

Prior Authorization (PA) FAQ

This *Frequently Asked Questions (FAQ)* document addresses prior authorization (PA) policies for the first 90 days of Molina Healthcare of Iowa operations (7/1/23 - 9/30/23).

Molina Healthcare of Iowa will honor all PA's for Molina members that were approved prior to 7/1/23 by Amerigroup or Iowa Total Care, for the 90-day continuity of care period. All of these approved PA's will be incorporated into Molina's systems and the authorization will be honored for 90 days. You may view these PAs on the Availity portal beginning 7/15/23. Providers do not need to resubmit any PAs for services already authorized by Amerigroup or Iowa Total Care for members transitioning to Molina

For the first 90 days, Molina is waiving new PAs for new services requested on or after 7/1/23 for many services, in addition to honoring previously approved PAs to assure a smooth implementation. There are exceptions to the 90-day PA Waiver where PA will be required, see table below.

Please note: full prior authorization requirements, as defined in the Molina [Prior Authorization Look Up Tool](#), will begin on 10/1/23.

Exceptions to 90-day Prior Authorization (PA) Waiver for New Services after 7/1/23	
Service	Requirement
Inpatient Hospital (includes Psych Inpatient, HHS Mental Health Institutes)	PA Required
PMIC	PA Required
Skilled Nursing Facility (does not include custodial care stays)	PA Required
ICF-ID including the State Resource Centers	PA Required
CAR T Transplants Gene Therapy Mepsevii	PA Required PA Required PA Required PA Required
Home Health	If <u>Not</u> part of a HCBS Person-Centered Service Plan, PA Required If <u>Part of</u> a HCBS Person-Centered Service Plan, must be included in the Service Plan. Work with member's Case manager to incorporate into the Service Plan
Durable Medical Equipment (DME)	For items with a combined total estimated payment of \$1500 or more - PA Required
HCBS Waiver and Habilitation	Authorization Required through Person-Centered Service Plan. Work with member's Case manager to incorporate into the Service Plan.
Neuropsychological or Psychological test	PA Required

Pharmacy: Exceptions for 90-days Prior Authorization (PA) Waiver for New Services after 7/1/23	
Pharmacy	PA Required after 7/01/23

Frequently asked questions:

What is the Utilization Management process for new prior authorizations submitted on or after 7/1/23?

For the majority of services requiring a PA, if the PA is requested after 7/1/23 and the date of service is between 7/1/23 and 9/30/23 for a covered benefit, the PA will be waived. Exceptions are defined in the table on Page 1. The claims will not be denied for no PA during this 90-day period.

What if the PA was already approved by a prior MCO for a date of service after 7/1/23?

Providers do not need to submit PAs for services transitioning from Amerigroup or Iowa Total Care to Molina during the 90-day continuity-of-care period. Molina will receive data files with the previously approved PAs and will honor the PA for the length of time of the authorization. (i.e., if the auth from a prior MCO is good until October 10th, we will honor it until then). At that point, we would then request the provider contact us for continued prior authorization.

What if a prior MCO did not require a prior auth for a service, but Molina does?

If a service did NOT require a PA at previous MCO - Molina will not require a PA for the first 90 days. After 90 days, **full prior authorization requirements as defined in the Molina [Prior Authorization Look Up Tool](#) begin on 10/1/23.**

What if the PA is for a service that has not been authorized by the prior MCO, and/or it is for a NEW service after 7/1/23?

If this is a PA for a new service request between 7/1/23 and 9/30/23, Molina is waiving the PA requirement, unless it is an exception (defined in the table on page 1). Molina is waiving PAs during the first 90 days to assure a smooth transition for members and providers. Examples where PA is waived include, but are not limited to: Physical Therapy, Occupational Therapy, Speech Therapy, most outpatient services. There are exceptions where PAs for new services will be required, and those exceptions are defined in the Table on Page 1.

LTSS / BH / IHH Prior Authorization (PA) Questions and Responses for Providers:

If I am a Long-Term Services and Supports (LTSS) provider, do I need to submit a prior authorization?

If the member has an approved service plan from Amerigroup or Iowa Total Care, and that service plan extends past 7/1/2023, Molina will honor that service plan until the end date of the plan. If a member is a new LTSS member or an existing member requiring new LTSS services, you will need to work with the Molina case manager to create or amend the service plan. Molina case managers create the authorization as a part of the service plan process.

If I have a person who is inpatient at a hospital (includes PMIC and skilled nursing facility) on July 1, 2023, will I need to create a prior authorization?

Yes, Molina needs to be aware of transition activities and therefore, will need a PA submitted for any continued stays at an inpatient setting. The previous authorization will be honored, if it was completed by Amerigroup or Iowa Total Care prior to July 1, 2023. This includes inpatient stays in an acute or facility setting. Note, Iowa Medicaid will be issuing an information letter about billing for inpatient hospital stays admitted before 7/1/23 with discharge after 7/1/23.

Would I need to submit a request for a PA for a new admission or continued stay review for custodial care nursing facility services?

No, these services will not require a PA. Please note: our [Prior Authorization Look Up Tool](#) is in process of being updated to reflect that a PA is not required. Providers will not need to request a PA for these service during the first 90 days or after. Skilled nursing facilities will require a PA for all new stays.

If the member has a durable medical equipment (DME) authorization that was obtained before July 1, 2023 do I need to submit a new authorization?

No, a new PA is not required and does not need to be submitted. We will receive a copy of the previous MCO's authorization and enter it into our system. A PA for a DME item is not required UNLESS the item(s) have a combined total estimated payment of \$1500 or more.

Will Molina pay for cosmetic, plastic or reconstructive procedures during this time? Would this require a PA?

Cosmetic surgery, or expenses incurred in connection with cosmetic surgery, is not covered under the Medicaid program except in certain situations. All cosmetic surgery relations would require a PA. Providers would consult provider manuals to determine if a service is a covered benefit.

Will Molina pay for non-covered benefits during the 90-day period?

No, if it is non-covered, the claim would be denied as a non-covered benefit. Providers should consult provider manuals for what is a covered or non-covered benefit.

If the member had a Neuropsychological or Psychological test approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new Neuropsychological or Psychological test would need a PA. Providers would need to consult the [Prior Authorization Look Up Tool](#) for guidance when a PA is needed.

If the member had a Sleep Study approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. For any new Sleep Study, providers would need to consult the [Prior Authorization Look Up Tool](#) guidance when a PA is needed.

What are the Transplants or Gene Therapy codes that require a prior authorization?

Providers are encouraged to visit our provider website and utilize the [Prior Authorization Look Up Tool](#) for the most current prior authorization requirements for Transplants or Gene Therapy.

What codes for BH Inpatient Stays require a prior authorization?

All BH inpatient stays need to have a PA completed. Providers would need to consult the [Prior Authorization Look Up Tool](#) for guidance when a PA is needed.

Medication Prior Authorization During MCO Transition FAQ:

My patient was previously approved for a medication that their previous physician administered July to September; then was assigned a different MCO in August (thus, prior to their redetermination). Is the medication still covered and/or approved?

Historical prior authorization files will be distributed to Molina from Iowa HHS. If a member has a previously approved PA, Molina will have access to the PA in our system. If the previously approved PA expires July 1-July 31, Molina will extend the approval until September 30th. Providers will need to resubmit a new PA prior to September 30th. The exception to this is All-gene therapy, Meseprivil, and Transplants (including CAR-T), which will require a new prior authorization. Any previously approved prior authorization that expires after our 90-day transition (after September 30th) will require a new prior authorization submission before the prior authorization's expiration date.

If a member has an approved prior authorization for an outpatient medication, but it expires during the 90-day transition period of July 1st to September 30th. Do I need to resubmit a PA? Will my patient get their medication?

Historical prior authorization files will be distributed to Molina from Iowa HHS. If a member has a previously approved PA, Molina will use logic to "look back" through the data to find the PA.

- If prior approved PA expires July 1-July 31, Molina will extend the approval until September 30th.
- Providers will need to resubmit a new PA prior to September 30th.
- If prior approved PA expires August 1-August 31, Molina will extend the approval until October 31.
- Providers will need to resubmit a new PA prior to October 31.
- If prior approved PA expires Sept 1-Sept 30, Molina will extend the approval until November 30th.
- Providers will need to resubmit a new PA prior to November 30th.

I have a patient with an approved prior authorization medication, but it expires after September 30th. When do I need to resubmit a PA?

Any previously approved prior authorization that expires after our 90-day transition (after September 30th) will require a new prior authorization submission before the prior authorization's expiration date.

I do not know when my patient's previously approved prior authorization is expected to expire. How will providers be notified of patients PA being expired?

There will be no notification of upcoming expiration of a prior authorization. If you do not know previous records, you can call our provider help center at 1-844-236-1464.

I do not know if my patient has a previously approved PA because they are new to my practice. How can I find out?

We will need a new prior authorization if the ordering or rendering provider has changed.

If I want to prescribe a new medication to my patient and it requires a prior authorization, when do I need to submit a prior authorization form?

Any new medication requiring prior authorization should be submitted to Molina. Drug specific PA forms can be found at www.iowamedicaidpdl.com or www.molinahealthcare.com for pharmacy benefit drugs. Please fill out the form in its entirety for the most expeditious turnaround time.

What criteria does Molina use for PA approval of medications?

Medications dispensed by pharmacy (pharmacy benefit plan) must adhere to the Preferred Drug List (PDL) set by Iowa HHS. This includes any utilization management criteria. The PDL, PA forms, and criteria can be found at www.iowamedicaidpdl.com or on our website at <http://www.molinahealthcare.com/>.

After the 90-day redetermination period, if I have a patient change to Molina from a different MCO, how long will you honor previously approved PAs?

After September 30, 2023, any new member to Molina will have a 30-day transition period for prior authorizations.