card is lost, stolen or incorrect, please report it to your Member Services Department at (888) 665-4621.

Gracias por haber elegido Molina como su plan de salud. Sabemos que la buena salud es algo muy importante para usted y haremos todo lo posible por brindarle a usted y a su familia la atención de la salud que necesiten. Molina está comprometido a brindarle cuidado preventivo. Favor de llamar a su médico de cuidado primario durante los primeros 90 días de elegibilidad, para hacer una cita para un examen físico para usted y/o sus hijos. Una vez más gracias por unirse a la familia de miembros de Molina y sus proveedores. Le adjuntamos una tarjeta de identificación para cada miembro de su familia cubierto por Molina. Si pierde su tarjeta, se la roban o contiene errores, favor de informarnos a nuestro Departamento de Membrecía, llamando al (888) 665-4621.

Remove your card below

Member: [Member Full Name]



ID #: <#####>
DOB: #####

Provider: CAROLYN E

PCP Phone: (909) 384-123

Provider Group: CENTRAL PE

24Hours Nurse Help Line: (888) 275-4750
Para Enfermera En Español: (866) 646-3537
RX Questions: Caremark/CVS (800) 735-6314
Hospital Admission Notification: (800) 357-0172
Member Services: (888) 665-4621
ER Notification: (800) 357-0163

We are proud to welcome you to Molina. Your Molina Membership Card is for identification and has important information. Here is what it means:

1) **Member Services Telephone Number:** Please call your Member Services Department toll-free at (888) 665-4621. Call this number to inquire about your eligibility, primary care doctor assignment or any other questions, concerns or complaints you may have.

2) **Member Identification Number:** This number is used for identification.

3) **DOB:** We include your Date of Birth (DOB) for our records.

4) **Doctor/Medical Group:** This is the name of your primary care doctor and the medical group he/she is associated with. The phone number listed is your doctor's number.

5) **24-Hour Nurse Help Line:** Call this number imprinted on your card to speak to a registered nurse regarding any questions relating to your medical condition.

Emergencies: When a medical emergency might lead to disability or death, call 911 immediately or go to the nearest emergency room. No prior authorization is required for emergency care.

Authorization: Please call this number imprinted on your card to get approval (authorization) for services that have not already been arranged for or approved by a Molina provider.

Your Term of Membership: Your membership with Molina will continue until:

- You lose your eligibility under the Medi-Cal program,
- You move from our service area, or
- You decide to end your membership by requesting disenrollment from our health plan.

6) **RX Questions:** For pharmacy use only.

7) **BIN:** For pharmacy use only.

Su tarjeta de membresía de Molina es para identificación y además contiene información importante. Esto es lo que significa:

1) **Número de teléfono para el Departamento de Membrecía:** Favor de llamar a su Departamento de Membrecía, sin cargos al (888) 665-4621. Llame a este número para verificar su elegibilidad, doctor asignado o para cualquier pregunta o queja que tenga.

2) **Número de identificación del miembro:** Este número se utiliza para identificación.

3) **Fecha de nacimiento (DOB):** Incluimos su fecha de nacimiento para nuestros archivos.

4) **Nombre de Grupo Médico:** Esta línea es el nombre de el grupo médico con el cual su doctor primario esta asociado.

5) **Línea de Ayuda las 24 horas:** Llame a este número para hablar con una enfermera acerca de cualquier pregunta relacionada con su condición médica.

Emergencias: Si tiene una emergencia médica llame inmediatamente al 911 o vaya a la sala de emergencia más cercana para que lo atiendan. No requiere autorización para servicios de emergencia.

Autorización: Favor de llamar a este número para obtener aprobación (autorización) de los servicios que no hayan sido organizados o aprobados por un proveedor de Molina.

Período de afiliación a Molina: Seguirá siendo miembro de Molina hasta que:

- pierda su derecho a serlo bajo el programa de Medi-Cal,
- se mude fuera de nuestra zona de servicio o
- decida dejar de ser miembro solicitando la cancelación de su inscripción en nuestro plan de salud.

6) **Preguntas de recetas médicas:** Para uso de la farmacia únicamente.

7) **Número de identificación del plan (BIN):** Para uso de la farmacia únicamente.

THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY AND DOES NOT PROVE ELIGIBILITY FOR SERVICE.

Provider: Notify the Health Plan within 24 hours of any inpatient admission at the "Hospital Admission Notification" number printed on the front of this card.

Member: Emergencies (24 Hrs): When a medical emergency might lead to disability or death, call 911 immediately or go to the nearest Emergency Room. No prior authorization is required for emergency care.

Member: Emergencias (24 horas): Cuando una emergencia puede resultar en muerte o discapacidad, llame al 911 inmediatamente o vaya a la sala de emergencia más cercana. No requiere autorización para servicios de emergencia.

Remit Claims to: Molina Healthcare Riverside/San Bernardino
P.O. Box 22702, Long Beach, CA 90802

www.molinahealthcare.com

MC,RS

Back Page



Molina Healthcare of California

Member Rights and Responsibilities



Member Rights

Members have the right to:

- | | | |
|--|---|---|
| <ul style="list-style-type: none">▪ Be treated with respect and recognition of their dignity by everyone who works with Molina Healthcare.▪ Get information about Molina Healthcare, their providers, their doctors, their services and members' rights and responsibilities.▪ Choose their "main" doctor from Molina Healthcare's network (This doctor is called their primary care doctor or personal doctor).▪ Be informed about their health. If members have an illness, they have the right to be told about all treatment options regardless of cost or benefit coverage. Members have the right to have all their questions about their health answered.▪ Help make decisions about their health care. Members have the right to refuse medical treatment.▪ Privacy. We keep their medical records private.*▪ See their medical record including the results of their Initial Health Assessment (IHA). Members also have the right to get a copy of and correct their medical record where legally okay.*▪ Complain about Molina Healthcare or their care. Members can call, fax, e-mail or write to Molina Healthcare Member Services.▪ Appeal Molina Healthcare's decisions. Members have the right to have someone speak for them during their grievance.▪ Ask for a State Fair Hearing by calling toll-free (800) 952-5253. Members also have the right to get information on how to get an expedited State Fair Hearing quickly. | <ul style="list-style-type: none">▪ disenroll from Molina Healthcare (Leave the Molina Healthcare Health Plan).▪ Ask for a second opinion about their health condition.▪ Ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of exploration.▪ Decide in advance how they want to be cared for in case they have a life-threatening illness or injury.▪ Get interpreter services on a 24 hour basis at no cost to help them talk with their doctor or Molina Healthcare if they prefer to speak a language other than English.▪ Not be asked to bring a minor, friend, or family member with them to act as their interpreter.▪ Get information about Molina Healthcare, their providers, or their health in the language they prefer.▪ Ask for and get materials in other formats such as, larger size print, audio and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with State laws.▪ Receive instructions on how they can view online, or request a copy of, Molina Healthcare's non-proprietary clinical and administrative policies and procedures. | <ul style="list-style-type: none">▪ Get a copy of Molina Healthcare's list of approved drugs (drug formulary) on request.▪ Submit a grievance if they do not get medically-needed medications after an emergency visit at one of Molina Healthcare's contracted hospitals.▪ Have access to family planning services, Federally Qualified Health Centers, Indian Health Services Facilities, sexually transmitted disease services, and Emergency services outside of Molina Healthcare's network according to Federal law. Members do not need to get Molina Healthcare's approval first.▪ Get minor consent services.▪ Not be treated poorly by Molina Healthcare, their doctors or the Department of Health Care Services for acting on any of these rights.▪ Make recommendations regarding the organization's member rights and responsibilities policies.▪ Be free from controls or isolation used to pressure, punish or seek revenge.▪ File a grievance or complaint if they believe their linguistic needs were not met by Molina Healthcare. <p>* Subject to State and Federal laws</p> |
|--|---|---|

Member Responsibilities

Members have the responsibility to:

- | | | |
|---|--|---|
| <ul style="list-style-type: none">▪ Learn and ask questions about their health benefits. If members have a question about their benefits, call toll-free at (888) 665-4621.▪ Give information to their doctor, provider, or Molina Healthcare that is needed to care for them.▪ Be active in decisions about their health care. | <ul style="list-style-type: none">▪ Follow the care plans for them that the members have agreed on with their doctor(s).▪ Build and keep a strong patient-doctor relationship. Cooperate with their doctor and staff. Keep appointments and be on time. If members are going to be late or cannot keep their appointment, call their doctor's office. | <ul style="list-style-type: none">▪ Give their Molina Healthcare and State card when getting medical care. Members do not give their card to others. Let Molina Healthcare or the State know about any fraud or wrong doing.▪ Understand their health problems and participate in developing mutually agreed-upon treatment goals as members are able. |
|---|--|---|



Molina Healthcare of California (MHC) is committed to providing quality, patient-centered customer service to our members. We are currently conducting a campaign to improve patient satisfaction. Based on the results of our 2012 member post-appointment and provider access surveys, we have identified nine ways provider offices can assist in increasing patient satisfaction.

1. Follow access to care standards when providing appointments.

The guidelines listed below are based on regulatory and accreditation standards. If a patient cannot make the first available appointment, please offer another within the standard wait time frame.

Appointment Visit Type	MHC Standard Wait Times
Urgent care appointments with a primary care physician or a specialist	Within 24 hours of the request
Non-urgent (routine) care appointments with a primary care physician	Within 4 working days of the request
Well child/well adolescent preventive care appointments with a primary care physician	Within 7 working days of the request
Adult preventive care appointments with a primary care physician	Within 20 working days of the request
Non-urgent (routine) care appointments with a specialist	Within 10 working days of the request
Non-urgent appointments with a non-physician behavioral health provider	Within 10 working days of the request
Physician office telephone answer time during office hours (the time it takes a live person to answer the phone).	Within ≤ 45 seconds of the call

2. Provide appropriate after-hours coverage.

During evenings, weekends, holidays, etc. an answering service or machine must be used to provide after-hour availability. Provide instruction on how to reach the PCP or on-call physician during after-hours for urgent issues.

MHC provides 24-hours-a-day, seven days-a-week Nurse Advice Line for our members. For health questions, Molina members can call our Nurse Advice Line using the phone number on the back of their MHC member identification card.



After-Hours Availability	MHC Standards
After-hours (life-threatening) emergency instruction to members and patients. Include an answering service which meets language requirements of the major population groups served.	Instruction should be similar to: If this is a life threatening emergency, hang-up and call 9-1-1 or go immediately to the nearest emergency room.
Physician response time to after-hour calls and/or pages.	Within ≤ 30 minutes

3. During an office visit, please review all treatment options with patients.

This includes referrals to Molina case management services and/or alternative treatment methodology when appropriate.

4. Refer patients to available health education and wellness resources.

Molina provides health education materials, wellness programs, and community resources to assist providers with member education and referral. Please continue to utilize the Health Education Referral Form.

5. Please ask patients if all their questions and concerns were addressed before ending the appointment.

This will make them feel that their provider spent adequate time with them.

6. Provide interpretation services when needed.

Call Molina's Member Services Department at 1-888-665-4621. We recommend a 3 day notice to arrange this service. This service is provided at no charge.

7. Inquire about Cultural and Linguistics services.

If you or your team needs information on your patients' cultural background, Molina's Cultural Linguistic Specialist is available to provide support at 1-562-499-6191, extension 127421.

8. Please communicate with empathy to patients.

Help your team communicate with empathy and appreciation when seeing patients or informing them about appointment delays.

9. Accommodate wait times.

Consider providing current reading materials for adults and if you don't already have one, a children's area in the waiting room. Consider allowing a family member to join patients in the exam rooms during delays and until they are ready to be seen. Waiting with someone doesn't feel as long as waiting alone.



Patient satisfaction is a reflection of the partnership between the health plan, doctors and patients. Each party plays an essential role in improving patient satisfaction and health outcomes. We look forward to collaborating with you on this important campaign.

Tips for Communicating with People with Disabilities & Seniors

Effective communication is a critical component for ensuring the health & wellness of our members. We realize that communicating with seniors and members with different disabilities may be different, but no less important. As a Molina Healthcare of California network provider, communicating with people with disabilities needs to be as effective as communicating with others – that is written/spoken/other. Communication methods must be as clear and understandable to people with disabilities as it is for people who do not have disabilities. We hope these tips for ensuring effective communication will be useful in your medical practice.

Instructions for getting information in an Alternate Format and how to request an Interpreter are at the end of this guide.

- Offer assistance with sensitivity and respect. Wait for the response, then listen to or ask for instructions.
- Questions are encouraged. Always ask when you are unsure of what to do.
- Treat adults as adults. Avoid patronizing with voice inflections, pats on the head or touching assistive devices.
- It is an appropriate offer to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is also an acceptable greeting.



TIPS FOR COMMUNICATING WITH INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED

- Speak to the individual when you approach him or her.
- State clearly who you are – speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving his/her side or the room.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control his or her movements.
- Be descriptive when giving directions – verbally give the person information that is visually obvious. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later."



TIPS FOR COMMUNICATING WITH INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

- It is appropriate to tap a person who is deaf gently on the arm or shoulder to gain their attention.
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use body language; it offers important clues about what you are saying.
- Ask about the best way to communicate, and arrange for a sign language interpreter if needed. If the person uses an interpreter, speak directly to the person who is deaf, not the interpreter.
- When calling an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat who you are, and the reason for the call if asked.
- Rephrase rather than repeat. If the person did not understand you, then try using different words to express your ideas. Short sentences tend to be understood better.
- Many people who are deaf prefer to use text messaging or a Video Relay Service (VRS) to communicate. The phone number you dial may be a relay operator that will use ASL to communicate your information.
- TTY is not as common, but still used by some. If you do not have a TTY you can dial "711" to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.



TIPS FOR COMMUNICATING WITH INDIVIDUALS WITH MOBILITY IMPAIRMENTS

- If possible, put yourself at the wheelchair user's eye level, or take a few steps backward so the other person does not have to "look up" at you.
- Do not lean on a wheelchair or any other assistive device.
- Do not assume the individual wants to be pushed; ask first and respect his/her answer.
- Offer assistance if the individual appears to be having difficulty opening a door, but wait for the response and respect his/her answer.
- When calling, allow the phone to ring longer to allow extra time for them to reach the telephone.



TIPS FOR COMMUNICATING WITH INDIVIDUALS WITH SPEECH IMPAIRMENTS

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back to confirm your understanding.
- Be patient. Take as much time as necessary.
- NEVER assume a person has a cognitive or intellectual disability when they have difficulty with speech.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish his or her sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.



TIPS FOR COMMUNICATING WITH INDIVIDUALS WITH COGNITIVE OR INTELLECTUAL DISABILITIES

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Speak in concise sentences and use simple language.
- Be prepared to repeat what you say, orally, in writing, or with pictures.
- Offer assistance for completing forms or help with understanding written instructions.
- Provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not “over-assist” or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.



TIPS FOR COMMUNICATING WITH SENIORS

- Directly face seniors when speaking.
- Communicate clearly – speak at a moderate pace and volume.
- Speak in concise sentences and use basic vocabulary.
- Listen to what the older individual is communicating; ask for clarification, if needed.
- Ask older individuals to repeat back instructions or vital information to avoid any misunderstanding.
- Be mindful and respectful of cultural and generational differences, which could influence an older individual's perception of illness, willingness to adhere to medical regimens, and ability to communicate with health care providers.
- Always provide written instructions using clear, simple language, and summarize main points.



REQUESTING MATERIAL IN AN ALTERNATE/ACCESSIBLE FORMAT

- Standard print may be unreadable for many reasons. A person who is blind may prefer material in audio or Braille.
- Someone with low vision may prefer material in a larger font size. Molina has a library of material on chronic conditions readily available in alternate formats.
- Ask the member what format he/she would prefer to receive the information.
- Call Molina Member Services to make the request at (888) 665-4621
- Information that needs to be transcribed (i.e. Procedure or take-home instructions) please faxed to: (310) 507-6186 (please include Member Name, Date of Birth, Molina Member Identification Number)
- Most information is shipped to member within seven (7) business days.



REQUESTING AN ASL INTERPRETER FOR MEDICAL APPOINTMENTS

Molina will cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members are instructed to call **Member Services** to schedule interpreter services. However, providers can also make the request for their patients in three convenient ways:

Member Services (888) 665-4621 • Fax (562) 901-9632 • Email MHC-Interpreters@molinahealthcare.com

Please allow 72 hours advance notice (3 business days). When emailing or faxing, please include the Member Name, Date of Birth, Molina Member Identification Number, and Date, Day and Time of Appointment.

*If you have additional questions or require more information,
please contact your respective county provider service representative.*

UTILIZATION MANAGEMENT GUIDELINES

The **Utilization Management (UM)** Department's role is to ensure the appropriateness and medical need of health care service procedures and facilities according to evidence-based criteria.

The UM Department consists of medical doctors, registered nurses, licensed vocational nurses, and administrative support personnel.

UM Goals: The goal is to optimize medical resources to ensure excellent, high-quality care in the most cost-effective manner and most appropriate setting.

The Criteria:

- Adhere to insurance plan benefits prior to submitting a referral for services
- Consider the most cost effective option when submitting a referral or ordering a test
- Always attempt conservative treatment before ordering tests/referrals/therapy, when appropriate

I. PRIMARY CARE PROVIDERS

1) Before Submitting Prior Authorization:



- (a) Verify Member/Patient Eligibility
- (b) Verify if Direct Referral Submission is appropriate for service being requested
- (c) Progress/Clinical notes and any diagnostic work-up related to the service being requested must be included on the Referral Request Form.

2) UM Turn-around-Time for Prior Authorizations:



UM Turnaround Time for Prior Authorizations	
Service Type	Turnaround Time
Elective/Routine	Up to 5 Business Days
Urgent/ Expedited*	Up to 72 hours
Emergent	Up to 4 hours
<i>Please fax <u>and contact</u> MMG UM Department via phone at (888) 562-5442, Ext 129558 to notify the emergent authorization.</i>	

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

3) Prior Authorization:



*** Prior Authorization is required for all referrals to network Specialists with the exception of OB/GYN Consults, Hospice Services, and Dialysis referrals***

*** Specialists seeking authorization for services after the initial consultation and one (1) follow-up visit are required to submit prior authorization***

Submission Process:

- (a) Complete the "Molina Medical Group Prior Authorization Request Form"
- (b) Fax form to UM Department (Number is on the top of the form): **(844) 710-1604**
- (c) Please provide evidence-based documentation
(e.g. progress/ clinical notes, lab notes, radiology results, etc.)

Specialty Provider Referral:

- (a) In network, participating Specialty Roster is provided for selection.
 - In the event where there is no Specialist available or where Specialist is unable to render services to the member, PCP may also submit a non- participating specialist physician as a recommendation. Please indicate in the notes of the request the reason of a request to an Out of Network (OON) provider. OON Provider might not be approved if Molina Medical Group's specialty network provider has enough access to member for that specialty.
 - Hospital Privileges are also included on the roster for a more accurate selection of which Specialist to select.

4) Authorization Status:



For authorization status, please contact UM Dept. at **(888) 562-5442 Ext 129558**.
Please have member's information ready for faster assistance.

- 1) **Approved-** An approved authorization notification shall be faxed or mailed to the PCP, Specialist, & Member.
- 2) **In-Process-** Authorization is in review, please allow turnaround time to process.
- 3) **Pending-** Authorization is pending for more evidence based criteria related to service request.
- 4) **Denied-** Denied requests can be due to many reasons such as member's lack of eligibility, request being a non-covered benefit service or carve-out, or possibly due to lack of medical necessity.
 - A denied referral is always reviewed by a Medical doctor. A denial letter and explanation on how to appeal the denied authorization will be sent to both requesting provider and member.

5) Direct Referrals:



Direct Referrals only require notification and do not require a prior authorization approval when referred to a contracted provider. PCP can notify patient to make an appointment for services listed below without UM approval:

- 1) **Obstetrics & Gynecology consultations**
- 2) **Hospice Services**
- 3) **Dialysis Services**

II. SPECIALTY PROVIDERS

1) Prior to Rendering Services:



- (a) Members must have an Authorization Form signed by the referring physician and approved by Molina Medical Group UM Department, prior to having services rendered by the specialist.
- (b) The eligibility of a member should be verified per the health plan on the Date of Service in order to ensure payment of services rendered. Member Eligibility can be verified online via <https://provider.molinahealthcare.com/Provider/Login> or via telephone at 800-675-6110 for Medi-cal; 800-665-0898 for Medicare; 855-322-4075 for Marketplace; and 855-655-4627 for Duals Options.
- (c) All laboratory and diagnostic services must be sent to a contracted provider. Any laboratory services that are performed at a facility other than those identified in Molina Medical Group's ancillary vendors roster will be denied payment.

2) Additional/Follow Up Care:



- (a) Specialists may only provide services that are indicated on the Authorization Form.
- (b) If the specialist determines that additional care or diagnostic testing is required, the specialist must have these services approved by submitting a Referral Request Form via fax at 844-710-1604.
- (c) Additional care that must be performed by another participating specialist will be referred to a provider within Molina Medical Group.

3) Extension and/or Modification of an Approved Authorization Process



- (a) Approved authorization forms are valid for 90 days from the date the approval was given. The authorized care provided by a Specialist must occur within the 90-day period.
- (b) To extend an authorization beyond the 90-day period, the referring physician's office can call the Molina Medical Group's UM Department, 888-562-5442 x 129558, PRIOR to the expiration date to extend the authorization. Should the authorization expires, the referring physician must resubmit a new authorization request form.
- (c) To modify an approved authorization, the Specialist Provider can call the MMG UM Department to request a modification of an approved authorization.

4) Specialist Progress Report



After treating the member, the specialist must submit a written report to the member's PCP regarding the results of all care provided and the proposed treatment plan including any plans for hospitalization or surgery. A copy of the operative report or consult report must be faxed or mailed to the Primary Care Physician. The report should be submitted to the PCP within five (5) days of treatment of the member.

5) Payments for Services



All claims for authorized services must be submitted to Molina Medical Group on an CMS 1500 form, via Molina WebPortal or via Molina Clearing House. Please refer to Claims Guideline section of this manual for further information.



Molina Medical Group
Prior Authorization Request Form

Phone Number: 888-562-5442 x 129558

Fax Number: 844-710-1604

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> Expedited/Urgent*

***Definition of Urgent / Expedited service request designation is appropriate when 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.**

Referral/Service Type Requested			
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admission <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Office Visit <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> DME <input type="checkbox"/> OB CARE <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other:		<input type="checkbox"/> Home Health
			<input type="checkbox"/> Pharmacy
			<input type="checkbox"/> In Office
	* EDC: _____ Delivery Facility: _____		
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Referred to Provider:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	() -	Fax Number:	() -

For Molina Use Only:

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

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 #: () _____

2014 Molina Healthcare of California Condensed Formulary “At a Glance”

Dear Molina Healthcare of California Provider:

Attached is the 2014 Molina Healthcare of California condensed Formulary “At a Glance”. This tool can be used as a quick reference guide and includes the most commonly prescribed medications on Molina Healthcare’s Formulary. Formulary medications requiring prior authorization are listed in addition to the criteria which must be met in order for consideration of prior authorization approval. Additional information is located at the bottom of the page that may help expedite your requests.

Both the full Formulary and Formulary “At a Glance” documents can be found at:

<http://www.molinahealthcare.com/providers/ca/medicaid/pages/home.aspx>

The Molina Healthcare Formulary is reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. This committee is composed of physicians and providers who represent various specialties. The P&T Committee reviews prior authorization procedures to make sure certain medications are used safely; follow manufacturer’s guidelines and current medical practices.

Thank you for your partnership in providing quality care for Molina Healthcare members.

Questions

If you have any questions or require further clarification regarding this notification, please contact your respective Molina Provider Services Representative at (888) 665-4621 extension:

- 122233/127690/120104/127657/121934/114378/127685 Los Angeles County
- 128007/126556/126215/127709/128010 Riverside/San Bernardino Counties
- 127140 Sacramento County
- 121588/126236/126225/120098/121587 San Diego County
- (760) 550-0693 Imperial County

	NO Prior Authorization Required				FORMULARY MEDICATIONS REQUIRING PRIOR AUTHORIZATION	Required for Adjudication or Authorization
Therapeutic Class	Step Therapy, Quantity Limits and/or Age Limits May Apply					
Allergic Rhinitis	Claritin/D*	Tavist	Vistaril		Allegra^	^ Chews ≤ 12 years of age ^Documented Failure of First Line Antihistamines and Nasal Steroids
	Zyrtec/D*	Atarax			Allegra D^	
	Flonase	Astelin				
Antibiotics	Ceftin	EES	Amoxil		Omnicef caps	*Members ≤ 12 yrs (250 & 125/5ml) ^No PA required when billed as a 1 day stat dose
	Keflex	Nizoral	Augmentin/susp*		Diflucan susp	
	Cipro#20	Minocin	Zithromax/susp*		Levaquin	
	Dynapen	Pen-V-K	Zithromax pwdr^		Zyvox	
	Pediazole	Bactrim/DS	Duricef susp*		TOBI	
	Ery-Tab	Lamisil	Omnicef^ susp		Vancomycin capsules	
	Cefzil susp*	Diflucan tabs	Diflucan 150mg #2			
Asthma/COPD	Tudorza	Foradil/Serevent^			Xolair	^Fill history within last 60 days of ICS required ^<12 years ^ ≤ 9 yrs ^Concomittant fill ICS
	Proair HFA	Singular Chews^	QVAR			
	Ventolin HFA	Singular tabs^††	Asmanex			
	Atrovent	Dulera^††	Pulmicort Resp^			
	Duoneb	Symbicort^††	Pulmicort Flexhaler			
Cardiovascular	Capoten	Accupril	Sectral	Corgard		ARB^†† - Fill history of ACE-Inhibitor within last 90 days ARB^†† - Trial of losartan within the last 90 days
	Capozide	Zestril	Tenomin	Inderal		
	Vasotec	Zestoretic	Zebeta	Betapace/AF		
	Vaseretic	Cozaar^††	Lopressor	Coreg		
	Lotensin/HCT	Hyzaar^††*	Toprol XL	Trandate		
	Monopril/HCT	Avapro^††*	Avalide^††*			
Cholesterol Lowering Agents	Zocor*	Niacor			Lipitor	*Zocor 80mg Non-Formulary
	Pravachol	Lopid				
	Niacin	Questran/Light (Can Only)				
Diabetes	Lantus	Diabeta	Apidra	Actos^††	Byetta*	*Failure of max dose Metformin/TZD, Metformin/SU or SU/TZD with 90 day consistent use AND 7< A1c < 9.0. Current HbA1c is required for new Rx & every six months for renewal **No PA ≤ 18 years
	Precose	Micronase	Humalog	Orinase	Insulin Pens**	
	Diabinese	Glucovance	Novolog		Kombiglyze	
	Amaryl	Glynase	Glynase		Januvia	
	Glucotrol	Glucotrol XL	Glucophage/XR		Jentadueto	
	Actos^††	Orinase			Janumet	
					Starlix	
GERD/Dyspepsia	Prilosec caps	Zantac	Pepcid AC		Axid cap/susp	^††Fill of omeprazole within 30 days
	Protonix^††	Tagamet	Carafate tabs		Prevacid	
	Omeprazole susp*				Carafate susp	
Narcotic Pain Management	Tylenol/Codeine	Hycet soln	Dolophine	Ultram	Fentanyl*	*Documented failure first line
	Fioricet/Codeine	Dilaudid	MS Contin	MSIR	Morphine sol	
	Norco	Demerol	Percocet			
Generic Medication Will Be Substituted When Available – This Document Is Not a Complete List of Covered Medications						
<u>Additional Recommendations In Order To Expedite A Response To Your Prior Authorization Request:</u>						
Continuity of Care Requests:			Provide drug history, dose and duration - Medication Log or notes - Please indicate CONTINUITY of CARE.			
Non-Formulary Drug Requests:			Use standard Molina PA form - If there is not a comparable formulary medication and documentation supports the use of the medication, it may be considered for approval.			
Molina Healthcare After Hours Pharmacy Services:			If the member's condition will worsen, a 72 hour supply of medication can be obtained. Please call: 1-888-665-4621			
Common Reasons for Rejected Claims at the Pharmacy:			Provider has not submitted a Prior Authorization request and/or the Member is trying to fill the medication too soon.			
Reasons which will delay Determination of a request:			Request does not include adequate information regarding disease, Rx history or required clinical information such as a lipid panel, HbA1c or BMI and weight history.			

Molina Healthcare of California Pharmacy

1-888-665-4621 Monday - Friday 8:00 a.m. - 5:00 p.m.

For Electronic Access to the Formulary: <http://www.molinahealthcare.com/providers/ca/medicaid/pages/home.aspx>

Risk Level Criteria

Level I – Identification Criteria

- Targeted diagnosis with one hospital inpatient admission within six months
 - Cardiovascular Disease (CVD)
 - Congested Heart Failure (CHF)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Asthma
 - Diabetes
 - AIDS/HIV
 - Hypertension
 - Depression
- Two or fewer avoidable Emergency Department visits within six months (using the New York algorithm)
- Three prescriptions for Short Acting Beta Agonist without Asthma Maintenance within six months
- One prescription for Asthma Maintenance drug within six months
- Test results outside of normal limits (A1C, Microalbumin, Creatinine)

Level II – Case Management

- Maternity High Risk
- Three or four co-morbid conditions
- Targeted diagnosis with two admits in six months:
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell
 - AIDS/HIV
 - Cancer
 - Behavioral Health (specific codes)
- Three to five avoidable Emergency Department visits within six months (using the New York algorithm)

Level III – Complex Case Management

- Five or more co-morbid conditions
- Reports health as “poor”
- High-risk chronic illness with clinical instability as demonstrated by three or four admits in six months related to:
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell
 - AIDS/HIV
 - Cancer
 - Behavioral Health (specific codes)
- Six or more avoidable Emergency Department visits within six months (using the New York algorithm)
- Actual claims expenditures of \$100,000 or greater annually

Level IV – Intensive Needs

- High-risk chronic illness with clinical instability as demonstrated by five or more admits in six months related to:
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell
 - AIDS/HIV
 - Cancer
 - Behavioral Health (specific codes)
- Imminent risk of:
 - Inpatient admission (psychiatric or medical) related to inability to self-manage in current living environment
 - Institutionalization (state psychiatric hospital or nursing home)
- Needs assistance with four or more activities of daily living, independent activities of daily living, and lacks adequate caregiver assistance
- Hospice services

*To assign risk level stratification – the member only needs to meet one criterion (e.g. one bullet).

**If unclear about the member’s functional, behavioral, or substance abuse status, the member needs to be presented to the ICT.



Molina Healthcare of California Case Management Referral

Section I (Section I to be completed by referral source):

Patient's diagnosis is a(n): ☐ Existing Diagnosis ☐ New Diagnosis

Date Patient Name DOB

SS# Medicaid ID # Patient Phone

Patient Address

City State Zip

PCP PCP Phone

PCP Address

City State Zip

Does the member have another Case Manager? ☐ Yes ☐ No

If yes, Agency Name

Name of Case Manager Phone

Hospitalizations: ☐ Yes ☐ No

Frequent ER usage: ☐ Yes ☐ No

What dates?

What dates?

Comorbidities

Name of individual making referral

Title Phone# Fax #

SECTION II: (To be completed by the Molina Healthcare CA Case Management Program)

Received by CM: _____ Date: _____ Urgent: _____ Non-Urgent: _____

Return Attention to:

Molina Healthcare California

200 Oceangate, Suite 100, Long Beach CA 90802

FAX: (562) 499-6105 PHONE: (800) 526-8196 ext. 127604

California Children's Services

The California Children's Services (CCS) program provides medically necessary care and case management to children under the age of twenty-one (21) who have CCS eligible medical conditions and meet the program eligibility requirements. The program is administered at the County level through a local CCS office and such services are not covered under the Molina Healthcare contract. A Primary Care Provider (PCP) will identify children with CCS eligible conditions and arrange for their referral to a local CCS office.

PCPs must notify Molina Healthcare's CCS Case Management department of all potential CCS cases.

CCS Process

Inpatient Referrals:

1. If member has an open CCS case and **the hospital admit is related** to the open CCS case, e.g., member has open case with CCS for diabetes mellitus (DM) and is admitted in diabetic ketoacidosis (DKA)
 - a. Send email to case manager with authorization number
 - b. Submit call tracking to CCS team
 - c. Forward case
2. If case seems very likely, but no open CCS case yet, e.g., femur fracture status post open reduction internal fixation (Femur Fx s/p ORIF)
 - a. Send email to case manager with authorization number notifying that they will transfer case
 - b. Submit call tracking to CCS team
 - c. Forward case
3. If case seems questionable
 - a. Send email to case manager with authorization number so it can be reviewed for CCS eligibility
 - b. Once CCS case manager reviews, inpatient case manager will be notified if transfer is approved
 - i. If transfer is approved, submit call tracking to CCS team

NOTE: Please inform staff not to transfer cases if Molina Healthcare's CCS Case Management department has not been informed and/or emailed.

Medical Director Referrals:

1. If CCS denies a case, e.g., the member has a CCS eligible admit but the hospital or physician was not CCS paneled, the case manager will send the case to the Medical Director for review for denial.
2. If CCS denies a case and the case manager feels that it should have been authorized, a reconsideration letter will be sent. If CCS still denies that reconsideration and the case manager feels that the case should have been approved, the case will be sent to the Molina Healthcare Medical Director to discuss the case with the CCS Medical Director one-on-one.

CCS Contact Information

For assistance with any CCS related processes, please contact:

Liza Castillo.....(800) 526-8196 ext. 127011
Manager, Healthcare Services

COUNTY	NURSE	CARE REVIEW PROCESSOR
Los Angeles	Heather Quandt.....(800) 526-8196 ext. 124309	Edna De La Garza.....(800) 526-8196 ext. 126586
Riverside	Christine Acheron (A-L)..... (909) 486-0206 Heather Quandt (M-Z)..... (800) 526-8196 ext. 124309	Olga Rodriguez (A-L).....(800) 526-8196 ext. 126475 Edna De La Garza (M-Z).....(800) 526-8196 ext. 126586
Sacramento	Erika Capalla (A-L)..... (562) 233-6571 Heather Quandt (M-Z)..... (800) 526-8196 ext. 124309	Kevin Ennis (A-L).....(800) 526-8196 ext. 126476 Edna De La Garza (M-Z).....(800) 526-8196 ext. 126586
San Bernardino	Christine Acheron.....(909) 486-0206	Olga Rodriguez.....(800) 526-8196 ext. 126475
San Diego	Erika Capalla.....(562) 233-6571	Kevin Ennis.....(800) 526-8196 ext. 126476

Status of each submitted request and authorization may be found on the Children's Medical Services website:

<https://cmsprovider.cahwnet.gov/PEDI/piplogin.jsp>

[California Home](#)
[DHCS Home](#)

Welcome to **California**


Children's Medical Services
Caring for Children with Special Medical Needs...

[FAQ](#) | [Contact Us](#) | [Help](#)



This application allows providers, Managed Care Plans and Healthy Family Plans to view the status of each submitted request and authorization. Any person who, without authorization, accesses, or attempts to access, or who tampers, interferes, or damages any computer network, computer system, computer program, or software or computer data maintained by the Department of Technology Services is subject to civil and/or criminal prosecution under all applicable state or federal laws.

Please log in:

User ID

Password

CALIFORNIA CHILDREN'S SERVICES (CCS) MEDICAL ELIGIBILITY



CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Infectious Diseases	<ol style="list-style-type: none"> Involve the central nervous system and produce disabilities requiring surgical and/or rehabilitation services Involve bone Involve eyes, lead to blindness Are congenitally acquired and for which medically necessary postnatal treatment is required and appropriate 	<ol style="list-style-type: none"> HIV infection Osteomyelitis Periostitis Congenital Toxoplasmosis Congenital Cytomegalovirus infection Congenital Rubella Congenital Herpes simplex Congenital Encephalitis Congenital Syphilis Congenital Meningitis/Encephalitis with serious sequelae Endocarditis Hepatitis Hepatitis C 	<ol style="list-style-type: none"> Meningitis/Encephalitis without complications (as weakness, paresis, plegia requiring rehab, seizures) Pneumonia unless chronic lung disease present or ventilator required Cellulitis unless orbital (not periorbital) Sepsis 	<p>ICD-9-CM 001-139</p> <p>Title 22 - Section 41811</p>
Neoplasms	<ol style="list-style-type: none"> All malignant neoplasms Benign neoplasms when physically disabling or located by or within a vital organ and lack of treatment would limit or eliminate function Must be confirmed by CCS paneled oncologist 	<ol style="list-style-type: none"> Leukemia Lymphoma Ewing sarcomas Brain tumor Other cancers 		<p>ICD-9-CM 140-239</p> <p>Title 22 - Section 41815</p>
Mental Disorders	In general, these conditions are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition.	<ol style="list-style-type: none"> Mental disorders related to a CCS-eligible condition 	<ol style="list-style-type: none"> Down's syndrome Mental retardation Autism ADHD ADD Tourette Syndrome Developmental delay Prader Willi Syndrome Fragile X Syndrome 	<p>ICD-9-CM 290-319</p> <p>Title 22 - Section 41827</p>

CALIFORNIA CHILDREN'S SERVICES (CCS) MEDICAL ELIGIBILITY



CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Endocrine, Nutritional, Metabolic Diseases, and Immune Disorders	These conditions are generally eligible.	<ol style="list-style-type: none"> 1. Diabetes mellitus 2. HIV 3. Pituitary diseases 4. Hyperthyroidism 5. Hypothyroidism 6. Parathyroid disease 7. Pancreatic dysfunction 8. Chronic polycystic ovarian disease after age 15 with primary amenorrhea 9. Growth hormone deficiency (> 3 Std deviations or linear growth > 3rd percentile; fail 2 GH stimulation test < 7 = GH deficiency) 10. Congenital endocrine or metabolic diseases 11. Cystic Fibrosis 12. Delay of the onset of puberty, amenorrhea after 15 yrs, sexual dev before 8 yrs, feminization of males or virilization females 13. Acquired immunologic deficiency 14. Inborn errors of metabolism (Homocystinuria; Glycogen Storage Disease; PKU; Galatosemia; Maple syrup urine disease) 	<ol style="list-style-type: none"> 1. Constitutional or Familial short stature; Turners Syndrome, Pradder Willi 2. Constitutional delayed puberty 3. Exogenous obesity 4. Failure to thrive – not related to CCS eligible condition 5. Hypogammaglobulinemia without life threatening infections 	<p>ICD-9-CM 240-279</p> <p>Title 22 - Section 41819</p>
Hematology Disorders	In general, these conditions are eligible.	<ol style="list-style-type: none"> 1. Sick cell anemia 2. Hemophilia 3. Aplastic anemia 4. Iron deficiency anemia when there are life-threatening complications 5. Vitamin deficiency anemia when there are life-threatening complications 6. Thalassemias and Erythroblastosis fetalis 7. Congenital spherocytosis 8. von Willebrand disease 9. Congenital neutropenia 10. Chronic granulomatous disease 11. Polycythemia 12. Pancytopenia (congenital & acquired aplastic anemia) 13. Disorders of platelets if life-threatening 14. Polycythemia, heperslenism & hypercoagulable states. 15. Hemolytic anemia from infection only when life threatening (overwhelming sepsis) 16. Disorder of platelets (< 20) that are life threatening – DIC; Thromboembolism 	<ol style="list-style-type: none"> 1. Iron deficiency anemia, non-life-threatening 2. Vitamin deficiency anemia, non-life-threatening 3. Thrombocytopenia – non-life threatening 4. Cyclic Neutropenia – non-life threatening 	<p>ICD-9-CM 280-289</p> <p>Title 22 - Section 41823</p>

CALIFORNIA CHILDREN'S SERVICES (CCS) MEDICAL ELIGIBILITY



CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Neurological Diseases	Diseases of the nervous system are in general eligible when they produce physical disability that significantly impairs daily function. CCS Paneled neurologist must make the diagnosis	<ol style="list-style-type: none"> 1. Cerebral palsy as defined in CCS regulations 2. Paralysis 3. Paresis 4. Ataxia as defined in CCS regulations 5. Idiopathic epilepsy when seizures are uncontrolled (require 2 medications also other criteria) 6. Seizures due to underlying CCS eligible organic disease (i.e.: hydrocephaly brain injury); 7. Meningitis that produces sequelae or physical disability 8. Physically disabling and/or life threatening central nervous system diseases which are non-infectious (neurologic sequelae, of trauma, post op impairment 9. Spina Bifida 10. Myelomeningocele 11. Craniosynostosis 12. Hypotonia 13. Hydrocephaly 	<ol style="list-style-type: none"> 1. Acute neuritis 2. Neuralgia 3. Meningitis/Encephalitis that does not produce sequelae or physical disability 4. Learning disabilities 5. ADHD 6. Pseudoseizures 7. Rule out seizures 8. Microcephaly 9. Plagiocephaly – positional without Craniosynostosis 	<p>ICD-9-CM 320-389</p> <p>Title 22 - Section 41831</p>
Diseases of the Eye	Chronic infections or diseases of the eye are eligible when they produce visual impairment and/or require complex management or surgery.	<ol style="list-style-type: none"> 1. Strabismus when surgery is required 2. Keratitis 3. Choroiditis 4. Cataract 5. Glaucoma 6. Retinal detachment 7. Ptosis – when surgery is required 8. Retinopathy of prematurity 9. Optic neuritis 10. Optic atrophy or hypoplasia 11. Lens dislocation 	<ol style="list-style-type: none"> 1. Ordinary refractive errors 2. Acute inflammatory conditions with a benign clinical course 3. Conjunctivitis 4. Rule out Strabismus 5. Sty/Chalazion 6. Nasolacrimal duct obstruction without chronic dacryocystitis 	<p>ICD-9-CM 360-379</p> <p>Title 22 - Section 41835</p>

CALIFORNIA CHILDREN'S SERVICES (CCS)

MEDICAL ELIGIBILITY



CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Hearing/Ear Disorders	<p>Diagnostic services are available to determine the presence of hearing loss when applicant:</p> <ol style="list-style-type: none"> 1. Fails 2 pure tone audiometric hearing screening tests performed at least 6 weeks apart or 2. Fails to have normal auditory brain stem evoked response or 3. Fails otoacoustic emission or behavioral responses to auditory stimuli by 2 tests, 6 weeks apart or 4. Fails to pass Newborn and Infant Hearing Screening or 5. Exhibits symptoms that may indicate a hearing loss or 6. Has documentation of 1 of the risk factors associated with a sensorineural hearing or conductive hearing loss. <p>Treatment services are available when there is a hearing loss present. See Title 22 , Title 22 - Section 41839 for further details.</p>	<ol style="list-style-type: none"> 1. Hearing loss as defined by regulations 2. Microtia 3. Perforation of the tympanic membrane that requires tympanoplasty 4. Mastoiditis (bone destruction) 5. Cholesteatoma 6. Family history of congenital or childhood onset impaired hearing <p>Other risk factors: Ototoxic drugs, Lasix or other loop diuretics; aminoglycosides, tobramycin, streptomycin, Bacterial meningitis, plus other risk factors</p>	<ol style="list-style-type: none"> 1. Chronic otitis media 	<p>ICD-9-CM 380-389</p> <p>Title 22 - Section 41839</p>
Diseases of the Circulatory System	<p>Conditions involving the heart, blood vessels and lymphatic system are generally eligible.</p>	<ol style="list-style-type: none"> 1. Embolism 2. Thrombosis 3. Aneurysms 4. Periarteritis 5. Cardiac dysrhythmias requiring medical or surgical intervention 6. Diseases of the endocardium, myocardium, pericardium 7. Cerebral & subarachnoid hemorrhage 8. Primary hypertension that requires medication to control 9. Chronic disease of the lymphatic system 10. Congenital heart anomalies 11. Cardiomyopathy 12. Kawasaki DZ only if there is cardiac involvement 	<p>Murmurs without functional significance</p>	<p>ICD-9-CM 390-459</p> <p>Title 22 - Section 41844</p>
Diseases of the Skin and Subcutaneous Tissue	<p>These conditions are eligible if they are severely disfiguring, disabling, and require plastic or reconstructive surgery and/or prolonged and frequent multidisciplinary management.</p>	<ol style="list-style-type: none"> 1. Pemphigus and epidermolysis bullosa that are disabling or life-threatening and require multidisciplinary management 2. Scars requiring surgery when limitation or loss of mobility of a major joint or when disabling or severely disfiguring 3. Congenital anomalies of the skin or subcutaneous tissue that limits or compromises a body function or is severely disfiguring per CCS criteria 	<ol style="list-style-type: none"> 1. Dermatitis 2. Nevus 3. Skin tags 	<p>ICD-9-CM 680-709</p> <p>Title 22 - Section 41864</p>

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CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Diseases of the Respiratory System	Respiratory tract conditions are eligible if they are chronic, cause significant disability or complicate the management of a CCS-eligible condition.	<ol style="list-style-type: none"> 1. Cystic fibrosis 2. Abscess 3. Bronchiectasis 4. Bronchopulmonary Dysplasia (BPD) 5. Asthma when it has produced chronic lung disease with documentation (CXR PFT) 6. Respiratory failure requiring ventilatory assistance 7. Chronic disorders of the lungs including chemical injury, metabolic disorder, genetic defect, immunologic disorder 8. Hyaline membrane disease 9. Aspiration Pneumonia when associated with or related to a CCS-eligible condition 10. Congenital anomalies of the respiratory system per CCS criteria 11. Cystic Fibrosis 12. Chronic Pulmonary infections as abscess or bronchiectasis 	<ol style="list-style-type: none"> 1. Asthma well controlled, intermittent or mild persistent 2. Pneumonia – without chronic lung disease or other related CCS condition 	ICD-9-CM 460-519 Title 22 - Section 41848
Diseases of the Digestive System	Some diseases involving liver, gallbladder or gastrointestinal tract. Chronic inflammatory diseases requiring complex ongoing medical management or surgery.	<ol style="list-style-type: none"> 1. Acute liver failure 2. Chronic liver disease (cirrhosis, 2nd to drugs or poison) 3. Pancreatitis, chronic 4. Peptic ulcer 5. Ulcerative colitis 6. Regional enteritis (Crohn's) 7. Diverticulitis 8. Cholecystitis chronic Cholelithiasis requiring surgery 9. Chronic intestinal failure (malabsorption syndrome, vascular insufficiency) 10. Gastroesophageal reflux when complicates a CCS condition (aspiration pneumonia cleft lip-palate) 11. Malocclusion when part of cleft palate or craniofacial anomaly or when met CCS criteria through orthodontic screening (non-Medi-Cal only) 12. Gastroschisis, Cleft palate, other structural anomalies, congenital cystic disease of the liver. 	<ol style="list-style-type: none"> 1. Dyspepsia 2. GERD without another CCS eligible condition 3. Pyloric Stenosis 	ICD-9-CM 520-579 Title 22 - Section 41852

CALIFORNIA CHILDREN'S SERVICES (CCS)

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CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Diseases of the Genitourinary System	Chronic genitourinary conditions and renal failure are eligible. Acute conditions are eligible when complications are present.	<ol style="list-style-type: none"> 1. Acute glomerulonephritis with acute renal failure, malignant hypertension or congestive heart failure 2. Chronic glomerulonephritis 3. Chronic nephrosis 4. Chronic nephrotic syndrome 5. Chronic renal insufficiency (vascular insufficiency) 6. Vesicoureteral reflux, grade II or greater 7. Obstructive uropathies (fistulas, strictures, stones) 8. Congenital anomalies of the GI system 9. Renal calculus 10. Hypospadias (if the displacement is on the shaft it is eligible if it is distal at the tip it is not eligible) 	<ol style="list-style-type: none"> 1. Phimosis 2. Inguinal hernia 3. Unilateral undescended testes 4. Urinary tract infections without complications 5. Hydrocele 	ICD-9-CM 580-629 Title 22 - Section 41856
Diseases of the Musculoskeletal System and Connective Tissue	Chronic diseases of the musculoskeletal system and connective tissue are eligible.	<ol style="list-style-type: none"> 1. Fractures – See Accidents 2. Rheumatoid arthritis 3. Inflammatory polyarthropathy 4. Lupus erythematosus 5. Dermatomyositis 6. Scoliosis with a curvature of 20 degrees or greater 7. Scleroderma 8. Orthopedic conditions that result in limitation of normal function and require complex customized bracing, multiple casting and/or surgery 9. Myasthenias, myotonias, dystrophies, and atrophies that lead to atrophy, weakness, contracture & deformity, & motor disability 10. Intervertebral disc herniation 11. Acute and chronic suppurative infections of the joint 12. Osteomyelitis 13. Congenital anomalies of the musculoskeletal system or connective tissue 14. Legg Calve Perthes DZ (necrosis of the head of the femur) CCS needs treatment plan 15. Skull and facial fractures several qualifiers on numbered letter send for CCS to review 	<ol style="list-style-type: none"> 1. Pigeon toes 2. Knock knee 3. Flat feet 4. Tibial torsion 5. Femoral anteversion 6. Fractures not requiring surgery or not involving a growth plate or joint. 	ICD-9-CM 710-739 Title 22 - Section 41866
Congenital Anomalies	Eligible when the congenital anomaly is amenable to cure, correction or amelioration and limits or compromises a body function or is severely disfiguring. Some syndromes are not amenable to treatment. A “syndrome” by itself not usually eligible but some of the defects of the syndrome may be eligible.	<ol style="list-style-type: none"> 1. Cleft lip, palate 2. Agenesis of organ systems 3. Anomalies of organ systems 4. Spina Bifida 5. Craniosynostosis 6. Hypospadias (if the displacement is on the shaft it is eligible if it is distal at the tip it is not eligible) 7. Bilateral Undescended testicles 	<ol style="list-style-type: none"> 1. Nutritional disorders such as failure to thrive 2. Exogenous obesity 3. Inguinal & umbilical hernia 4. Hydrocele 5. Unilateral undescended testicle 	ICD-9-CM 740-759 Title 22 - Section 41868

CALIFORNIA CHILDREN'S SERVICES (CCS) MEDICAL ELIGIBILITY



CATEGORY	GENERALLY COVERED SUB-CATEGORIES	EXAMPLES		REFERRAL
		Covered	Not Covered	
Accidents, Poisonings, Violence, and Immunization Reactions	Injuries of organ systems, which if left untreated can result in if they can result in permanent physical disability, permanent loss of function, disfigurement or death. Burns, foreign bodies, ingestion of drugs or poisons, lead poisoning and snakebites may be eligible as per regulations.	<ol style="list-style-type: none"> 1. Spine fractures 2. Pelvis fractures 3. Femur fractures 4. Some skull & facial fractures several qualifiers on numbered letter send for CCS to review 5. Fractures requiring open reduction internal fixation 6. Fractures involving joints 7. Fractures involving growth plates 8. Second & third degree burns involving greater than 10% and up to 20% of body surface area depending on age 9. Third degree burns involving greater than 5% of body surface for any age group 10. Electrical injury or burns 11. Trauma, 12. Gunshot wound & stabbing if there is injury to an organ, nerves blood vessels 	<ol style="list-style-type: none"> 1. Fractures not requiring surgery or not involving growth plate/joints 2. Self-inflicted injuries including overdose except if they require complex medical care 	ICD-9-CM 800-899 Title 22 - Section 41872
Certain Causes of Perinatal Morbidity and Mortality	Neonates who have a CCS eligible condition and require care in neonatal intensive care unit.	Critically ill neonates who develop in 0-28 days a disease or condition that requires 1 or more of the following: <ol style="list-style-type: none"> 1. Invasive or non-invasive ventilatory assistance 2. FiO2 > 40% for more than 24 hours 3. UAC or PAC for monitoring blood pressure or sampling blood, exchange transfusions 4. UVC or central venous catheter for medications, transfusions, hyperalimentation 5. Chest tube 	<ol style="list-style-type: none"> 1. NICU babies not requiring interventions as noted (feeders and growers) 	ICD-9-CM 760-779
		Neonates and infants who develop a disease or condition that requires two (2) or more of the following: <ol style="list-style-type: none"> 1. Pharmacological treatment for apnea and bradycardia episodes 2. Supplemental inspired oxygen 3. A peripheral IV line for administration of medications or IV fluids, hyperalimentation and blood products 4. Tube feedings 		

NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information							
1. Date of request		2. Provider name		3. Medi-Cal provider number			
4. Address (number, street)		City		State	ZIP code		
5. Contact person		6. Contact telephone number ()		7. Contact fax number ()			
Client Information							
8. Client name—last		first	middle				
9. Alias (AKA)		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		11. Date of birth (mm/dd/yy)			
12. CCS/GHPP case number		13. Contact phone number ()		14. Medical record number (hospital or office)			
15. Residence address (number, street) (DO NOT USE P.O. BOX)		City		State	ZIP code		
16. Mailing address (if different) (number, street, P.O. box number)		City		State	ZIP code		
17. County of residence		18. Language spoken		19. Name of parent/legal guardian			
20. Mother's first name		21. Primary care physician (if known)		22. Primary care physician telephone number ()			
Insurance Information							
23.a. Enrolled in Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		23.b. If yes, client index number (CIN)		23.c. Client's Medi-Cal number			
24. Enrolled in Healthy Families <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of plan					
25. Enrolled in commercial insurance plan <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type of commercial insurance plan <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> Other		Name of plan			
Diagnosis							
26. Diagnosis (DX)/ICD-9: _____ DX/ICD-9: _____ DX/ICD-9: _____							
Requested Services							
27.* CPT-4/ HCPCS Code/NDC	28. Specific Description of Service/Procedure		29. From (mm/dd/yy)	To (mm/dd/yy)	30. Frequency/ Duration	31. Units	32. Quantity (Pharmacy Only)
* A specific procedure code/NDC is required in column 27 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.							
33. Other documentation attached <input type="checkbox"/> Yes		34. Enter facility name (where requested services will be performed, if other than office).					
Inpatient Hospital Services							
35. Begin date		36. End date			37. Number of days		
Additional Services Requested from Other Health Care Providers							
38. Provider's name		Medi-Cal provider number		Telephone number ()		Contact person	
Address (number, street)		City		State		ZIP code	
Description of services		Procedure code		Units		Quantity	
Additional information							
39. Provider's name		Medi-Cal provider number		Telephone number ()		Contact person	
Address (number, street)		City		State		ZIP code	
Description of services		Procedure code		Units		Quantity	
Additional information							
40. Signature of physician/provider or authorized designee						41. Date	

Instructions

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Medi-Cal provider number: Enter Medi-Cal billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Alias (AKA): Enter the patient's alias, if known.
10. Gender: Check the appropriate box.
11. Date of birth: Enter the client's date of birth.
12. CCS/GHPP case number: Enter the client's CCS/GHPP number. If not known, leave blank.
13. Contact phone number: Enter the phone number where the client or client's legal guardian can be reached.
14. Medical record number: Enter the client's hospital or office medical record number.
15. Residence address: Enter the address of the client. Do not use a P.O. Box number.
16. Mailing address: Enter the mailing address if it is different than number 15.
17. County of residence: Enter residential county of the client.
18. Language spoken: Enter the client's language spoken.
19. Name of parent/legal guardian: Enter the name of client's parent/legal guardian.
20. Mother's first name: Enter the client's mother's first name.
21. Primary care physician: Enter the client's primary care physician's name. If it is not known, enter NK (not known).
22. Primary care physician telephone number: Enter the client's primary care physician phone number.

Insurance Information

- 23a. Enrolled in Medi-Cal? Mark the appropriate box. If the answer is yes, enter the client's index number in box 23.b. and the client's Medi-Cal number in box 23.c.
24. Enrolled in Healthy Families: Mark the appropriate box. If the answer is yes, enter the name of the plan.
25. Enrolled in a commercial insurance plan? Mark the appropriate box, if the answer is yes, mark the type of insurance plan and enter the name of the commercial insurance plan on the line provided.

Diagnosis

26. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

Requested Services

27. CPT-4/HCPSC code/NDC: Enter the CPT-4, HCPSC code or NDC code being requested. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
28. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
29. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
30. Frequency/duration: Enter the frequency or duration of the procedures/service being requested.
31. Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
32. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
33. Other documentation attached: Check this box if attaching additional documentation.
34. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

35. Begin date: Enter the date the requested inpatient stay shall begin.
36. End date: Enter the end date for the inpatient stay requested.
37. Number of days: Enter the number of days for the requested inpatient stay.

Additional Services Requested from Other Health Care Providers

38. and 39. Provider's name: Enter name of the provider you are referring services to.
Medi-Cal provider number: Enter the provider's Medi-Cal provider number.
Telephone: Enter provider's telephone number.
Contact person: Enter the name of the person who can be contacted regarding the request.
Address: Enter address of the provider.
Description of services: Enter description of referred services.
Procedure code: Enter the procedure code for requested service other than ongoing physician services.
Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
Additional information: Include any written instructions/details here.

Signature

40. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
41. Date: Enter the date the request is signed.

ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information						
1. Date of request		2. Provider name		3. Medi-Cal provider number		
4. Address (number, street)		City		State		ZIP code
5. Contact person		6. Contact telephone number ()		7. Contact fax number ()		
Client Information						
8. Client name—last		First		Middle		
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Date of birth (mm/dd/yyyy)		11. CCS/GHPP case number		
12. Client index number (CIN)		13. Client's Medi-Cal number				
Diagnosis						
14. Diagnosis (DX)/ICD-9: _____ DX/ICD-9: _____ DX/ICD-9: _____						
15. Service Authorization Request for (<i>Check one</i>) <input type="checkbox"/> a. CCS/GHPP New SAR <input type="checkbox"/> b. Authorization extension (If checked, enter authorization number: _____)						
Requested Services						
16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure	18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Units	21. Quantity (Pharmacy Only)
* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.						
22. Other documentation attached <input type="checkbox"/> Yes		23. Enter facility name (where requested services will be performed, if other than office).				
24. Begin date		25. End date	26. Number of days	27. Extension begin date	28. Extension end date	29. Number of extension days
Additional Services Requested from Other Health Care Providers						
30. Provider's name		Medi-Cal provider number	Telephone number ()		Contact person	
Address (number, street)		City		State		ZIP code
Description of services			Procedure code		Units	Quantity
Additional information						
31. Provider's name		Medi-Cal provider number	Telephone number ()		Contact person	
Address (number, street)		City		State		ZIP code
Description of services			Procedure code		Units	Quantity
Additional information						
32. Signature of physician/provider or authorized designee				33. Date		

INSTRUCTIONS

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Medi-Cal provider number: Enter Medi-Cal billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client's date of birth.
11. CCS/GHPP case number: Enter the client's CCS/GHPP number. If not known, leave blank.
12. Client index number (CIN): Enter the client's CIN number. If not known, leave blank.
13. Client's Medi-Cal number: Enter the client's Medi-Cal number. If number is not known, leave blank.

Diagnosis

14. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

Requested Services

15. a. CCS/GHPP New SAR: Check if requesting a new authorization for an established CCS/GHPP client.
b. Authorization extension: Check if requesting an extension of an authorized request. Please enter the authorization number on the line.
16. CPT-4/HCPSC code/NDC: Enter the requested CPT-4, HCPSC code, or NDC code. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
17. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
18. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
19. Frequency/duration: Enter the frequency or duration of the procedures/services being requested.
20. Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
21. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
22. Other documentation attached: Check this box if attaching additional documentation.
23. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

24. Begin date: Enter the date the requested inpatient stay will begin.
25. End date: Enter the date the requested inpatient stay will end.
26. Number of days: Enter the number of days for the requested inpatient stay.
27. Extension begin date: Enter the date the requested extension of authorized inpatient stay will begin.
28. Extension end date: Enter the date the requested extended stay will end.
29. Number of extension days: Enter number of days for the requested extension inpatient stay.

Additional Services Requested from Other Health Care Providers

30. and 31. Provider's name: Enter name of the provider you are referring services to.
Medi-Cal provider number: Enter the provider's Medi-Cal provider number.
Telephone: Enter provider's telephone number.
Contact person: Enter the name of the person who can be contacted regarding the request.
Address: Enter address of the provider.
Description of services: Enter description of referred services.
Procedure code: Enter the procedure code for requested service other than ongoing physician services.
Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
Additional information: Include any written instructions/details here.

Signature

32. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
33. Date: Enter the date the request is signed.

Twenty-Four Hour Access to Telephonic Interpreters

- Molina provides free 24-hour access to telephonic interpreter services for members with limited English proficiency (LEP).
- From 7 AM to 7 PM please call Molina's Member Services Department at (888) 665-4621 to arrange for this service.
- For after hours and weekends, please call Molina's Nurse Advice (English (888) 275-8750 or Spanish (866) 648-3537) to arrange for this service.
- Members who are deaf, hard of hearing, or have a speech impairment can be reached using the California Relay Service (CRS). 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

- Face-to-Face Interpreter Services (including Sign Language) are also available at no cost for members at their clinical appointment.
- Please call Molina's Member Services Department at (888) 665-4621 to request a face to face interpreter. You may also fax your request to (562) 901-9632 or email to MHC-Interpreters@molinahealthcare.com.
- We recommend that provider offices give us at least 3 business days (72 hours) notice so that our interpreter agencies can identify an interpreter for the appointment. Sign language interpreters are in high demand and may require at least 5 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.

Cultural and Linguistic Consultation

- Call Molina's Health Education Department at (800) 526-8196 ext. 127421 for questions about different cultural beliefs and practices that may be affecting patient care.

"Ask the Cultural and Linguistics Specialist"

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

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

- Family members, minors and 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.



Molina Healthcare Health Plan - California

Interpreter Access Card

1. Dial 877-373-6022
2. Enter PIN 1011
3. Please enter Department # **(reference below)**
4. Please say the County
5. Please say the language you need
6. Please hold temporarily as you connect to an interpreter.



Molina Healthcare Department Codes

Health Education	014	MMG South Riverside	309
Member Services	090	MMG North Riverside	329
Community Outreach	092	MMG Moreno Valley	328
Pharmacy	023	MMG Fontana	311
Quality Improvement	012	MMG Rialto	335
Utilization Management	011	MMG San Bernardino (190 E. Highland)	312
MMG Operations	151	MMG San Bernardino (170 S. Highland)	326
MMG Wilmington	307	MMG Adelanto	336
MMG East Long Beach	301	MMG 55 th Street	314
MMG North Long Beach	303	MMG Norwood	318
MMG Lancaster	302	MMG Marysville	316
MMG Second Street	306	MMG Citrus Heights	317
MMG Ontario	313		

Should you need 24/7 assistance, Press *0 or call 800-481-3289 to be connected with a CyraCom Client Services Representative.

068 Macedonian	363 Nigerian English Pidgin	(Nuosu)	047 Thai
051 Malay	054 Norwegian	256 Sicilian	105 Tibetan
088 Malayalam	294 Nuer	089 Sinhala	028 Tigrigna
354 Malinke	251 Oromo	064 Slovak	305 Toisan
035 Mandarin	386 Ouatchi	142 Somali	036 Toishanese
015 Mandingo	110 Pashto	337 Soninke	128 Tongan
246 Mandinka	297 Persian	413 Soninke (Maraka)	342 Trukese (Chuukese)
205 Marathi	062 Polish	312 Soninke (Sarahuleh)	112 Turkish
291 Marshallese	061 Portuguese	419 Soninke (Sarakole)	095 Twi
045 Mien	141 Portuguese Creole	060 Spanish	076 Ukrainian
423 Mina	409 Pulaar	258 Suchown	079 Urdu
373 Mirpuri	080 Punjabi	311 Sudanese Arabic	336 Uzbek
292 Mixtec	066 Romanian	026 Swahili	049 Vietnamese
415 Mixteco Alto	078 Russian	422 Swahili (Kibajuni)	308 Visayan (Cebuano)
416 Mixteco Bajo	126 Samoan	053 Swedish	119 Waray-Waray
340 Moldovan	400 Saudi Arabic	377 Sylheti	020 Wolof
150 Mongolian	148 Serbian	302 Taechew	260 Wuxinese
339 Montenegrin (Serbian)	299 Serbo-Croatian	117 Tagalog	387 Yemeni Arabic
381 Moroccan Arabic	037 Shanghainese (Wu)	033 Taiwanese	135 Yiddish
144 Navajo	333 Sichuan/ Szechuan	137 Tamil	021 Yoruba
249 Neapolitan		303 Telegu (Telugu)	115 Zambal (Sambal)
081 Nepali			

Contact Us

Phone: (800) 713-4950, ext 1
 Fax: (520) 745-9022
 Email: info@cyracom.com
 Web: www.cyracom.com

Mailing Address:
 CyraCom
 5780 North Swan Road
 Tucson, Arizona 85718

Smoking Cessation

Molina Healthcare collaborates with the *California Smoker's Helpline* to help members, including teens, pregnant smokers and tobacco chewers, to quit smoking.

- **Referral Criteria/Process:** Enrollment into a program qualifies the member for 3 months of Nicotine Replacement Therapy (NRT).
 1. **To refer, Complete the HEALTH EDUCATION REFERRAL FORM and fax back to Health Education at (562)-901-1176.**
 2. If requesting NRT's complete the Medication Prior Authorization Request form and fax to 866-508-6445.
- Providers no longer need to fax in the certificate of enrollment. This will be done by the smoking cessation counselor.

Weight Management

Molina offers *Weight Watcher's* to all Molina members ages 17 and older.

Referral Criteria/Process: For members with a BMI of 40 or higher, a written release by the medical provider is required. To refer, please **complete the HEALTH EDUCATION REFERRAL FORM and fax back to Health Education at (562)-901-1176.**

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. Providers may **refer members via the HEALTH EDUCATION REFERRAL FORM and faxing back to Health Education at (562)-901-1176.**

Motherhood MattersSM Pregnancy Program

The program strives to improve birth outcomes and reduce costly hospitalizations.

- **Referral Criteria/Process:** Molina Healthcare's pregnancy program is for all pregnant members of any age. To refer please **complete the PREGNANCY NOTIFICATION REPORT FORM as early as possible and fax back to Case Management at (562)-499-6105.**
- **Progesterone treatment (17-P):** Molina Healthcare covers progesterone treatment for members at risk for pre-term birth. When started early, 17-P has been shown to prevent pre-term birth. **For more information, contact our clinical staff at (800)-526-8196, ext: 129513.**

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 following order forms and fax back to Health Education at (562)-901-1176.**

- WEIGHT MANAGEMENT PRINT MATERIALS ORDER FORM
- HEALTH EDUCATION PRINT MATERIALS ORDER FORM

Individual Health Education Behavioral Assessments - "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. This includes:

- Staying Healthy Tip Sheets
- Practitioner resource binders and pocket guides
- Office staff training videos.

To access the "Staying Healthy" materials please contact Health Education at 1-866-472-9483 or visit Molina's website.

All forms below 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 REPORT FORM
- WEIGHT MANAGEMENT PRINT MATERIALS ORDER FORM
- HEALTH EDUCATION PRINT MATERIALS ORDER FORM
- MEDICATION PRIOR AUTHORIZATION REQUEST FORM

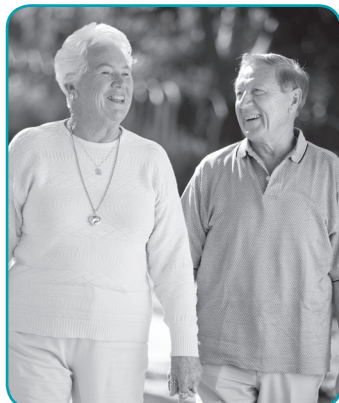
If you have any questions please contact Health Education at (562)-499-6191, ext: 127524.



Health Education Services



**Molina's Health Education Department is committed to helping you stay well.
The programs listed are available to members at no cost.**



Weight Control

- For members 17 years and older.
- You can participate in a free online program or a local program in your area.

Smoking Cessation

- For adults, teens, tobacco chewers and pregnant smokers (with doctor's approval).
- This program is done over the telephone.
- Molina also covers Nicotine Replacement Therapy or other medication to help you quit.



To enroll or to get more information on weight control or quitting smoking, please call 1-866-472-9483.

Newsletters

- As a member you will receive educational newsletters two times a year.

Interpreter Services

- Molina offers interpreter services including sign language.



Please call our Member Services department at 1-888-665-4621 (TTY/TDD 1-800-479-3310), Monday – Friday, 7:00am – 7:00pm for more information.

Healthy Living with DiabetesSM Program

- For adults 18 years and older with a diagnosis of diabetes.
- Our Care Managers will work with you over the phone to help you manage your diabetes.

Breathe with EaseSM Asthma Program

- For children and adults ages 2 and older with a diagnosis of asthma.
- You will learn about triggers, early warning signs, proper use of medicines, preventing flare ups, and how to use a peak flow meter and an inhaler with a spacer.
- You can receive allergen-proof pillow covers.

Motherhood MattersSM Pregnancy Program

- Our Care Managers will help you to get the education and services for a healthy pregnancy.
- The program also offers help if you are at risk for pre-term birth.



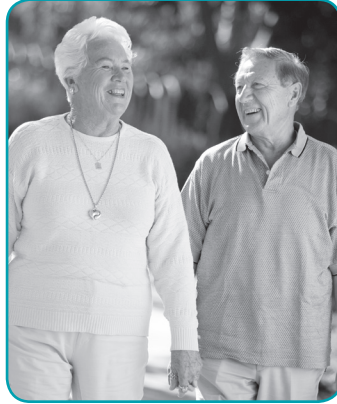
To enroll or get more information on these Health Management programs please call 1-866-891-2320.



Servicios para Educación de la Salud



El Departamento de Educación de la Salud de Molina se compromete a ayudarle a mantenerse sano. Los programas mencionados están a disposición de los miembros, sin costo alguno.



Control de Peso

- Para miembros de 17 años de edad en adelante.
- Usted puede participar en un programa gratis en línea o en un programa local en su área.

Para Dejar de Fumar

- Para adultos, adolescentes, masticadores de tabaco y fumadoras embarazadas (con la aprobación del médico).
- Este programa se realiza por teléfono.
- Molina también cubre Terapia de Reemplazo de Nicotina u otras medicinas que le ayudarán a dejar de fumar.



Para inscribirse o para obtener más información sobre el control de peso o dejar de fumar, por favor llame al: 1-866-472-9483.

Boletines Informativos

- Como miembro, usted recibirá boletines educativos dos veces al año.

Servicios de Intérprete

- Molina ofrece servicios de intérprete, incluyendo lenguaje de señas.



Para más información, sírvase llamar a nuestro Departamento de Servicios para Miembros al: 1-888-665-4621 (TTY TDD: 1-800-479-3310), de lunes a viernes de las 7:00 a.m. a las 7:00 p.m.

Programa Viviendo Saludable con Diabetes

- Para adultos mayores de 18 años con un diagnóstico de diabetes.
- Nuestros Administradores de Servicios le ayudarán por teléfono a controlar su diabetes.

Programa de Asma Respire con Facilidad

- Para adultos y niños de 2 años en adelante con diagnóstico de asma.
- Usted aprenderá acerca de los desencadenantes, los signos de alerta temprana, el uso adecuado de los medicamentos, la prevención de episodios, y cómo utilizar un medidor de flujo máximo y un inhalador con un espaciador.
- Usted puede recibir fundas de almohada a prueba de alérgenos.

Programa de maternidad Motherhood MattersSM

- Nuestros Administradores de Servicios le ayudarán a obtener la educación y los servicios para tener un embarazo sano.
- El programa también ofrece ayuda si usted está en riesgo de tener un parto prematuro.



Para inscribirse u obtener más información sobre estos programas de salud, por favor llame al: 1-866-891-2320.



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. Nutrition-elementary school child		
20. Nutrition-general		
21. Nutrition-pregnancy		
22. Pregnancy health		
23. Preventive Services-exam and test guidelines		
24. Stress Management		
25. Substance Abuse Prevention		
26. Tobacco Prevention		
27. Tobacco Cessation		
28. Top 10 Brochure – Molina Benefits Information		
29. 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; 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 <i>A = Adult C = Child T = Teen</i>	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

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 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:

Molina Medical Group
Attn: Claims Department
P.O. Box 22693
Long Beach, CA 90801

or

Molina Medical Group
Attn: Claims Department
P.O. Box 22702
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@MolinHealthcare.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, accurately 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: (855) 322-4075, Ext 751123.
- 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:

Medi-Cal:

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

Medicare:

P.O. Box 22817
Long Beach, CA 90801
Attn: Provider Appeals

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

☐ Claim

☐ Seeking Resolution Of A Billing Determination

☐ Appeal of Medical Necessity / Utilization Management Decision

☐ Contract Dispute

☐ Request For Reimbursement Of Overpayment

☐ 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)



FRAUD, WASTE AND ABUSE (FWA) – WHY DO WE CARE?

We care about FWA because the enormous cost of health care fraud affects all of us. We may pay for it by way of an increase in our premiums, increased taxes, more out-of-pocket expenses and potentially reduced benefits and coverage. According to Center for Medicare and Medicare Services (CMS), in 2008, Americans spent \$2.34 trillion dollars on healthcare. Of those trillions of dollars, it was estimated that between 3 to 10 percent was lost to healthcare fraud; the dollar equivalent of approximately \$70 billion to \$234 billion. To put the size of the problem in perspective, according to the World Bank website, this type of cash can run a small nation like Finland ([WB-Data Stats](#)). From a health plan prospective, health care fraud translates into state rate cuts and potential budgetary problems.

As part of our Compliance Program, Molina Healthcare of California (MHC) takes FWA seriously by implementing safeguards to prevent, detect, investigate and report FWA. As stewards of State and Federal government funds, it is our duty to report potential FWA. This is why we care!

It's easy! Follow these steps:

STEP 1 – Know what defines FWA:

What is FRAUD? “Fraud” is the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefits to himself/herself or some other person.

What is WASTE? “Waste” is health care spending that can be eliminated without reducing the quality of care.

What is ABUSE? “Abuse” means practices that are inconsistent with sound fiscal, business or medical practices that result in an unnecessary cost to the Medi-Cal and/or Medicare programs.

STEP 2: Know who commits FWA:



STEP 3 – Know where potential FWA can happen:



STEP 4: Know where to report FWA:

- Email: MHC_Compliance@Molinahealthcare.com
- Fax: (562) 499-6150
- Call Confidential Compliance Hotline: (866) 606-3889
- Anonymity calls OK



Reference Source:

CMS – www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf

World Bank – <http://siteresources.worldbank.org/DATASTATISTICS/Resources/GDP.pdf>

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care services to its members, and supports the efforts of federal and state authorities in their enforcement of prohibitions of fraudulent practices or other entities dealing with the provision of health care services.

“Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to the Medicare and Medicaid programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally-recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicare and Medicaid programs. (42 CFR § 455.2)

“Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Federal False Claims Act, 31 USC Section 3279

The False Claims Act is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. The act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.

The term “knowing” is defined to mean that a person with respect to information

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim;
- Acts in reckless disregard of the truth or falsity of the information in a claim.

The act does not require proof of a specific intent to defraud the U.S. government. Instead, health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government, such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills for services never performed or items never furnished or otherwise causing a false claim to be submitted.

The Federal False Claims Act and the Medicaid False Claims Act also have Qui Tam language commonly referred to as “whistleblower” provisions. These provisions encourage employees (current or former) and others to report instances of fraud, waste or abuse to the government. The government may then proceed to file a lawsuit against the organization/individual accused of violating the False Claims acts. The whistleblower may also file a lawsuit on his/her own. Cases found in favor of the government will result in the whistleblower receiving a portion of the amount awarded to the government.

Whistleblower protections state that employees who have been discharged, demoted, suspended, threatened, harassed or otherwise discriminated against due to their role in furthering a false claim are entitled to all relief necessary to make the employee whole including:

- Employment reinstatement at the same level of seniority
- Two times the amount of back pay plus interest
- Compensation for special damages incurred by the employee as a result of the employer’s inappropriate actions.

Affected entities, contractors or agents who fail to comply with the law will be at risk of forfeiting all Medicaid payments until compliance is met. Molina Healthcare will take steps to monitor Molina Healthcare contracted Providers/Practitioners to ensure compliance with the law.

Examples of Fraud and Abuse

BY A MEMBER	BY A PROVIDER
Using someone else's insurance card.	False coding, records, or altered claims.
Forging a prescription.	Billing for services not rendered or goods not provided.
Knowingly enrolling someone not eligible for coverage under their policy or group coverage.	Billing separately for services that should be a single service.
Providing misleading information on or omitting information from an application for health care coverage, or intentionally giving incorrect information to receive benefits.	Billing for services not medically necessary.
Altering the billed amount for services. Altering the service date.	Overutilization: Medically unnecessary diagnostics, unnecessary durable medical equipment, unauthorized services, inappropriate procedure for diagnosis.

Deficit Reduction Act (DRA)

On February 8, 2006, President Bush signed into law the Deficit Reduction Act ("DRA"). The Deficit Reduction Act (DRA) was enacted to bring monetary spending under control. The DRA aims to cut \$11 billion from the Medicare and Medicaid programs by 2012 by deterring and preventing fraud, waste, and abuse.

As a Provider/Practitioner to Molina Healthcare members, you are either a cover entity or contractor/agent, as a contractor/agent you are required to follow Molina Healthcare's policy and procedures on the DRA, fraud and abuse. Health care entities like Molina Healthcare who receive or pay out at least \$5 million in Medicaid funds per year must comply with DRA. These entities must have written policies that inform employees, contractors, and agents of the following:

- The Federal False Claims Act and state laws pertaining to submitting false claims;
- How Providers/Practitioners will detect and prevent fraud, waste, and abuse;
- Employee protected rights as whistleblowers.

How to Report Potential Fraud

You may report suspected cases of fraud and abuse to Molina Healthcare's Compliance Officer. You have the right to have your concerns reported anonymously to Molina Healthcare, the California Department of Health Services, and/or United States Office of Inspector General. When reporting an issue, please provide as much information as possible. The more information provided the better the chance the situation will be successfully reviewed and resolved. Remember to include the following information when reporting suspected fraud or abuse:

- **Nature of Complaint:** the names of individuals and/or entity involved in suspected fraud and/or abuse including address, phone number, Medicaid ID number and any other identifying information.

Potential fraud and abuse may be reported through one of the following:

- **Telephone:** (866) 606-3889
- **Fax:** (562) 499-6150
- **E-mail:** MHC_Compliance@MolinaHealthcare.com
- **Mail:** Compliance Officer
Molina Healthcare of California
200 Oceangate, Suite 100
Long Beach, CA 90802

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 Brotman Medical Center	Culver City	310-943-4500	✓	✓	✓	✓
	Hollywood Community Hospital at Hollywood	Hollywood	323-462-2271	✓	✓	✓	✓
	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	✓	✓	✓	✓
Memorial Care Health System	Children's Hospital Los Angeles	Los Angeles	323-660-2450	✓	✓		
	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	Centinela 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	✓	✓	✓	✓
Providence Health & Services	Holy Cross Medi-Cal Center	Mission Hills	818-365-8051	✓			
	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	✓			
Universal Health Services, Inc. (UHS)	Palmdale Regional Medical Center/Lancaster Community Hospital	Palmdale	626-359-8111	✓	✓	✓	
	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	✓	✓	✓	✓
	Pacifica 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	✓	✓		✓