

PROVIDER GUIDE
NURSING FACILITY



Your Extended Family.

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UTILIZATION MANAGEMENT

1. Will Molina have on-site case managers who conduct the medical review of nursing facility (NF) residents?

The Molina Prior Authorization Nurse will review the member's condition applying Title 22 criteria for medical necessity, but will not be on-site. Please refer to the *Directory: Utilization Management Department (Appendix 5)* specific to your county or region on how to submit prior authorization requests. Requests may be submitted via fax or via the Molina Provider Portal. One of Molina's Ambulatory Case Managers will be on-site to conduct the Cal MediConnect (CMC) required face-to-face Health Risk Assessment (HRA). As part of the visit to the facility, the case manager will meet with the member, review the Minimum Data Set (MDS) and other information in the member's chart, and talk with facility staff about the member's condition. The case manager will share this information with the Molina Long Term Care (LTC) Nurse, particularly as it relates to Title 22 Nursing Facility Level of Care criteria. As needed, the case manager may make recommendations to the Molina Prior Authorization Nurse about the type and/or length of the authorization.

2. If not on-site, will specific case managers be assigned to each facility?

As Molina identifies how many members are residing in each facility, and the geographic distribution of members and facilities within a region, Molina will make assignments to specific case management staff.

3. How long will authorizations be effective?

Molina will authorize custodial care for up to six (6) months, with exceptions (shorter or longer authorizations) based on medical review. See question 13 below for information on how to request an extension of a Molina authorization.

4. Is there a different process for "skilled" level of care compared to "custodial" level of care?

Yes. See authorization requirements in Appendix 1 for skilled versus custodial level of care.

5. What documents are required to submit for authorization and what is the process to submit them?

Please refer to the *Authorization Detail Information Grid (Appendix 1)* for more detailed information.

The Authorization Request Form and supporting documentation must be faxed within the indicated timeframes to Molina at:

- (800) 811-4804 for Medi-Cal covered services
- (866) 472-6303 for Medicare covered services

For Medi-Cal ancillary services provided in the facility:

- Molina contracted providers must follow the *Medi-Cal/Medicare Prior Authorization/Pre-Service Review Guide* to determine which services require prior authorization.
- Providers that are not contracted with Molina must request prior authorization for all services by submitting the *Medi-Cal/Medicare Prior Authorization Request Form*.

To obtain the most current copy of the *Medi-Cal/Medicare Prior Authorization/Pre-Service Review Guide* and the *Medi-Cal/Medicare Prior Authorization Request Form*, please visit our website at:

<http://www.molinahealthcare.com/providers/ca/duals/forms/Pages/fuf.aspx>.

Below is a screenshot of the page for your reference.

UTILIZATION MANAGEMENT

The screenshot shows the Molina Healthcare Provider Portal interface. At the top, there are navigation tabs for 'For Molina Members', 'About Molina', and 'Showing Information For California'. Below this is the Molina Healthcare logo and a search bar. A green navigation bar contains links for 'Home', 'Manual', 'Health Resources', 'Policies', 'HIPAA', 'EDI ERA/EFT', 'Drug List', 'Communications', 'Forms', and 'Contact Us'. The main content area is titled 'Frequently Used Forms' and lists several PDF documents. A callout bubble highlights the 'Prior Authorization 2016 Guide' link with the text: 'Click on this link to view and/or download the Prior Authorization Guide and Prior Authorization'.

6. Is the authorization documented electronically and immediately available to the nursing facilities (NFs)?

Yes. Nursing facilities (NF) have access to this information in the Molina Provider Portal.

7. Is the authorization electronically tied to the claims processing system?

Yes. The nursing facility (NF) must include the authorization number on the claim form. See section on claims submission.

8. Does the health plan need supporting documents from the nursing facility (NF) in order to pay a claim?

The nursing facility does not need to submit supporting documentation with a claim for an authorized service. The nursing facility must include the authorization number on the claim form. Submission of a hard copy of the authorization should not be required to pay the claim. See section on claims submission.

9. Does the health plan delegate authorization to other groups, such as IPAs? If so, are the IPA authorizations tied to the health plan claims systems?

Molina has delegated skilled services to groups managed by Heritage Provider Network and Davita Healthcare Partners. Please refer to the *Delegation of Skilled and Custodial Care* Section on page 10 for more detailed information as they relate to delegation.

10. In the case where initial skilled level of care is delegated to the IPA, who is responsible for authorization and payment when the member reverts to custodial level of care? Who resolves disputes between the IPA and the health plan for responsibility of payment?

In designated regions, Molina has delegated skilled services to groups managed by Heritage Provider Network and Davita Healthcare Partners. For example, Heritage Provider Network would be responsible for rendering service authorizations and

UTILIZATION MANAGEMENT

payments on behalf of Molina members who are assigned to one of their providers. When a member improves to custodial level of care, that member will be un-assigned from Heritage Provider Network and will be assigned back to the health plan. From that time onward, Molina would take over the authorization and payment for such custodial patients. Please refer to the *Delegation of Skilled and Custodial Care* Section on page 10 for more detailed information as they relate to delegation.

11. Are the IPAs required to provide copies of the authorizations immediately to the nursing facility (NF)? We have heard that some IPAs will not provide them until the member is discharged.

All delegated IPAs are required to follow the Cal MediConnect Program requirements when it comes to providing authorization to facilities as follows:

Cal MediConnect Authorization Timeframes:

Patient / Care Type	Documentation Required
Routine (non-expedited) Pre-service determinations	Within fourteen (14) calendar days of receipt of the request
Expedited / Urgent determination	Within seventy-two (72) hours from receipt of information reasonably necessary to make a decision

12. What training is available on authorization procedures?

Molina staff is available to provide orientations and trainings to all contracted nursing facilities. Please refer to the Directory: *Utilization Management Department (Appendix 3)*.

13. How can I obtain an extension to a member’s original Molina Custodial Care authorization?

To request an extension for a Molina authorization, please fax your request to the Molina Prior Authorization Department at (800) 811-4804.

The table below lists the documents required for an extension review. We ask that you allow five (5) business days for a faxed response. Molina contracted providers may also submit requests for extensions and check for status using the Molina Provider Portal.

Patient / Care Type	Documentation Required	Submission Timeframe	Response Timeframe
Extension of previously approved Molina Authorization for custodial level of care	<ol style="list-style-type: none"> 1. Medi-Cal/Medicare Prior Authorization Request Form (See page 3 for link to download form) 2. Most recent MDS 3. Recent physician’s order 4. Recent history / physical 	Thirty (30) days prior to expiration of existing authorization	Five (5) working days after receipt of complete request

UTILIZATION MANAGEMENT

SUB-ACUTE SERVICES

1. Does the health plan recognize that nursing facilities (NFs) may provide skilled, custodial and sub-acute services all within the same facility?

Yes.

2. Are all of the points above applicable to a nursing facility (NF) that provides Medi-Cal sub-acute services?

Please refer to the *Authorization Detail Information Grid (Appendix 1)* for more information.

CLAIMS MANAGEMENT

CLAIMS SUBMISSION

1. A facility may submit claims as frequently as desired.
2. Molina issues payment checks on Mondays, Wednesdays and Fridays.
3. When submitting a nursing facility (NF) claim, you must:
 - a. Bill on an 837 EDI claim (Molina payer ID 38333).
 - b. Use UB-04 claim form for paper submissions.
 - c. Submit through the Molina Provider Portal.
4. Billed services for any claim should not overlap two (2) consecutive calendar months.
5. Medicare claims must be submitted within 365 days after date of service (DOS).
6. Medi-Cal claims must be submitted within 180 days after date of service (DOS).
7. Bill type 21x.

CLAIMS VALUE CODES

1. Use value code 23 in field 39a and enter Share of Cost (SOC) in the amount field.
2. Use value code 24 in field 40a and enter Accommodation code in the amount field.
3. Use value code 66 in field 41a and enter non-covered services (NCS) in the amount field.
 - a. Consistent with Johnson v. Rank, Medi-Cal recipients, not their providers can elect to use their SOC funds to pay for non-covered services.
4. Use value code 80 in field 39b and enter number of days of care in the amount field.

1 First Rate Healthcare Ctr 1234 Main St. Long Beach, CA 90801		2		38 PRC. CNTL.# 839893C		4 TYPE OF BILL 213	
				5 FED. TAX NO. 956687871		6 STATEMENT COVERS PERIOD FROM 020115 THROUGH 022815	
8 PATIENT NAME a Doe, John		9 PATIENT ADDRESS a 4321 Main St. b Long Beach c CA d 92404 e					
10 BIRTHDATE 01011980	11 SEX M	12 DATE 19 3 4 0 00		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 30		17 STAT 30	
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH			
38 John Doe 4321 Main St. Long Beach, CA 90801				39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT	
				a 23 1 1318: 00		24 2 0 01	
				b 30 4 28:		66 3 150: 00	
				c		d	
42 REV. CD. 0190	43 DESCRIPTION Room-Board/Semi		44 HCPCS / RATE / HPPS CODE 198.00		45 SERV. DATE	46 SERV. UNITS 28	47 TOTAL CHARGES 5544 00
						48 NON-COVERED CHARGES	49

MOLINA HEALTHCARE CASE MANAGEMENT

1. Who are Molina's case managers?

Molina primarily employs registered nurses (RN) and social workers who are licensed (LSW) or who have a master's degree in social work (MSW) as case managers. Staff is based in regional Molina offices in each of our service areas in Los Angeles, Riverside, San Bernardino, and San Diego counties.

2. What is the purpose of case management for the long-term care membership?

Case managers work to ensure Molina members are at the appropriate level of care and have timely access to needed covered benefits, carved out services and community resources. The State also requires that case managers assess for the members' willingness and ability to return to community living, as well as help facilitate that transition, if needed.

3. How can a nursing facility (NF) find out which case manager is assigned to a member?

To find out if a Molina member has an assigned case manager, please contact us with the member's full name and date of birth via any of the following methods:

Phone (800) 526-8196 Ext 127604
Fax: (562) 499-6105
Email: MHCCaseManagement@MolinaHealthcare.com

Our staff will determine whether a case manager is already assigned to a member, and if so, connect you with that person or provide their contact information to you. If not, the regional supervisor will be notified so that an assignment can be made. Please inquire about assigned staff as described here before reaching out to one of our supervisors.

4. Who is the Molina point person in case management?

The assigned case manager will be your contact and can assist you in coordinating care for the member. If an issue requires escalation to a supervisor, please see the county-specific assignments in Appendix 6 of this guide. Please note that case managers and case management supervisors may not be able to immediately answer your questions related to authorizations, claims, billing, contracting, etc. Please see the relevant sections in this guide for the procedures and point persons for utilization management, claims, etc.

5. When should a facility contact the case manager?

Please contact the case manager for questions related to a member's Health Risk Assessment (HRA), care plan, or issues about their transition back to the community. Please notify the NF Specialist RN providing the authorizations as soon as possible for the following situations:

- There is a change in the member's physical or mental health and/or has a change in the level of care needed.
- The member goes to the ER or is admitted to the hospital.
- The member relocates or passes away.
- Bed holds

Please note that the case manager may not be able to immediately answer your questions related to authorizations, claims, billing, contracting, etc. Please see the relevant sections in this guide for the procedures and point persons for utilization management, claims, etc.

HEALTH RISK ASSESSMENT

1. When and how will a member's health risk assessment (HRA) be conducted?

- a. The regulations state that Cal MediConnect and full-scope Medi-Cal members who reside in a long-term care facility must be assessed with a state-approved comprehensive HRA.
- b. Cal MediConnect and full-scope Medi-Cal members will be assessed at least annually. Reassessments using the HRA may also be done following a member's change in condition or in anticipation of a transition to another setting or level of care.
- c. Members whose primary coverage is with Medicare Fee-for-Service or other non-Molina insurance do not require a health risk assessment (HRA). This is most common with members who opted out of or were not eligible for Cal MediConnect. Instead, per DHCS All Plan Letter 14-010, Molina is required to review the NF's assessment to determine if any further coordination of services for the member is appropriate.

2. What do the HRA and NF assessment review entail?

- a. The HRA for Cal MediConnect and full-scope Medi-Cal members is a bio/medical/psycho/social/functional assessment. The case manager will interview the member, and/or their representative, and seek information from the member's facility records (MDS, H&P, and nursing notes) in order to gather information about the member's clinical history, behavioral health status, sensory and I/ADL deficits, cultural/linguistic needs, etc. The survey tool Molina uses has been approved by the State and the Centers for Medicare and Medicaid Services (CMS).
- b. The NF assessment review is for members who have Molina only for secondary/long term care coverage. It looks to determine whether the member has additional care coordination needs, including but not limited to, services to optimize health and functioning, to coordinate interdisciplinary communication and collaboration, and to determine contact frequency or reassessment.

3. Once the HRA or NF assessment review is complete, how often will the case manager be on-site or be in contact with the nursing facility?

- a. The HRA and NF assessment review results will indicate the frequency and intensity of case management services. Stable Cal MediConnect and full-scope Medi-Cal members will receive at least a quarterly follow-up by phone. We found that this is sufficient for the majority of the long-term care members.
- b. Members who are not stable often require more frequent contact, by phone and/or in person. Common scenarios include members who recently transitioned from a skilled level of care to custodial, or a member with recent or frequent admission to an acute setting.
- c. Members who are willing and able to return to a community setting will also require more a more intense case management.

INDIVIDUALIZED CARE PLAN

1. What is an individualized care plan (ICP)?

- a. For Cal MediConnect and full-scope Medi-Cal members, an individualized care plan (ICP) is the responsibility of Molina and is separate and distinct from a member's medical or treatment plan created and maintained by the primary care physician or other treating clinicians. The ICP takes information gathered via the HRA and documents a plan of action (interventions and goals) to address any unmet needs. It will also document non-Molina services the member may receive or for which they are eligible (e.g. Regional Center, California Community Transitions Project).

Care plans are required to be member-centric and it will be discussed with and agreed- upon by the member and/or his/her designated representative. For stable custodial members, the Molina care plan often reflects the same elements that are contained in their NF care plan.

Molina will send the facility a copy of the ICP. Please review it and let the case manager know of any recommendations or concerns. Place a copy of the Molina ICP in the member's medical record.

- b. For members who have Molina as their secondary coverage (e.g. opt out from Cal MediConnect), per DHCS regulations (APL 14-010), Molina is not required to develop a full ICP as described above. However, Molina must retain and compile a copy of each care plan created on the member's behalf through the nursing facility. Molina must review the NF care plans to determine if any further coordination of care or delivery of services for the member is appropriate.

DELEGATION OF SKILLED AND CUSTODIAL CARE

1. Do IPA members automatically remain with the IPA during coordinated care initiative (CCI) transition?

Molina, upon receipt of files from the State of California, will use established processes to appropriately assign members to Medical Groups/IPAs. Medical Groups/IPAs will receive monthly e-lists (enrollment files) for the program from Molina, as well as ad-hoc communication if there are enrollment changes throughout the month.

2. To which medical groups/independent physician associations (IPAs) has Molina delegated for custodial and nursing facility services? Do these applicable delegated groups have risk for both professional and facility services?

Effective October 1, 2015, in addition to Heritage Provider Network; DaVita Healthcare Partners will also have both professional and facility risk for “skilled” services. Neither Heritage Provider Network nor DaVita Healthcare Partners will have risk for “custodial” care. Risk for “custodial” care will continue to remain Molina’s responsibility. For all other Molina in-network Medical Groups/IPAs, the risk for both skilled and custodial care remains Molina’s responsibility.

For Molina members in your facilities that are assigned to either Heritage Provider Network or DaVita Healthcare Partners, you will need to contact Heritage Provider Network or DaVita Healthcare Partners and follow their prior authorization guidelines for skilled services only. For members in your facilities who are receiving custodial care, please follow Molina’s prior authorization guidelines. Please note, once a Heritage Provider Network- or DaVita Healthcare Partners-assigned member goes to custodial care, Molina will dis-enroll this member from these groups and assign them to a Molina-specific provider to ensure appropriate follow-up, care coordination and continuity of medical care. Custodial care is not delegated to Heritage Provider Network, DaVita Healthcare Partners or any other Molina contracted medical group or IPA; it is strictly Molina’s responsibility.

For all other Molina members (non-Heritage Provider Network members and non-DaVita Healthcare Partners), please follow Molina’s prior authorization guidelines for skilled and custodial care services (please refer to initial NF FAQ). It can be accessed at:

<http://www.molinahealthcare.com/providers/ca/duals/manual/Pages/provd.aspx>

Molina does not delegate custodial care or payment of custodial services to any medical group or IPA, including Heritage Provider Network and DaVita Healthcare Partners. Please follow Molina’s prior authorization guidelines - face sheet, History & Physical (H&P) and authorization are needed. Molina requires submission of Medi-Cal Long-Term Care Facility Admission and Discharge Notification MC171, but not the Pre-Admission Screening and Resident Review (PASRR).

3. When a member transitions from skilled to custodial, who is responsible for authorization or payment of services?

As previously mentioned, Molina does not delegate custodial care or payment of custodial services to any medical group or IPA, including Heritage Provider Network and DaVita Healthcare Partners. Please follow Molina’s prior authorization guidelines (refer to initial NF FAQ and the Molina Healthcare website for prior authorization documents and form).

4. How is Molina addressing NF concerns when it comes to delegated entities that are in the Coordinated Care Initiative (CCI) project?

Molina has been working closely with both Heritage Provider Network and DaVita Healthcare Partners and will continue to do so over the coming months to ensure that concerns raised by nursing facilities (NFs) are being addressed and that all applicable entities are providing members with the right care, at the right time, and in the right setting. Molina has also been working closely with these partners to educate them on the Coordinated Care Initiative (CCI) project, its applicable policies and procedures (including continuity of care) and health plan expectations. For all of our other medical groups or IPAs to which Molina do not delegate skilled services or custodial care, the risk remains with Molina and Molina is responsible for the member’s authorization, case management and claims payment.

DELEGATION OF SKILLED AND CUSTODIAL CARE

5. Will GeriNet be expanding to cover all nursing facilities (NFs) in the Inland Empire (IE)?

At this time, GeriNet Medical Associates will not be expanding to cover NFs in the Inland Empire. However, Molina will work with each facility in the IE to negotiate or get contracts in place with the physicians that round at those facilities. Please contact Molina's contracting department to provide information on any and all providers that your facility utilizes to provide professional services, including rounding and specialty care services to residents.

6. Is a separate authorization required for a bed hold and another one for when the patient returns from bed hold?

Separate authorization is needed for a bed hold but when patient returns to the facility, they return to the previous authorization number that was given to facility.

7. If the patient is authorized for NF care and goes on hospice, who requests the hospice notification?

The hospice provider is responsible for submitting and obtaining authorization from Molina. The NF is advised to notify Molina.

8. Does the provider making the rounds at the nursing facility (NF) need to be contracted and credentialed by Molina?

In the initial months, some of the providers making rounds at the nursing facilities (NFs) might not be contracted and/or credentialed by Molina. Molina's goal is to work closely with the facilities to get such providers contracted and credentialed. In the interim, we encourage the providers currently rounding the facilities to continue to do so to ensure continuity of care is maintained for the members under their care. Even without a contract, Molina will pay the physicians for the care provided to the members at mutually agreed upon rates.

At this time for Riverside, San Bernardino, Los Angeles and San Diego counties, Molina will work with each facility to get contracts in place with the physicians that round at those facilities. Please contact Molina's contracting department to provide information on any and all providers that your facility utilizes to provide professional services, including rounding and specialty care services to residents. Please refer to the *Provider Contracting Team Contact list (Appendix 6)* to identify the appropriate contracting team member information for your region.

9. Our facility uses electronic medical records. Can we grant Molina access to view the electronic medical records?

Yes. Please call our manager of Concurrent Review, Kelly Frost at (888) 562-5442, Ext. 117816 and she can help to coordinate the process.

- (1) Authorization Detail Information Grid
- (2) Revenue and Accommodation Code Grid
- (3) Directory: Utilization Management Department
- (4) Directory: Case Management Department
- (5) Directory: Provider Services Department
- (6) Directory: Provider Contracting Department and Pharmacy Contact Information
- (7) Revision History

Authorization Detail Information Grid

Patient Type	Documentation Required	Submission Timeframe	Response Timeframe
Patient admitting from the community for custodial level of care	<ol style="list-style-type: none"> 1. Molina Service Request Form (Appendix 3) 2. NF MD Order 3. History / Physical 	Twenty-one (21) calendar days after admission to facility	Five (5) working days after receipt of complete request
Member admitting to skilled nursing facility from in-patient level of care or ER	<ol style="list-style-type: none"> 1. Molina Service Request Form (Appendix 3) 2. SNF Facesheet 3. NF MD admission orders 4. Transfer/ Discharge summary from previous level of care 	Twenty-one (21) calendar days after admission to facility	Five (5) working days after receipt of complete request
Patient requiring change in level of care from skilled to custodial	<ol style="list-style-type: none"> 1. NF MD order 2. Progress notes stating specific criteria to meet custodial level of care 	Twenty-one (21) calendar days after the facility is aware that patient is enrolled on Molina	Five (5) working days after receipt of complete request.

Bed Hold	<ol style="list-style-type: none"> NF Physician's order must be for hospital admit and bed hold. Anticipated Length of Stay; of no greater than seven (7) days Member must be in admitted to a NF, ICF, sub-acute prior to start of bed hold 	<ol style="list-style-type: none"> Within twenty-four (24) hours of departure and at least seven (7) days to prior to billing for service Date of departure counts as Day 1 of bed hold. Member considered discharged if returned to facility on Day 8 after an acute admission, new authorization request is required for readmit to the NF facility after day eight (8). Discharge notification must be within three (3) business days following discharge. 	Molina will provide tracking number within five (5) business days of receipt of complete request.
Leave of Absence	<p>Plan of care delineating Leave of Absence:</p> <ol style="list-style-type: none"> Dates and intended destination of leave Visit with family/friends Outpatient diagnostic or treatment services at an acute facility Summer camp for members with developmental disabilities addressed in Plan of care Appropriate for physical and mental well-being of member 	<ol style="list-style-type: none"> ASAP Member voluntarily leaves facility without a leave request or member fails to return by midnight on the scheduled date of return member is considered AWOL. New authorization request is required for member returning after AWOL. 	Molina will provide tracking number within five (5) business days of receipt of complete request.

ADULT

NF	Hospital Based DP/NF-B		Free-Standing NF-B	
	Revenue Code	Accom. Code ¹	Revenue Code	Accom. Code ¹
Skilled Care (Medicare) ²	0022	-	0022	-
Custodial Care	0190	01	0190	01
Custodial Care (Special Treatment Program-Mentally Disordered)	0190	11	0190	11
Level I Skilled Nursing Care (SNC)	0191	01	0191	01
Level II Skilled Nursing Care	0192	01	0192	01
Level III Skilled Nursing Care	0193	01	0193	01
Level IV Skilled Nursing Care	0194	01	0194	01
Leave of Absence - Hospitalization Bed Hold	0185	02	0185	02
Leave of Absence - Hospitalization Bed Hold (Developmentally Disabled)	0185	03	0185	03
Leave of Absence - Hospitalization Bed Hold (Special Treatment Program-Mentally Disordered)	0185	12	0185	12
Leave of Absence - General	0180	02	0180	02
Leave of Absence - General (Developmentally Disabled)	0180	03	0180	03
Leave of Absence - General (Special Treatment Program-Mentally Disordered)	0180	12	0180	12

Appendix 2

Leave of Absence - Patient Convenience	0182	02	0182	02
Leave of Absence - Patient Convenience (Developmentally Disabled)	0182	03	0182	03
Leave of Absence - Patient Convenience (Special Treatment Program-Mentally Disordered)	0182	12	0182	12
Leave of Absence - Therapeutic Leave	0183	02	0183	02
Leave of Absence - Therapeutic Leave (Developmentally Disabled)	0183	03	0183	03
Leave of Absence - Therapeutic Leave (Special Treatment Program-Mentally Disordered)	0183	12	0183	12
Leave of Absence	0189	02	0189	02
Leave of Absence (Developmentally Disabled)	0189	03	0189	03
Leave of Absence (Special Treatment Program-Mentally Disordered)	0189	12	0189	12

¹ must be used with VALUE CODE 24

² must include corresponding HIPPS/RUG CODES

ADULT

Sub-Acute (SA)	Hospital Based DP/NF-B		Free-Standing NF-B	
	Revenue Code	Accom. Code ¹	Revenue Code	Accom. Code ¹
Skilled Care (Medicare) ²	0022	-	0022	-
Custodial Care (Vent)	0199	71	0199	75
Custodial Care (Non-Vent)	0199	72	0199	76
Level III SNF+SA (Vent)	0193	71	0193	75
Level III SNF+SA (Non-Vent)	0193	72	0193	76
Level IV SNF+SA (Vent)	0194	71	0194	75
Level IV SNF+SA (Non-Vent)	0194	72	0194	76
Leave of Absence - Hospitalization Bed Hold (Vent)	0185	73	0185	77
Leave of Absence - Hospitalization Bed Hold (Non-Vent)	0185	74	0185	78
Leave of Absence - General	0180	79	0180	81
Leave of Absence - General	0180	80	0180	82
Leave of Absence - Patient Convenience	0182	79	0182	81
Leave of Absence - Patient Convenience	0182	80	0182	82
Leave of Absence - Therapeutic Leave	0183	79	0183	81

Leave of Absence - Therapeutic Leave	0183	80	0183	82
Leave of Absence - Other (Vent)	0189	79	0189	81
Leave of Absence - Other (Non-Vent)	0189	80	0189	82

PEDIATRIC

Sub-Acute (SA)	Hospital Based DP/NF-B		Free-Standing NF-B	
	Revenue Code	Accom. Code ¹	Revenue Code	Accom. Code ¹
Skilled Care (Medicare) ²	0022	-	0022	-
Supplemental Rehab Therapy Services	0199	83	0199	97
Ventilator weaning Services	0199	84	0199	98
Custodial Care (Vent)	0199	85	0199	91
Custodial Care (Non-Vent)	0199	86	0199	92
Level III SNC+SA (Vent)	0193	85	0193	91
Level III SNC+SA (Non-Vent)	0193	86	0193	92
Level IV SNC+SA (Vent)	0194	85	0194	91
Level IV SNC+SA (Non-Vent)	0194	86	0194	92
Leave of Absence - Hospitalization Bed Hold (Vent)	0185	87	0185	93
Leave of Absence - Hospitalization Bed Hold (Non-Vent)	0185	88	0185	94
Leave of Absence - General (Vent)	0180	89	0180	95
Leave of Absence - General (Non-Vent)	0180	90	0180	96
Leave of Absence - Patient Convenience	0182	89	0182	95
Leave of Absence - Patient Convenience	0182	90	0182	96
Leave of Absence - Therapeutic Leave	0183	89	0183	95
Leave of Absence - Therapeutic Leave	0183	90	0183	96
Leave of Absence - Other (Vent)	0189	89	0189	95
Leave of Absence - Other (Non-Vent)	0189	90	0189	96

¹ must be used with VALUE CODE 24

² must include corresponding HIPPS/RUG CODES

UTILIZATION MANAGEMENT DEPARTMENT

Name	Title	Phone	Extension
Jody Mcleish	Interim Director of HCS UM	(888) 562-5442	x 121231
Region	Name	Title	Phone
LOS ANGELES -Skilled Care Medi-Cal Fax: (866) 553-9263 CACustodialcare@molinahealthcare.com	Jennifer Ruiz	NF RN	(888) 562-5442
	Tara Nelson	Supervisor RN	(888) 562-5442
SACRAMENTO-Skilled Care Medi-Cal Fax: (866) 553-9263 CACustodialcare@molinahealthcare.com	Lisa White	NF RN	(888) 562-5442
INLAND EMPIRE-Skilled Care Medi-Cal Fax: (866) 553-9263 CACustodialcare@molinahealthcare.com	Rohini Tailor	NF RN	(888) 562-5442
	Felix Nillas	Supervisor RN	(888) 562-5442
SAN DIEGO-Skilled Care Medi-Cal	Felix Nillas	Supervisor RN	(888) 562-5442

Fax: (866) 553-9263 CACustodialcare@molinahealthcare.com	Nancy Spillane	NF RN	(888) 562-5442	x 119563
ALL REGIONS-Medicare Fax: (866) 472-0596 CACustodialcare@molinahealthcare.com	Donna Howser	Supervisor RN	(888) 562-5442	x 119522
	Mary Kopperud	NF RN	(888) 562-5442	x 126136
ALL REGIONS-Weekend Team After hours, weekends, and holidays	Jennifer Watson	Supervisor RN	(855) 322-4075	x 126166

PRIOR AUTHORIZATION DEPARTMENT

Contact Information	Name	Title	Extension
Custodial Prior Authorization Fax Medi-Cal (800) 811-4804 Medicare (866) 472-6303	Adeleke (Steve) Adeneye	Custodial Care Review Clinician	x 127221
	Debra Wong	Custodial Care Review Clinician	x 121247
Prior Authorization Phone Number Medi-Cal (800) 526-8196 x751105 Medicare (800) 665-0898	Vaughn Henderson	Custodial Care Review Clinician	x 111040
	Angelica Sanchez	Custodial Care Review Clinician	x 126516

CASE MANAGEMENT DEPARTMENT

Name	Title	Phone	Extension	
Jennifer Rasmussen	VP Health Care Services	(888) 562-5442	x 126161	
Blanca Martinez	Director Case Management	(888) 562-5442	x 127363	
Donna Davis	Director Case Management	(888) 562-5442	x 121261	
Thelma Nieto	Manager	(888) 562-5442	x 121216	
Region	Name	Title	Phone	Extension
LOS ANGELES	Linda Blades	Manager	(888) 562-5442	x 127302
	Charlia Cornish	Supervisor	(888) 562-5442	x 125664
	Erica Quijada-Barrera	Supervisor	(888) 562-5442	x 125664
	Issayana Montalvo	Supervisor	(888) 562-5442	x 121221

	Kathleen Castillo	Supervisor	(888) 562-5442	x 121245
	Patrick Wiggins	Supervisor	(888) 562-5442	x 127355
	Jorge Zelaya	Supervisor	(888) 562-5442	X 121248
	Saramma Mathew	Supervisor	(888) 562-5442	X 117287
SACRAMENTO	Jennifer Mendez	Supervisor	(888) 562-5442	x 128553
RIVERSIDE/ SAN BERNARDINO	Betsy Roberts	Manager	(888) 562-5442	x 127080
	Deborah Brockett	Supervisor	(888) 562-5442	x 127546
	Leonard Haynes	Supervisor	(888) 562-5442	x 127208
	Gary McMane	Supervisor	(888) 562-5442	x 127518
	Robert Mendes	Supervisor	(888) 562-5442	x 123004
IMPERIAL	Paola Velasco Celaya	Supervisor	(888) 562-5442	x 125673
SAN DIEGO	Kathryn Skop	Manager	(888) 562-5442	x 121717
SAN DIEGO	Elizabeth Whitteker	Supervisor	(888) 562-5442	x 121725
	Julie Moore	Supervisor	(888) 562-5442	x 121726
	Lily Wang	Supervisor	(888) 562-5442	x 121737
	Patrice Jenkins	Supervisor	(888) 562-5442	x 121703
ALL REGIONS	Janna Centers	Supervisor Correspondence Processors	(888) 562-5442	x 120070

PROVIDER SERVICES DEPARTMENT

Name	Title	Phone	Extension	
Aaron Sanchez	Director, Provider Contracts and Services LA County	(562) 435-3666	x 121254	
Michael Lee	Program Director, Skilled Nursing Facilities	(888) 562-5442	x 121069	
Sandra Rascon	Manager, Provider Services –LA County	(562) 499-6191	x 127685	
Sharlene Landau	Director, Provider Contracts and Services IE County	(909) 992-5022	x 125022	
Christine Lazott	Director, Provider Contracts and Services SD & IM County	(585) 614-1580	x 121712	
Region	Name	Title	Phone	Extension
IMPERIAL 1607 W. Main St El Centro, CA 92243 Fax: (760) 679-5705	Sonya Martinez	Supervisor	(858) 614-1588	x 121588
	Jessie Villanueva	Representative	(888) 562-5442	x 125682
	Veronica Godoy	Representative	(888) 562-5442	x 120153
LOS ANGELES 200 Oceangate, Suite 100 Long Beach, CA 90802 Fax: (562) 951-1529	Estee Volper	Representative	(562) 499-6191	x 114378
	Elizabeth Bishop	Representative	(562) 499-6191	x.122233
	Estela Garcia	Representative	(562) 499-6191	x 127657
	Ernestina Hernandez	Representative	(562) 499-6191	x.127651
	Ivette Hernandez	Representative	(562) 499-6191	x 111131
	Lorena Guerra	Representative	(562) 499-6191	x 120104
	Louise Salter	Representative	(562) 499-6191	x 127690
	Leandro Segura	Representative	(562) 499-6191	x 112211
RIVERSIDE/ SAN BERNARDINO 887 E. 2 nd St., Ste B Pomona, CA 91766 Fax: (909) 868-1761	Sue Roth	Supervisor	(800) 232-9998	x 128010
	Candice Reed	Representative	(800) 232-9998	x 126556
	Elizabeth Dominguez	Representative	(800) 232-9998	x 123251
	Janina Granados	Representative	(800) 232-9998	x 127709
	Lori Cadle	Representative	(800) 232-9998	x 128007
	Alejandra Alvarez	Representative	(800) 232-9998	x 110092
	Luana Mclver	Representative	(800) 232-9998	x 120021
	Oscar Delgado	Representative	(800) 232-9998	x 120210
SACRAMENTO 2180 Harvard St., Ste 500 Sacramento, CA 95815 Fax: (916) 561-8559	Aide Silva	Representative	(800) 232-9998	x 127140
	Juan Carlos Garcia	Representative	(916) 561-8540	x 126232

SAN DIEGO 9275 Sky Park Court, Ste 400 San Diego, CA 92123 Fax: (858) 503-1210	Jaclynn Thompson	Supervisor	(858) 614-1580	x 126236
	Gabriele Reindersma	Representative	(858) 614-1580	x 121151
	Hope Schiwitz	Representative	(858) 614-1580	x 123022
	Irene Carpenter	Representative	(858) 614-1580	x 120100
	Karine Mendez	Representative	(858) 614-1580	x 121056
	Rakhi Batra	Representative	(858) 614-1580	x 120019
	Taylor Neff	Representative	(858) 614-1580	x 120138

PROVIDER CONTRACTING DEPARTMENT

Region	Name	Title	Phone	Extension
IMPERIAL 1607 W. Main St El Centro, CA 92243 Fax: (760) 679-5705	Georganna McBride	PC Specialist	(888) 562-5442	x 125680
	Miriam Ortega	PC Specialist	(888) 562-5442	x 125681
LOS ANGELES 200 Oceangate, Ste 100 Long Beach, CA 90802 Fax: (562) 951-1529	Jessica Frausto	Manager	(562) 499-6191	x 119865
	Nicole Vanderploeg	Supervisor	(562) 499-6191	x 127573
	Jamee Donaldson	Supervisor	(562) 499-6191	x 127573
	Helen Nguyen	PC Specialist	(562) 499-6191	x. 121024
	Henry Cuevas	PC Specialist	(562) 499-6191	x 111525
	Ingrid Cornelio	PC Specialist	(562) 499-6191	x 127223
	Patrice Washington	PC Specialist	(562) 499-6191	x 127534
	Mylene Tabing	PC Specialist	(562) 499-6191	x 121934
	Veronica Azcarate	PC Specialist	(562) 499-6191	x 120065
RIVERSIDE/ SAN BERNARDINO 887 E 2 nd St., Ste B Pomona, CA 91766 Fax: (909) 868-1761	Jason Valdecantos	Manager	(800) 232-9998	x 128566
	Regina Stanton	PC Specialist	(800)232-9998	x 124606
	Shree Browne	PC Specialist	(800)232-9998	x 126529
	Marlene Moya	PC Coordinator	(800)232-9998	x 129215
SACRAMENTO 2180 Harvard St., Ste 500 Sacramento, CA 95815 Fax: (916) 561-8559	Linda Aquila	Manager	(888) 562-5442	x 128543
	Lai Saechao	PC Specialist	(888) 562-5442	x 126645
	LaStarr Feemster	PC Specialist	(888) 562-5442	x 121004
	Sonja Gonzalez	Sr. PC Specialist	(888) 562-5442	x 126224
SAN DIEGO 9275 Sky Park Ct, Ste 400 San Diego, CA 92123 Fax: (858) 503-1210	Barbara Johnson	Manager	(858) 614-1580	x 121593
	Stan Shahan	Supervisor	(858) 614-1580	x 121799
	Rosalia Muanco-Gonzalez	PC Specialist	(858) 614-1580	x 121522
	Adriana Cuellar	PC Specialist	(858) 614-1580	x 121589
	Diane Stein	PC Specialist	(858) 614-1580	x 121584
	Marlin Leufroy	PC Coordinator	(858) 614-1580	x 120056
	Maryann Oliver	PC Coordinator	(858) 614-1580	x 121597
	Nicholas Campbell	PC Specialist	(858) 614-1580	x 121731

PHARMACY CONTACT INFORMATION

Phone	Fax	Extension
(800) 526-8196 Option 3-Providers Option 2-Pharmacy Option 2-Pharmacy Prior Authorization	(866) 508-6445	x 751130

Revision History

Previous Version Date	Date of Change	Purpose of Change	FAQ Section
August 8, 2016	October 24, 2016	Several changes and updates were made	All
March 6, 2015	August 8, 2016	Added appendix distinction. Aligned all appendix to the table of contents. Updated contact information in all directories. Updated the revenue code and accommodation grid.	Appendix
February 17, 2015	March 06, 2015	Sub-acute members must be at bed hold lease twenty-four (24) hours prior to start of bed hold	UM
February 17, 2015	March 06, 2015	Molina has delegated skilled services to the groups that are managed by Heritage Provider Network and is required to follow Cal MediConnect Authorization Timeframes	UM
February 17, 2015	March 06, 2015	Updated Prior Authorization and guidelines	Appendix
March 06, 2015	April 30, 2015	Removed HPN contact list	Contact Lists
March 06, 2015	April 30, 2015	UM contact for prior authorization submissions	UM
March 06, 2015	April 30, 2015	Updated UM Contact List	Appendix
April 30, 2015	April 30, 2015	Addition of Appendix, Pg.20	Appendix
April 30, 2015	August 20, 2015	Several changes and updates were made	All
August 20, 2015	October 5, 2015	Utilization Management: Prior Authorization Procedures #13 Claims: FAQ, #5,#10 LTC Reimbursement Case Management: #5 HRA: #1 Delegation of SNF & Custodial Care #2, #4, #5 New Accommodation and Revenue Codes Updated CM & UM Contact Information Lists	All
October 5, 2015	March 1, 2016	Entire review of FAQ	All