Molina Healthcare of Iowa
Iowa Medicaid Annual Training

October 2023

MOLINA® HEALTHCARE

Agenda

Welcome to Molina

Welcome to Molina Healthcare of Iowa

On behalf of all of us at Molina Healthcare of Iowa, we are pleased to welcome you to our provider network and our health plan. As some of you know, Molina Healthcare is a national, for-profit company that serves more than 5 million members across 20 states. While our scope is vast, we also have strong local roots in Iowa.

This short introduction will give you a high-level explanation of who we are and how best we can partner with you to care for our members, our patients. We look forward to years of serving both you and your patients!

Sincerely,

Jennifer Vermeer   Timothy Gutshall, M.D.
President/CEO   Chief Medical Officer

Molina Implementation: How is it going?

➢ **Provider visits**

Roughly 1,000 in person and virtual provider visits have been made before go-live by the provider services team, and continue daily.

➢ **Provider education**

Roughly 3,000 providers attended the provider orientation series from May 2nd to June 22nd, 2023.

➢ **Provider office hours**

Over 800 providers participated in the provider townhall series from July 10th through August 11th.

➢ **Provider materials**

We have created and posted / made available to providers many useful materials, including:

- Provider Orientation 2023
- Molina IA Claims and Billing Guide 2023
- Availity Essentials Quick Reference Guide
- Prior Authorization/Pre-Service Guide
- Provider Frequently Asked Questions

- LTSS Supervisor Map by Region
- Provider Services Rep Map
- Provider Reference Card
- 90 Day Prior Authorization FAQ

Claims Update

Claims and EFT Update

➢ Claims and Billing Updates

1. Adjudication Information
- Extensive review of claims before finalizing
- Moving to three payment cycles per week
- (Monday/Wednesday/Friday) with eventual move to daily

2. Top Rejection Issues
- Taxonomy in Box 33b
- Nine Digit Zip code (no hyphen)

3. Important Reminders
- Ambulatory Surgical Centers (ASC) need to bill on a valid claim form (HCFA 1500)
- FQHC's and RHC's
  - Claims **should not include** rendering practitioner NPI when submitting for encounters
  - Missing encounter code T1015 on encounter claim submissions
- Individual CDAC providers should have received payment and if not, contact the member's case manager or Call our Provider Services Contact Center: (844) 236-1464

➢ ERA/EFT Updates

Important Reminders
- Ensure you are signing up for the **FREE** ERA/EFT service; there is **NO CHARGE** for EFT with Molina
- To register with Change Healthcare/ECHO Health, go to ECHO Enrollment
- *Questions?* Call ECHO Health at **(888) 834-3511** or email edi@echohealthinc.com

➢ Molina System Configuration Updates

- To keep up to date on configuration updates and timelines for resolution, go here: https://www.molinahealthcare.com/providers/ia/medicaid/communications/news.aspx

Electronic Payment Requirement

Participating providers are encouraged to enroll in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Providers enrolled in EFT payments will automatically receive ERAs as well. EFT/ERA services give providers the ability to reduce paperwork, utilize searchable ERAs, and receive payment and ERA access faster than the paper check and remittance advice (RA) processes.

There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll. Molina uses a vendor to facilitate the HIPAA compliant EFT payment and ERA delivery processes.

Molina contracts with our payment vendor, ECHO Health, Inc. You may contact ECHO Customer Service at (888) 834-3511 or edi@echohealthinc.com

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Electronic Payment Requirement

1 Once you have enrolled for electronic payments you will receive the associated ERAs from ECHO with the Molina Payer ID. Please ensure that your Practice Management System is updated to accept the Payer ID referenced below. All generated ERAs will be accessible to download from the ECHO provider portal: www.providerpayments.com

2 If you have any difficulty with the website or have additional questions, ECHO has a Customer Services team available to assist with this transition. Additionally, changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Customer Services team at (888) 834-3511.

3 Molina's Payer ID: **MLNIA**

4 Once your account is activated, you will begin receiving all payments through EFT, and you will no longer receive a paper explanation of payment (EOP) (i.e., Remittance) through the mail. You will receive 835s (by your selection of routing or via manual download) and can view, print, download and save historical and new ERAs with a two-year lookback.

5 Additional instructions on how to register are here: ECHO Enrollment

Claims

Claims Submission Options

- Molina requests that contracted providers submit all claims **electronically**.
- These are submitted via a clearinghouse using the EDI process.
- The Availity Provider Portal https://provider.molinahealthcare.com/ is available *free of charge* and allows for attachments to be included.

- Via your regular Clearinghouse - Providers may use the Clearinghouse of their choosing. (Note that fees may apply).
- *SSI* is Molina Healthcare's chosen clearinghouse.
- When submitting EDI Claims (via a clearinghouse) to Molina Healthcare, providers must use the applicable payor ID: *#MLNIA*

Claims Processing Standards

These standards must be met on a **monthly basis** to ensure our providers are paid in a timely manner:

- Over 90% of *clean claims* received by Molina from our health plan network providers are processed within *30 calendar days*.
- 100% of *clean claims* are processed within *90 working days*.

EDI Claim Submission Issues:

- Providers can submit an email to EDI.Claims@molinahealthcare.com.

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Claims Submission – Timely Filing

Providers are encouraged to submit claims for Covered Services rendered to members as soon as possible following the date of service.

Claims must be submitted by provider to Molina Healthcare within one hundred eighty (180) calendar days

All claims shall be submitted electronically, and include medical records pertaining to the claim if requested by Molina Healthcare
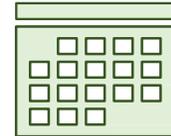
Out-of-network providers = 365 calendar days after discharge from Date of Service

Corrected Claims = 365 calendar days from the last adjudication date for up to 2 years from Date of Service

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Claims Submission and Disputes

Corrected Claims

- Corrected claims are considered new claims, and may be submitted electronically via the Availity Provider Portal https://availity.com/molinahealthcare, or through an EDI clearinghouse.
- Correct and Void claims must be submitted with a valid Molina Claim ID. If the ICN is blank, or does not contain a Molina Claim ID, the claim will be rejected. **277 Remark Code:**

Category Code	Status Code	Status Code Description	Entity Code	Entity code description	Error description
A3	748	Missing incomplete/invalid payer claim control number. Corrected	n/a	n/a	Invalid/Missing Original ClaimID

Claims Disputes/Adjustments

- Providers seeking a redetermination of a claim previously adjudicated must request such action within **one hundred-eighty (180) days** of Molina Healthcare's original remittance advice date.
- Additionally, any claim(s) dispute requests (including denials) should be submitted to Molina Healthcare using the standard claims reconsideration review form (CRRF). This form can be found on the provider website.

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Claims Disputes & Reconsiderations

Providers are encouraged to submit claim disputes electronically, using the Availity Essentials portal.	The item(s) being resubmitted should be clearly marked as reconsideration and must include the following documentation: ▪ Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the reconsideration request. ▪ The Claim number clearly marked on all supporting documents.
Claim reconsiderations shall be submitted at:	Availity Essentials portal: https://availity.com/Essentials Fax: (855) 275-3082

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Claim: Coordination of Benefits and Third-Party Liability

Coordination of Benefits (COB)

Medicaid is the payer of last resort (private and governmental carriers must be billed prior to billing Molina Healthcare or medical groups/IPAs)	Provider should inquire with members to learn whether member has health insurance, benefits or Covered Services other than from Molina Healthcare	Provider must immediately notify Molina Healthcare of any other coverage	Provider will be compensated in an amount equal to the allowable Clean Claim less the amount paid by other health plans, insurance carriers and payers, not to exceed Molina Healthcare's contracted allowable rate	Provider must include a copy of the other insurance's EOB with the Claim

Provider can submit claims with attachments, including EOBs and other required documents, by utilizing Molina's Provider Portal
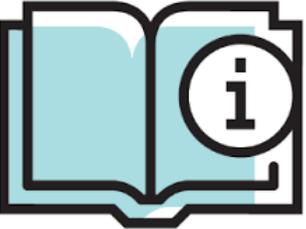
Third-Party Liability

- Molina Healthcare as payer of last resort will make every effort to determine the appropriate third-party payer for services rendered
- Molina may deny claims when a third-party has been established and will pay claims for covered services when probable Third-Party Liability (TPL) has not been established, or third-party benefits are not available to pay a claim
- Molina Healthcare will attempt to recover any third-party resources available to members and shall maintain records pertaining to TPL collections on behalf of members for audit and review

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Balance Billing and Claims Payment

Providers *may not* balance bill Molina members for any reason for *covered* services. Detailed information regarding the billing requirements for non-covered services are available in the Iowa Provider Manual.

Your Provider Agreement with Molina requires that your office verifies eligibility prior to rendering any service and obtain approval for those services that require prior authorization.

In the event of a denial of payment, providers shall look solely to Molina for compensation for services rendered, with the exception of any applicable cost sharing/co-payments.
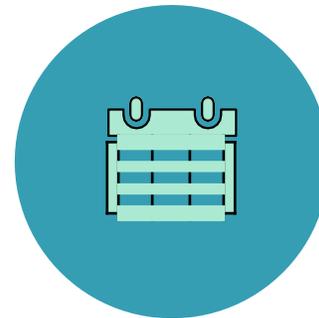
The date of claim receipt is the date as indicated by its data stamp on the claim. The date of claim payment is the date of the check or other form of payment.

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Recoupments & Overpayments

Recoupments

➢ Important Updates

Molina adjustments appear as 'full claim takeback adjustment' (original claim ID with suffix "R#" followed by a new claim with suffix "A#").

Molina uses a "backout and replace" claims system.

Refunds applied appear as 'recoupments/offsets', but are reflected by a refund amount on the EOP/825 which "nets" against the takeback claim in the amount of the refund.

Please log in to *Availity Essentials* to see all overpayment letters. This is where you can also dispute, agree to recoup, etc. in the portal directly.

Availity Overpayment Feature

➤ Availity and Molina Healthcare have developed a better way to help provider offices manage overpayments in the provider portal. This functionality is **live** in *Availity Essentials*.

View the status and details of any claims that Molina has identified an overpayment

Request additional information, and dispute or resolve the overpayment

Upload documents and use the conversation feature within the tool

Availity: Overpayment Tool

➤ Availity Access

- To use the overpayments application, your organization's Availity administrator must assign the **Claim Status** and **Claims Overpayment Recovery** roles to your user account.
- Contact your administrator(s) to get more or different permissions.

➤ Highlights and Insights

- In My Account Dashboard, click **My Account** > **Organizations** > **Open My Administrators** to find administrators for your business.

Messaging

- Unassigned 50+
- Unread
- Pending
- Recently Resolved
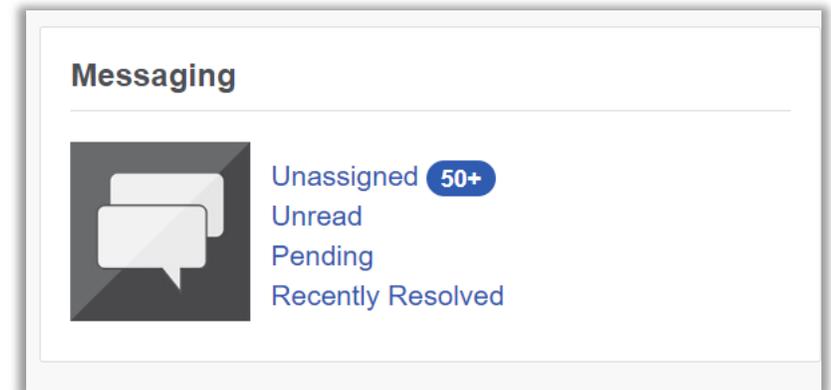
Availity: Overpayment Tool in Essentials

To access the overpayments application, click
1. **Claims & Payments**
2. **Overpayments**.

Availity Updates

Availity Update

➢ Availity Troubleshooting

Remittance Viewer
- To view remittances, please authenticate your organization
- How-To Webinar available in the remittance viewer

Availity Access
- Be sure to check in with your organization's Availity admin to manage your access

Get logged in to our Portal:
- Availity Essentials: [Molina Provider Portal](#)
- Provider can inquire via 'Secure Claims Messaging' or 'Claims Inquiry Tool'
- For further assistance, call Availity Help Desk:
  1-800-282-4548 / 8 AM – 8 PM ET / Monday - Friday
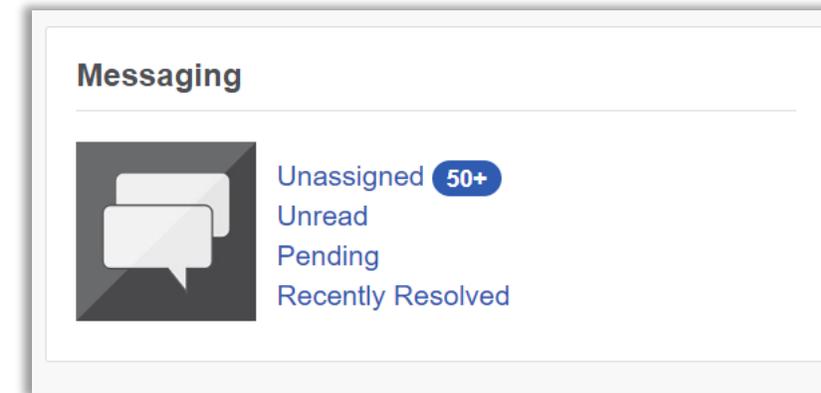
Availity Registration

Providers may register for access to our Availity Provider Portal for services that include self service member eligibility, claim status, provider searches, to submit requests for authorizations and to submit claims.

Services Offered by Availity and Molina:

- Claim Submission/resubmission
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information

Organization Registration Resource: http://www.availity.com/registration-tips

Availity Payor ID: MLNIA

Availity Payor Name: Molina Healthcare of Iowa

Availity Essentials

Availity Essentials portal:

The benefits of submitting your prior authorization request through the Availity Essentials portal are:

Participating providers are encouraged to use the Availity Essentials portal for prior authorization submissions whenever possible. Instructions for how to submit a prior authorization request are available on the Availity Essentials portal: https://availity.com/molinahealthcare

❖ Create and submit Prior Authorization Requests
❖ Check status of Authorization Requests
❖ Access dashboard where you can easily see your authorizations and the status update.
❖ Attach medical documentation required for timely medical review and decision making

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Provider Escalation Steps

➢ **Do you have a question? We can help!**

① **Call Provider Services Contact Center**
Phone: **(844) 236-1464**
Hours: **7:30 am – 6:00 pm, Mon – Fri**

② **Contact Availity**
Availity Essentials: Molina Provider Portal
Provider can inquire via **Secure Claims Messaging** or **Claims Inquiry Tool**
(please note: this tool will connect you to the dedicated Molina Iowa Analyst Team)

③ **Reach out to your Provider Services Representative**
Providers should visit the Regional Map to locate their personal rep for their county: Molina IA Rep Map
Providers can contact the provider services general box: IAProviderRelations@molinahealthcare.com

④ **Contact Health Plan Leadership Directly**
Angela Schmidt – Manager, Provider Services: Angela.Schmidt@molinahealthcare.com
Rondine Anderson – Director, Provider Services: Rondine.Anderson@molinahealthcare.com

Messaging
Unassigned 50+
Unread
Pending
Recently Resolved
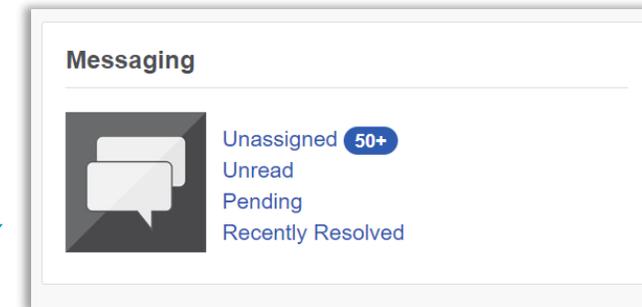
Provider Services Contact Information

Provider Services General Box:

IAProviderRelations@MolinaHealthcare.com

Provider Services Rep Map:

Molina PSR Map by County (next slide)

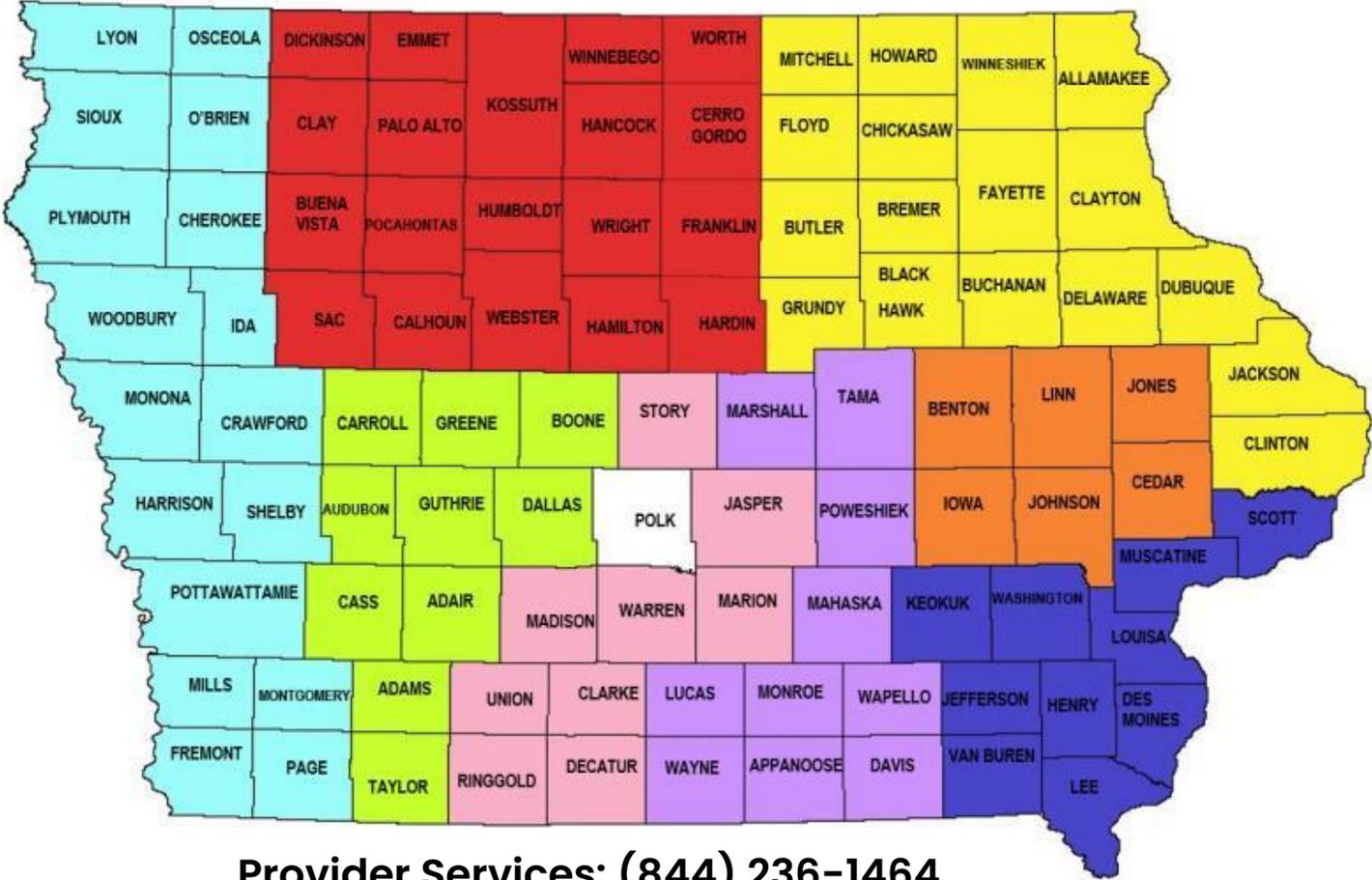**Provider Services Contact Center:**

Phone: (844) 236-1464
Hours: 7:30 am - 6:00 pm, Mon - Fri

Provider Services Rep Map

- **Molina IA Rep Map Link**

Theresa – theresa.ellis2@molinahealthcare.com
Kendra – kendra.abel@molinahealthcare.com
Adrian – adrian.cain@molinahealthcare.com
Veronica – veronica.smith3@molinahealthcare.com
Elizabeth – elizabeth.erickson@molinahealthcare.com
Mario – maria.markham@molinahealthcare.com
Amber – amber.meador@molirahealthcare.com
Jordan – jordan.kohlmeyer@molinahealthcare.com

Health Systems contacts:
Adrian: MercyOne, Genesis
Kendra: University of Iowa, Paramount
Theresa: Unity Point
Amber: Child Serve
Jordan: Iowa Primary Care Association FQHC's

Polk County will be divided in the following way:
Veronica: Broadlawns, Pleasant Hill, Altoona, Beaverdale, Des Moines, Mitchellville, Runnells, Bondurant, Elkhart
Elizabeth: West Des Moines, Urbandale, Windsor Heights, Clive, Polk City, Ankeny, Grimes, Huxley

Provider Services: (844) 236-1464

Provider Data Accuracy and Validation

It is important for providers to ensure Molina has accurate practice and business information.

This allows us to better support and serve Molina members and provider network.

Maintaining an accurate and current Provider Directory is a State and Federal regulatory requirement, as well as an NCQA required element.

Invalid information can negatively impact member access to care, member/PCP assignments and referrals.

Providers must validate their provider information on file with Molina at least once every 90 days for correctness and completeness.

Provider Data Accuracy and Validation

Please visit our Provider Online Directory at

MolinaHealthcare.com/IA

to validate your information.

For corrections and updates, providers can make updates through the CAQH portal, or you may submit a full roster that includes the required information above for each health care provider and/or health care facility in your practice.

Providers unable to make updates through the CAQH portal or roster process should contact their Provider Services representative for assistance.
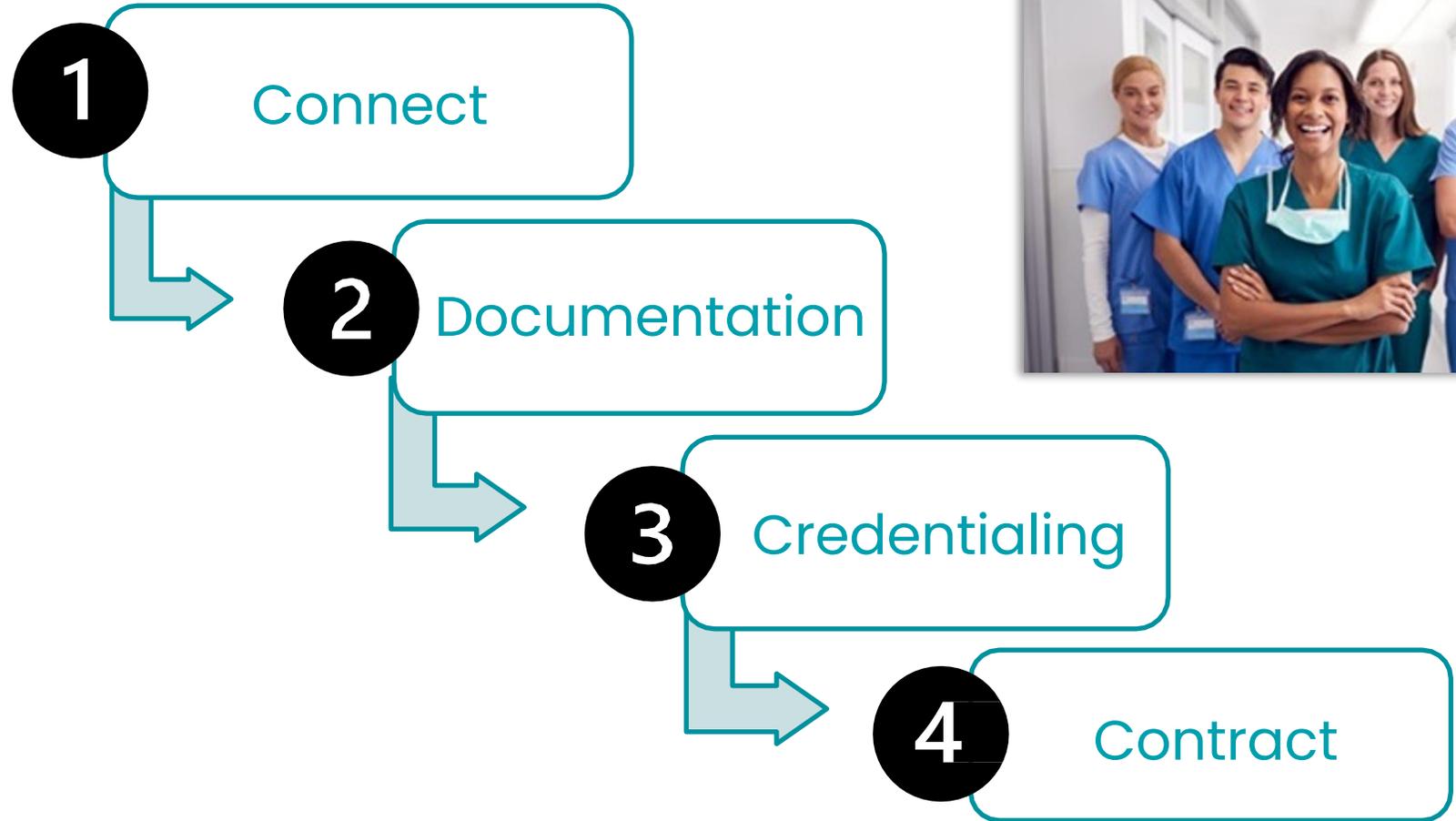
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Join Our Network

To join Molina Healthcare of Iowa's network, providers **must be enrolled** as an Iowa Medicaid provider and have an active Medicaid ID number.

Follow these steps to join our network:

1 Connect

2 Documentation

3 Credentialing

4 Contract

Connect

Points of contact and the process for joining our network will differ depending on provider type.

Vision Providers	Please contact our vision vendor, March Vision, for participation at **(844) 496-2724** or by visiting MarchVision.com
Pharmacy Providers	Please contact our Pharmacy benefits manager, CVS Pharmacy, by visiting CVS website here: Join CVS Caremark Network.
All Other Providers	Please complete a Contract Request Form found on our website: www.molinahealthcare.com/providers/ia and submit to IAProviderContracts@MolinaHealthcare.com.

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Documentation - Practitioners

- Provider Services Agreement
- W-9
- Roster or Provider Information Form
- Practitioner Application (if practitioner does not have an updated and attested CAQH profile)
- Primary Specialty and Taxonomy Code
- Service Area Form
- Sample CMS 1500 Claim Form

Documentation – Organizational/Facility Providers

- Hospital/Facility/Ancillary Provider Services Agreement
- W-9
- Health Delivery Organization (HDO) Form
- Primary Specialty and Taxonomy Code
- Service Area Form
- Hospital Services Checklist (if applicable)
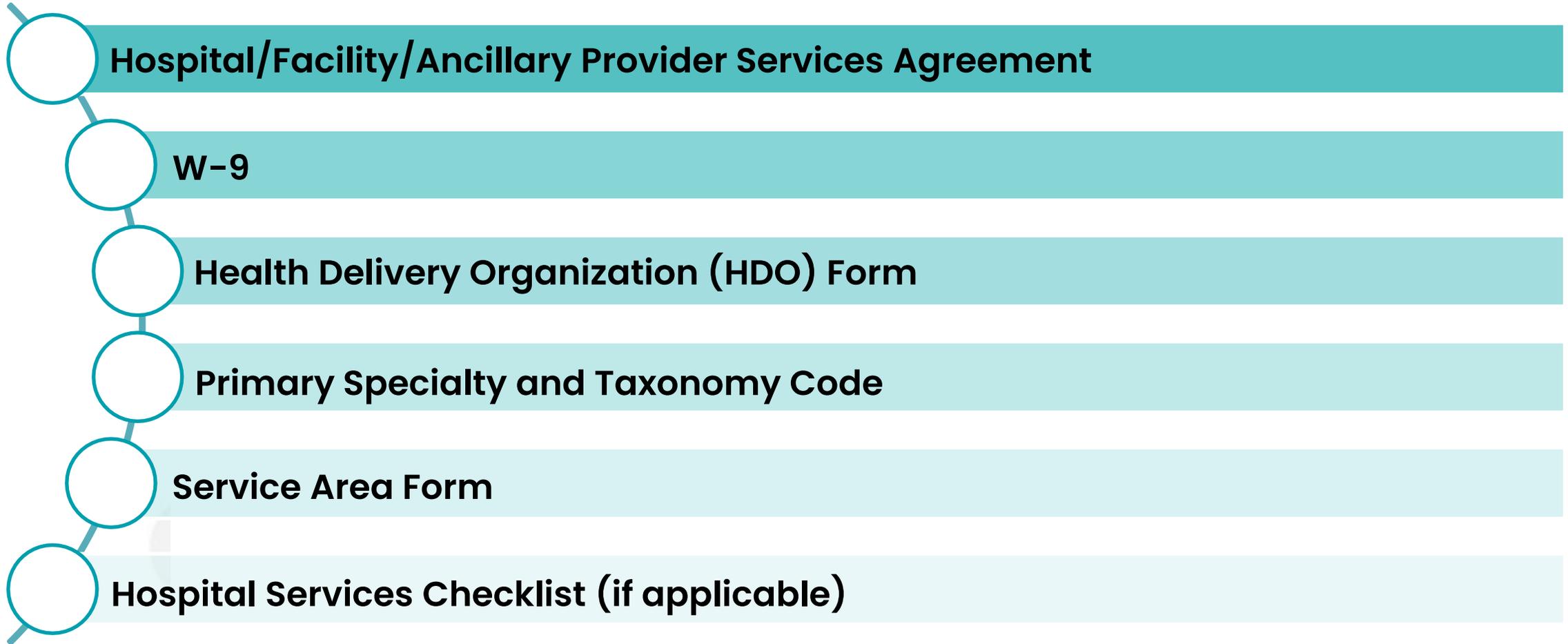
Molina's Provider Credentialing Process Model

1. Create & Process Provider Credentialing Application	2. Collect & Verify Provider Information	3. Final Decision on Provider Application
• Create a new provider application. • A new provider may need to be credentialed depending on its source i.e. CAQH/Paper/HDO/ Provider Source, status, type or specialty. The Provider application could be Initial or Recredentialing.	• Verify Provider information and collect supporting Credentialing documents. • Corporate Credentialing department collects all mandatory documentation from CAQH/State websites.	• Review provider application and make a final decision • Application goes through a review process in which information is verified and final decision of Approval/Denial/ Termination/Hold is made.

Regulatory Documents	Examples: CMS disclosure, CQ update, Checklist, EP Staff check, Site visit, Verifications

Reporting	Examples: Dashboard for number of items in queue, Credentialing Reports, other Analytics and Business Intelligence requirements

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Contract

The final step will be for Molina to countersign the Provider Agreement and provide the provider with a signed executed copy.

Credentialed facilities and/or practitioners will also be loaded into Molina's claims payment system as in-network providers.

The in-network effective date for each facility and/or practitioner will be the date of credentialing completion.

This will be included in the notification that providers receive from Molina's Credentialing department (referenced in Step 3 - Credential).

CDAC Enrollment Process

Steps:

| CDAC Provider completes the **Iowa Medicaid HCBS Waiver Provider Application** (pages 56 only) Form 470-2917 and W-9 Form | Submit to Case Manager | Case Manager submits to IA Provider Contracting Team for enrollment and loading into claims payment system |

Provider Resources for Questions and Concerns

➤ **Contact a Molina team member:**

- o Please email our Provider Contracting department directly, at IAProviderContracts@MolinaHealthcare.com

- o You may also call Molina's Provider Contact Center at **(844) 236-1464**

- o Additionally, the Provider Services team is also ready to assist with next steps at IAProviderRelations@MolinaHealthcare.com

➤ **Molina Iowa Website:**

- o www.MolinaHealthcare.com/IA – our website includes our provider manual, as well as educational resources around this process

- o Provider Network Forms – this link directs you to the documents you may fill out and submit for a faster turn around time on credentialing

- o Join Our Network – this link thoroughly walks you through all contracting and credentialing steps in this presentation

Redetermination

Redetermination

Medicaid members will go through a redetermination process during the 12-month unwinding period to determine if they are still eligible for any Medicaid program(s).

This includes members who have not had a redetermination in the last 12 months and those who have been deemed ineligible but whose coverage is being maintained.

It is critical that Iowa Medicaid members have up-to-date contact information and mailing addresses.

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Redetermination vs. Open Enrollment v. Open Choice

Redetermination

HHS determine whether a member can stay on Medicaid

- Redetermination is an annual review of your patient's Medicaid eligibility
- The annual review process is conducted by Iowa Health and Human Services
- The review includes things such as the household income, number of dependents in the house, pregnancy status, disability status, and more
- Iowa HHS determines eligibility status

Open Enrollment

Triggered by the implementation of a new MCO. The member can decide to stay with their assigned MCO or switch.

- Open enrollment happens when a new MCO joins Iowa Medicaid or once a member is approved for Medicaid, they are automatically enrolled in an MCO

Open Choice

Mails out to members every 12-months, depending on when they originally started with Medicaid.

- Annual choice period is 60 days
- After your Annual Choice Period has ended, and throughout the year, member may only change their MCO for reasons of "Good Cause."

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Provider Online Resources

Provider Online Resources

- ✓ Provider Online Directories
- ✓ Preventative & Clinical Care Guidelines
- ✓ Provider Manuals
- ✓ Provider Portal
- ✓ Prior Authorization Information
- ✓ Advanced Directives
- ✓ Model of Care Training
- ✓ Claims Information
- ✓ Pharmacy Information
- ✓ HIPAA
- ✓ Fraud, Waste & Abuse Information
- ✓ Frequently Used Forms
- ✓ Communications & Newsletters
- ✓ Member Rights & Responsibilities
- ✓ Contact Information

Verifying Member Eligibility

Providers who contract with Molina may verify a member's eligibility and/or confirm PCP assignment by checking the following:

Availity Essentials portal at https://availity.com/Essentials	Visit ELVS portal: https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools/ELVS or Call **(800) 338-7752**	Medicaid Eligibility can also be verified through HHS by accessing the Eligibility and Verification Information System (ELVS)

Please Note – At no time should a member be denied services because his/her name does not appear on the PCP's eligibility roster. If a member does not appear on the eligibility roster the provider should contact the Plan for further verification.

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Provider Online Directory

Providers may use Molina's Provider Online Directory (POD) located on our website or request a copy of the Provider Directory from their Provider Services Representative(s).

Molina is committed to improving your online experience. The new Provider Online Directory enhances search functionality so information is available quickly and easily.

Key benefits include:

User-friendly and intuitive navigation

Provider profile cards for quick access to information

Browsing by category, search bar and common searches

Expanded search options and filtering for narrowing results

Provider information you can save to use later

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Pharmacy & Medical Benefits

Pharmacy

Molina will align its pharmacy Benefit coverage with the Iowa Medicaid Preferred Drug list (PDL), including prior authorization status, quantity limits, and days supply limits. Prior authorization criteria will also align with Iowa Medicaid.

	Pharmacy Benefit	Medical Benefit
Definition	Prescribed Drugs	Physician Administered Drugs
Billing	Point of Sale in a Pharmacy	Reimbursed by clinic billing *Must have NDC, units of service and HCPCS code*
Preferred Drug List	States required PDL Preferred Drug Lists | Iowa Medicaid PDL OR www.molinahealthcare.com	Must be on Rebate eligible list Rebatable Drug List for J-Code Billing | Iowa Department of Health & Human Services
Prior Authorization	States required criteria and forms PA Forms | Iowa Medicaid PDL OR www.molinahealthcare.com	Universal Form (must use) Prior Authorization | Iowa Department of Health & Human Services OR www.molinahealthcare.com
PA Forms Fax	877-733-3195	877-319-6828
Approval Process	Pharmacy UM team	Medical UM Team

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Nurse Advice Line

This telephone-based nurse advice line is available to all Molina members. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available **(24) hours a day, seven (7) days a week** to assess symptoms and help make good health care decisions.

Nurse Advice Line (NAL)
24 hours per day, 365 days per year

(866) 236-2096- TTY/TDD: 711 Relay

Note: The Nurse Advice Line telephone number is also printed on member ID cards.

Includes Behavioral Health: BH Crisis Line only

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is technology used to verify and document that authorized Personal Care Services and Home Health Care Services visits occur. EVV ensures that services are delivered to the members needing services, and that billing is correct. Molina partners with CareBridge for EVV requirements. Please visit https://hhs.iowa.gov/ime/providers/EVV for more information.

Services that are required to use EVV include, but may not be limited to:
- o Homemaker S5130
- o Homemaker NOS S5131
- o ICDAC Non-Skilled T1019
- o ICDAC Skilled T1019 U3
- o Agency CDAC Non-Skilled S5125
- o Agency CDAC Skilled S5125 U3

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EVV Updates

➢ **Carebridge Electronic Visit Verification (EVV) Training & Payment**

- Once a provider has become enrolled with the IME and Molina, they should begin training on how to use CareBridge's Electronic Visit Verification (EVV) system.

➢ **Carebridge Contact Information**

- Training Resources: https://carebridgehealth.zendesk.com/hc/en-us/categories/360004330014IOWA
- Request for Login Information: http://evv.carebridgehealth.com/loginrequest
- Email: iaevv@carebridgehealth.com
- Technical Support Center: (844) 343-3653

EVV: Now Available

Home Health Provider Agencies must begin using EVV to submit electronically validated visits and generate claims on January 1, 2024.

We encourage you to begin using EVV now to allow time to prepare for this change. Being comfortable with EVV will be important so you don't experience a disruption in claims reimbursement and to ensure you are fully operational by the deadline.

EVV will be applicable for the following Home Health service types:

S9122 Personal Care provided by a HHA or CNA [Waiver]

S9123 Skilled Nursing, RN [Waiver]

S9124 Skilled Nursing LPN [Waiver]

S9122 Personal Care provided by a HHA or CNA, [Non-Waiver]

S9123 Skilled Nursing, RN [Non-Waiver]

S9124 Skilled Nursing, LPN [Non-Waiver]*

- Amerigroup/Molina only*

T1002 Nursing Care, RN, IMMT, home

T1003 Nursing Care, LPN, IMMT, home

T1004 Home Health Aide, IMMT

T1004 U3 Home Health Aide

T1021 Home Health Aide

T1030 Nursing Care, RN, home

T1031 Nursing Care, LPN, home

G0151 Physical Therapist (PT), home health setting or hospice

G0152 Occupational Therapist (OT), home health setting or hospice

G0153 Speech Language Pathologist (SLP or ST), home health setting or hospice

G0156 Home Health Aide, home health or hospice setting

G0158 OT Assistant, home health setting or hospice

G0159 PT, Home health setting

G0160 OT, Home health setting

G0161 SLP, Home health setting

G0299 RN Direct Care, home health or hospice setting

G0300 LPN Direct Care, home health setting or hospice]

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Utilization Management

Our Utilization Management (UM) program functions by:

Assuring	Assuring that services are Iowa Medicaid, MLTSS, and CHIP covered benefits
Ensuring	Ensuring that Molina staff does not approve requested services that are deemed to be experimental and investigational
Applying	Applying nationally accepted evidence-based criteria that support decision making to determine the medical necessity or appropriateness of services
Monitoring	Monitoring of our members benefits to ensure a safe discharge plan with appropriate follow up services

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Referrals and Prior Authorization

Referrals are made when medically necessary services are beyond the scope of the PCPs practice. Most referrals to in-network specialists do not require an authorization from Molina.

Information is to be exchanged between the PCP and Specialist to coordinate care of the patient

Prior Authorization is a request for prospective review. It is designed to:
- ✓ Assist in benefit determination
- ✓ Prevent unanticipated denials of coverage
- ✓ Create a collaborative approach to determining the appropriate level of care for members receiving services
- ✓ Identify Case Management and Disease Management opportunities
- ✓ Improve coordination of care

Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff that have the authority to approve services.

A list of services and procedures that require prior authorization is included in our Provider Manual, and is also posted on our website: MolinaHealthcare.com/IA

Request for Prior Authorization

MCS Advanced Imaging has a direct fax number (different from prior authorization request fax). Radiology/Imaging Prior Authorization Request Fax: 8777317218.

The list of services that require prior authorization is available in narrative form, along with a more detailed list by CPT and HCPCS codes. Molina prior authorization documents are updated annually, or more frequently as appropriate, and the current documents are posted on the Molina website at https://www.MolinaHealthcare.com

Authorization for elective services should be requested with supporting clinical documentation for medical necessity review. Information generally required to support decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services
- Physical examination that addresses the problem
- Lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results)
- PCP or Specialist progress notes or consultations
- Any other information or data specific to the request

Prior Authorization
Request Fax:
877-319-6828

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Request Responses

Molina makes UM decisions in a timely manner to accommodate the urgency of the situation as determined by the member's clinical situation.

For a standard authorization request, Molina makes the determination and provides response within fourteen (14) calendar days.

For an expedited request for authorization, Molina makes a determination as promptly as the member's health requires and no later than seventy-two (72) hours after Molina receives the initial request for service. In the event a provider indicates, or if we determine that a standard authorization decision timeframe could jeopardize a member's life or health, Molina will process such requests as expedited as well.

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Prior Authorization Look Up Tool

The Prior Authorization Look-up Tool allows providers to enter a CPT or HCPCS code to determine authorization requirements in real-time!

To access the Prior Authorization Look-up Tool instructions, go to: Provider Look Up Tool Walk Through

This will also direct you to the most current Prior Authorization Guidelines and the Prior Authorization Request Form.

Prior Authorization Review Guide (cont'd)

For emergency admissions, notification of the admission shall occur once the patient has been stabilized in the emergency department. Notification of admission is required to verify eligibility, authorize care, including level of care (LOC), and initiate inpatient review and discharge planning.

Emergent inpatient admission services performed without meeting notification and Medical Necessity requirements or failure to include all of the needed documentation to support the need for an inpatient admission will result in a denial of authorization for the inpatient admission.

Molina performs concurrent inpatient review in order to ensure patient safety, Medical Necessity of ongoing inpatient services, adequate progress of treatment and development of appropriate discharge plans. Molina will request updated original clinical records from inpatient facilities at regular intervals during a member's inpatient admission.

We require that the notification includes:
o   Member demographic information
o   Facility information
o   Date of admission
o   Clinical information sufficient to document the Medical Necessity of the admission
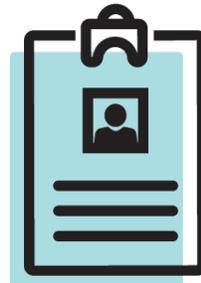
*Molina requires notification of all emergent inpatient admissions **within twenty-four (24) hours** of admission or by the close of the next business day when emergent admissions occur on weekends or holidays*

Molina Healthcare Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

| Vision Services – *March Vision*	• Toll Free #: **(844) 496-2724** • [March Vision](#)
Teledoc	• Virtual Care Page w/Teledoc services FAQs • [Teledoc Services](#)
Non-Emergency Transportation – *Access 2 Care (A2C)*	• Toll Free #: **(844) 544-1389** • [A2C](#)
Telehealth (I/DD) – StationMD	• Toll Free #: **(844) 544-1389** • [StationMD](#)

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Vision Care

MARCH Vision Care is Molina Iowa's exclusive vision partner. Molina Medicaid, LTSS and CHIP members will use this service.

For more health plan information:
Email: marchinfo@marchvisioncare.com
Call: (844) 496-2724
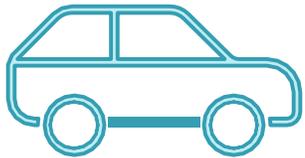8:00 A.M. – 5:00 P.M.
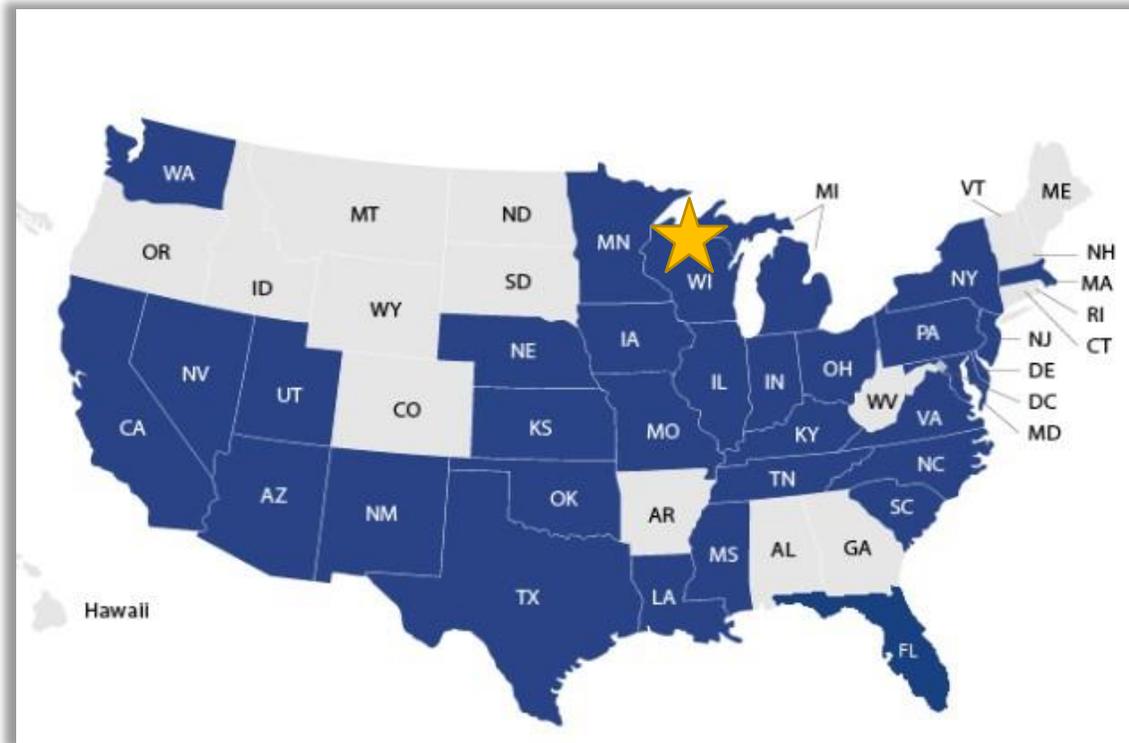
Access2Care

Molina provides FREE non-emergency transportation so our members can get to their scheduled visits.

Unlimited round-trip or one-way trips for covered, medically necessary services each calendar year.

Call Access2Care at (844) 544-1389 to schedule a ride

*Members should call **2 business days** in advance of an appointment to schedule a free ride.*

StationMD

Molina Iowa has partnered with StationMD for our Medicaid members This is a telemedicine service for Individuals with Intellectual and Developmental Disabilities (1/DD). 82% of StationMD patients have their medical needs resolved virtually.

Why Use StationMD

StationMD improves health outcomes and quality of life for those with 1/DD. By enabling individuals to receive urgent medical care in their own home or community setting via telemedicine, it reduces stress on caregivers and costs associated with unnecessary ER visits & hospital admissions.

Our Services

- ✓ 24/7 access to 1/DD- specialized doctors & clinicians
- ✓ Decreases ER & hospital admissions
- ✓ Care coordination with PCP & preferred pharmacy
- ✓ Accepts many major insurance plans (Medicaid & Medicare)

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LTSS: Case Management Updates

Molina offers specialists to collaborate with case managers and to aid providers and members.

If a family caregiver is providing care in combination with provider services, Molina offers caregiver support through TCARE and Trualta.

Molina has a Regional LTSS Supervisor Map for direct contacts in your area (shown on next slide).

Our case managers provide coordinated care and support for members, their caregivers, and the clinicians who care for them.

Molina Caregiver Connect: TCARE and Trualta

TCARE
A hands-on caregiver facing program designed to mitigate stress and burn out. TCARE Specialist will develop a person-centered support plan to care for their needs much like we care for member's needs.

Molina Caregiver Goals:

- Decrease caregiver stress and burnout
- Increase overall health outcomes
- Decrease placement of individuals in long term care facilities
- Decrease Emergency Room and Hospital Admissions

Trualta
An educational caregiver support platform that providers skills-based training, support groups, and an online community to those managing care for loved ones at home.
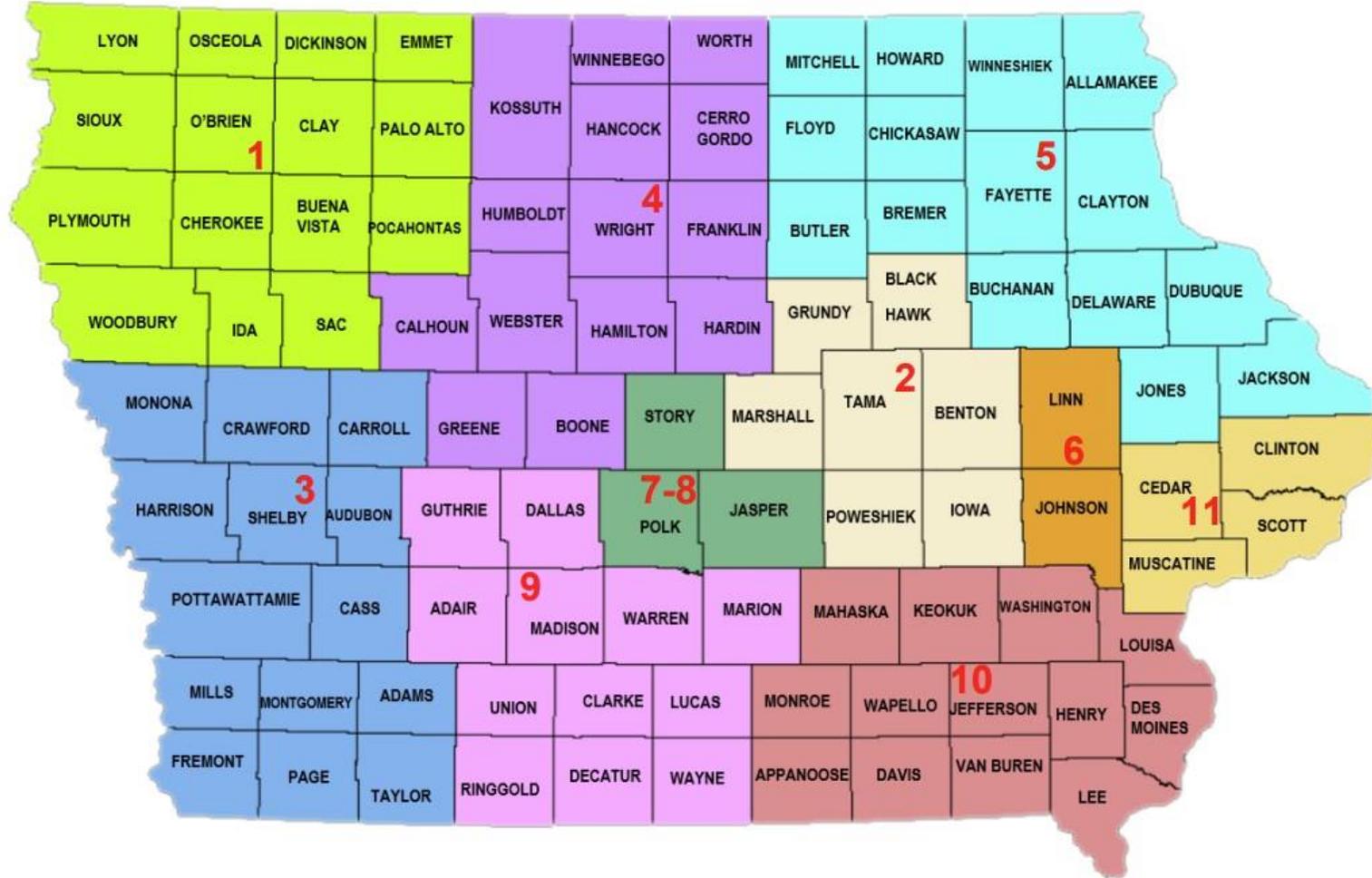
LTSS Supervisor Map by Region

Regional Supervisors:

Region 1   **Andrea Lietz - (712) 730-5809**
andrea.lietz@molinahealthcare.com

Region 2   **Sara Etringer - (319) 893-2651**
sara.etringer@molinahealthcare.com

Region 3   **Jennifer Nunez - (712) 635-7903**
jennifer.nunez@molinahealthcare.com

Region 4   **Jani Sokoloski - (319) 348-5445**
jani.sokoloski@molinahealthcare.com

Region 5   **Kristen Mennenga-Longhorn - (319) 834-9523**
kristen.mennenga-longhorn@molinahealthcare.com

Region 6   **Zachary Walgren - (319) 834-9584**
zachary.walgren@molinahealthcare.com

Region 7   **Carrie Lair - (515) 343-4742**
carrie.lair@molinahealthcare.com

Region 8   **Melissa McNulty - (515) 330-8377**
melissa.mcnulty@molinahealthcare.com

Region 9   **Ruth Wilson - (641) 436-7797**
ruth.wilson@molinahealthcare.com

Region 10   **Josie Washburn - (319) 520-8922**
josie.washburn@molinahealthcare.com

Region 11   **Amber Edmondson - (563) 296-0955**
amber.edmondson@molinahealthcare.com

- [LTSS Map Link](#)

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