

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES: **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

Skilled Nursing Facility - Treatment Authorization Requests

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the standard Continuity of Care (COC) authorization process for Skilled Nursing Facilities (SNFs).

Effective January 1, 2023, through June 30, 2023, for Members residing in a SNF and transitioning from Medi-Cal Fee-For-Service (FFS) to Medi-Cal managed care, MHC will automatically provide 12 months of COC for the SNF placement. Automatic COC means that if the Member is currently residing in a SNF, they do not have to request COC to continue to reside in that SNF. While Members must meet Medical Necessity criteria for SNF services, COC will be automatically applied once the COC requirements are verified. For verification of COC requirements, non-participating and non-contracted SNFs are required to submit an authorization request.

MHC ensures COC for newly enrolled Members, including those residing in non-participating and non-contracted SNFs and in an active course of treatment.

Continuity of Care Requirements

MHC will allow Members to stay in the same SNF under COC only if all the following applies:

- The facility is enrolled and licensed by the California Department of Public Health
- The facility is enrolled as a provider in Medi-Cal
- The SNF and MHC agree to payment rates that meet state statutory requirements
- The facility meets MHC's applicable professional standards and has no disqualifying quality of-care issues

MHC will determine if Members are eligible for automatic COC before the transition by identifying the Member's SNF residency and pre-existing relationship through historical utilization data or documentation provided by Department of Health Care Services (DHCS), such as Medi-Cal FFS utilization data, or by using information from the Member or Provider.

A preexisting relationship means that the Member has resided in the SNF at some point during the 12 months prior to the date of the Member's enrollment in the MHC. Following their initial 12-month automatic COC period, Members may request an additional 12 months of COC.

Treatment Authorizations

Effective January 1, 2023, for Members residing in a SNF and transitioning from Medi-Cal FFS to Medi-Cal managed care, MHC is responsible for treatment

authorization requests (TAR) approved by DHCS for SNF services provided under the SNF per diem rate for a period of 12 months after enrollment in MHC or for the duration of the treatment authorization, whichever is shorter.

MHC is responsible for all other DHCS-approved TARs for services in a SNF exclusive of the SNF per diem rate for a period of 90 days after enrollment with MHC, or until MHC can reassess the Member and ensure provision of medically necessary services.

Additionally, prior authorization requests for Members who are transitioning from an acute care hospital are considered expedited, requiring a response time of no greater than 72 hours, including weekends.

For more information on TAR, please refer to the Section IV of All-Plan Letter (APL) 22-018, which can be found in full at the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-018-SNFCarve-In.pdf>.

Providers can access pages 120-123 of the MHC Provider Manual for further details on prior authorization and the COC process: <https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2023-Medi-Cal-Provider-Manual.pdf>.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.