

Provider Notice

Thank you for being a Molina Complete Care (MCC) network provider and helping us provide high quality health care services to our members.

Please review the below updates and reminders about working with our Utilization Management (UM) department for authorization requests.

COVID-19 Flexibilities

Effective Date: August 30, 2021

This notice serves as a reminder that, per the DMAS memo dated June 30, 2021 titled "COVID Flexibilities Update", all **COVID-19 flexibilities will be ending August 29, 2021**. The 14-day grace period for submission of Service Authorizations for Behavioral Health and Addiction and Recovery Treatment Services (ARTS) requests will end on August 29, 2021. All submissions for service authorizations beginning on August 30 will need to comply with current MCC policies on retrospective reviews.

Retrospective reviews are not allowed within Molina UM, except for the following:

Retrospective requests for Acute Inpatient Psychiatric Hospitalization and ARTS Inpatient

Effective Date: August 30, 2021

Authorization requests for Acute Inpatient Psychiatric Hospitalization and ARTS Inpatient should be submitted within one day of admission or the next business day in cases of holidays or weekends. Retrospective reviews will only be considered in cases of retroactive member eligibility or other extenuating circumstances.

Crisis Intervention and Crisis Stabilization

Effective Date: August 30, 2021

Registration is required for the initial onset of Crisis Intervention and Crisis Stabilization services and must be submitted within one day of beginning services or the next business day in cases of holidays or weekends. A concurrent review authorization request for Crisis Intervention or Crisis Stabilization services must be submitted prior to extension of services. Retrospective reviews will only be considered in cases of retroactive member eligibility or other extenuating circumstances.

Retroactive Medicaid Eligibility

Effective date: August 30, 2021

Retroactive requests for authorizations will be approved when a member's Medicaid eligibility is retroactively obtained. The request for authorization must be submitted no later than 30 days from the date that the individual's Medicaid was activated; if the request is submitted later than 30 days from the date of activation, the request will be authorized beginning on the date it was submitted.

Please call Customer Care at the number below or email bhumccofva@magellanhealth.com if you have any questions.

- Commonwealth Coordinated Care Plus: 1-800-424-4524
- Medallion 4.0: 1-800-424-4518