

Answers to Frequently Asked Questions

Behavioral Health Insourcing from Beacon Health to Affinity by Molina Healthcare

Effective January 1, 2022

1. I am a provider who signed a contract but am not sure of my participation status as of 1/1/22?

Please email <u>MHNYNetworkOperations@molinahealthcare.com.</u> A Provider Representative will respond to update you on your status. Please note that while we may have a signed contract, we may require further information, such as a provider roster, or application face sheet that may delay your participation status.

2. How do I recognize that my patient is a member of Affinity by Molina Healthcare?

The Member ID Cards are all Affinity by Molina Healthcare. They are attached at the end of this FAQ.

3. My patient is scheduled for services after January 1, 2022, what do I need to do?

Affinity by Molina Healthcare (ABM) is responsible for all new Behavioral Health (Psychiatric and Substance Use Disorder) services after midnight January 1, 2022.

4. My patient was admitted <u>Inpatient</u> prior to 1/1/22, do I need a new authorization? Who is responsible to perform the concurrent reviews?

For Inpatient Psychiatric Care, Inpatient Substance Use Detox and Inpatient Substance Use Rehabilitation: If the member was admitted prior to 1/1/22, Beacon Health Options (Beacon) will continue to manage these cases until discharge. The case will be handed off by Beacon to ABM upon discharge.

4. My patient was admitted to a <u>Residential Care Facility</u> prior to 1/1/22, do we need a new authorization?

For Intermediate Care: Residential Rehabilitation and Residential Crisis Services

ABM will honor all authorizations created in 2021 through Beacon's end date in 2022. Additional dates of service after the end date will require a new authorization and review by ABM.

5. My patient is receiving Intermediate Care (other than Residential Services), Ambulatory Care, or Diversionary Care prior to 1/1/22, how are these requests handled?

For those other services which require authorization and have end dates in 2022, ABM will honor these authorizations through Beacon's end date. Additional dates of service after the end date will require a new authorization request and review by ABM.



6. I have an authorization from Beacon that doesn't end until some time in 2022, what do I need to do?

For those other services which require authorization and have end dates in 2022, ABM will honor these authorizations through Beacon's end date. Additional dates of service after the end date will require a new authorization request and review by ABM.

7. My patient's service started in 2021 and requires a <u>Retrospective Review</u>; how is this handled?

My patient's service started in 2021 and I need to file an Appeal; how is this handled?

Beacon is responsible for reviewing all dates of services with start dates in 2021. The Retrospective Review and/or Appeal should be sent to Beacon.

8. I am an <u>Out of Network Provider</u> (not participating with ABM); what is the process I need to follow for continuity of care?

*Note: Member and Providers were sent "Disruption Letter" stating that their care would be out of network effective 1/1/22.

ABM is treating Out of Network (Non-Par) Providers, the same as if they were In Network (Par Providers) for <u>120</u> days. Only those services that require authorization for an In-Network Provider will require authorization for Out of Network Providers. Routine care that does not require authorization for an In-Network Provider will not require authorization for an Out of Network Provider.

Furthermore, **ABM is waiving the requirement for completion of Single Case Agreements (SCA's) during this 120-day period.** Providers need to transition members to participating providers during this 120-day period or they can join the network and become a participating provider.

9. I am a provider who would like to join the ABM Network who do I contact?

MHNYProviderContracting@molinahealthcare.com or Provider Relations at 1-877-872-4716

10. Where do I send Claims for Dates of Service prior to 1/1/22?

Claims for services rendered prior to January 1, 2022 may be submitted electronically via Beacon Health Options' provider portal at <u>www.beaconhealthoptions.com</u>. You may also submit paper claims to the following address:

Beacon Health Strategies P.O. Box 1866 Hicksville, NY 11802-1866

11. I still have business with Beacon for dates of service prior to 1/1/22, how do I get a hold of them?

Beacon Phone Number: 800-974-6831

Beacon Fax Number: 781-994-7600



Affinity by Molina Identification Card Samples by Product:

Medicaid Managed Care (MMC):



Members:

Providers:

Emergency Care:

Rehavioral Health Renefit:

Teladoc[®] Virtual Services:

Dental Benefit (DentaQuest®): Pharmacy Benefit (CVS):

Vision Benefit (Superior Vision®): (800) 879-6901

Call 911 or go to the nearest Emergency Room

(800) 835-2362 connect with a board-certified doctor 24/7

AffinityPlan.com

(800) 223-7242

(855) 208-6768 (800) 223-7242

Remit claims to: Affinity by Molina Healthcare, PO Box 22615, Long Beach, CA 90801

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Affinity by Molina Healthcare Member Services at (800) 223-7242/ TTY:T1 To speak to a nurse 247, call our Nursing Advice Line at (844) 819-5977

Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331



Child Health Plus (CHP):



3

Essential Plan (EP):



