

Molina Healthcare understands that an efficient prior authorization (PA) process is important to our providers. These quick tips for requesting a home health prior authorization will help make sure that we receive all of the information needed to process your requests as quickly as possible so that you can focus on what's most important: providing care to your patients.

The Basics

This basic information is needed on all PA requests for home health services.

1. Check the patient's insurance information to make sure that Molina Healthcare is the primary insurer.
2. Complete the Molina Healthcare Service Request Form or the Ohio Care Coordination Plan Standardized Prior Authorization Request Form.
3. Submit all information required for home health services.
4. Medicaid Home health and PDN service requests are not limited to 60-day authorization periods.

Start of Care Only	<ul style="list-style-type: none"> • Documentation of a face-to-face encounter with the treating physician within 90 days prior to the start of care date, or within 30 days following the start of care date • A current completed OASIS/ 485 • Completion of a Certificate of Medical Necessity for Home Health Services (JFS 07137)
Start of Care and Continuing Care Requests	<ul style="list-style-type: none"> • Supporting documentation of the patient's need for home health services • A current Completed OASIS/ 485 • Date of last face to face encounter with physician • Written physician's order for continuing home health services from the attending physician actively treating the patient • All Home Health requests require ongoing supervision of the treating physician. The treating physician must order recertification and document the clinical need for continuation of services. • When a member with special or complex needs is identified and those needs are not expected to change over time either the ordering provider may request an extended authorization period be reviewed, or when identified by a Molina clinician, the authorization may be approved for an extended period.

Clinical Information

- Current diagnosis and co-morbidities
- Current medical status
- Medication list and compliance
- Recent hospitalization information
- DME currently utilized
- If requesting home health nurse visits, indicate the specific skilled nursing need to support the request
- Latest 485 form
- Provide a complete description of any wounds: size, depth, type and frequency of dressings
- Daily home health notes for the last 2 weeks of the most recent Skilled
- Nursing and/or Home Health Aide notes (therapy progress notes if applicable).

Molina Healthcare typically responds to routine home health service requests within 10 days.



Home Health Prior Authorization Request Quick Tips

Helpful Hints

These hints will help ensure that your PA requests contain all of the necessary information for review the first time they are submitted.

- Call ahead. Molina Healthcare can answer any questions you have before you submit your PA request.
- Fax your PA requests, including all clinical information and signed CMN to
 - Medicaid (MyCare Ohio Opt-out) (866) 449-6843.
 - Medicare (MyCare Ohio Opt-in) (877) 708-2116
 - Marketplace (855) 502-5130
- Submit your PA requests via the Provider Portal at <http://Provider.MolinaHealthcare.com>, including all clinical and signed CMN.
- The main purpose of home health services cannot be to provide incidental services. Incidental services include light chores, light house cleaning, preparing of meals and/or taking out the trash. These incidental services cannot increase the total number of hours requested.

Most Common Errors

Avoid the most common reasons for delay or denial of PA requests.

- Insufficient or missing clinical information necessary for review of the home health services
- Lack of progress notes
- Illegible documentation

Contact Us

If you have questions about a request, call Molina Healthcare's Prior Authorization Department at (855) 322-4079. A representative is available to assist you Monday through Friday from 8 a.m. to 5 p.m.