

Provider Memorandum

Updated Molina Policy Regarding Behavioral Health Inpatient Stays

Effective June 1, 2019, Molina Healthcare of Illinois (Molina) will change its policy regarding authorization for behavioral health inpatient stays. Molina will add additional criteria for initial and continued behavioral health inpatient reviews.

Currently, Molina evaluates the need for an inpatient stay based on medical necessity, in compliance with Illinois policy. Molina hopes the policy change and additional criteria will help improve quality of care and serve patients more effectively.

For more information on the policy change please see the table below:

Current Molina policy for authorization for behavioral health inpatient reviews	Molina policy effective June 1, 2019
Identify the medical necessity and appropriateness for requested behavioral health inpatient services.	In addition to the medical necessity review, Molina may assess the benefit of the inpatient level of care. This review may take into account the member's willingness and ability to participate in "active treatment." Active treatment, as defined by Centers for Medicare & Medicaid Services (CMS) is: Provided under an individualized treatment or diagnostic plan; Reasonably expected to improve the patient's condition or for the purpose of diagnosis; and Supervised and evaluated by a physician.

Questions

Providers with additional questions, may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at www.molinahealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx.