

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

August 29, 2024

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

## Community Health Worker (CHW) Covered Benefit

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

### What you need to know:

CHWs are trusted members of their community who help address issues that affect the physical and mental health of their community members. CHWs are not licensed clinicians; they may include individuals such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

CHWs can provide and bill for the following services in virtual, in-person, individual, or group settings:

- Health education
- Health navigation
- Individual support or advocacy
- Completing screenings and assessments

A CHW may:

- Assist a member with finding an appointment to treat a behavioral health condition.
- Provide a member with health education to control a chronic condition.
- Provide a member with resources to prevent infections.
- Assist a member with accessing services for their sexual or reproductive health.
- Educate a member on the importance of prenatal and postpartum health care.
- Encourage a member to attend preventive appointments, including cancer screenings and immunizations.
- Refer a member to domestic or intimate partner violence support services.
- Support a parent or guardian without Medi-Cal coverage on behalf of a child under age 21 on Medi-Cal, if the child is present.

## Provider Action

### Member Referrals

Most Medi-Cal Members qualify for CHW services.

- Complete the CHW Referral Form at: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Community-Health-Worker-Referral-Form.pdf](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Community-Health-Worker-Referral-Form.pdf)
- Forms should be emailed to [CA\\_SDOH\\_Connectors@molinahealthcare.com](mailto:CA_SDOH_Connectors@molinahealthcare.com) or phoned in to (844) 926-6590. MHC staff will connect the member with their preferred CHW or assign a CHW that is available for them based on their specific needs.
- Forms can be sent directly to a CHW Supervising Provider that you established a referral partnership with.

CHW Services are preventive and do not require prior authorization.

For more information about Molina's CHW Benefit, refer to the CHW FAQ in the Resources & Toolkits tab on the Provider Training page: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Resources-and-Training/CHW-Supervising-Provider-FAQ.pdf](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Resources-and-Training/CHW-Supervising-Provider-FAQ.pdf)



## **When this is happening:**

On January 1, 2023, CHW services became a benefit for all Medi-Cal members. Studies of CHWs have shown a positive impact on improving health outcomes for individuals who experience systemic barriers to care caused by geographic location, language and literacy, and other Social Determinants of Health (SDoH).

## **How to check if a member is already working with a CHW**

If you are unsure if a member is enrolled in the CHW Benefit, you can check enrollment by logging into the Availity Portal and navigating to the Care Coordination Portlet, which went live in July 2023. There you will see a roster of your assigned Members. The Availity Care Coordination Portlet is searchable, and you can check if a member assigned to you has already been identified by Molina as eligible or enrolled in CHW services. Members that are not yet labelled as CHW eligible or CHW enrolled, can be enrolled by completing a Member Referral form: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Community-Health-Worker-Referral-Form.pdf](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Community-Health-Worker-Referral-Form.pdf)

In Availity's Care Coordination Portlet, you can also check if a member assigned to you is enrolled in Enhanced Care Management (ECM). If a member is enrolled in ECM, they are ineligible for the CHW benefit.

If you would like training on how to use Availity's Care Coordination Portlet, contact your Provider Relations Representative.

## **Billing for CHW Services**

Submit claims for payment to MHC for both Medi-Cal and Dual (Medi-Cal and Medicare) enrolled Members when the Member has MHC as their Medi-Cal plan. Timely filing for 2024 has been extended for CHW claims. You will have until the end of Q4 to bill for all Q1 and Q2. Then, at the end Q4, timely filing will be returned to 90 days.

CHW Claims should be submitted using DHCS Provider Manual Specifications. The Medi-Cal Provider Manual for community health workers can be found here: [mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYylPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYylPyP5ULO).

The Medi-Cal Provider Manual for asthma prevention services can be found here: [mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B30BA13C-7A4F-47B9-9403-760091E44ADC/asthprev.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYylPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B30BA13C-7A4F-47B9-9403-760091E44ADC/asthprev.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYylPyP5ULO)

Use HCPCS codes 98960,98961,98962 depending on the number of patients seen during the visit. No more than eight patients can be seen by one CHW at a time. It is essential you include the modifier U2 for a CHW performing the encounter or U3 for an Asthma Prevention Service Provider. Use HCPCS code T1028 for an environmental trigger assessment. It is essential you include the U3 modifier for an Asthma Prevention Service Provider when they are completing the assessment.

According to Medi-Cal Provider Manual allowable modifiers for the CHW Benefit include telehealth modifiers 95, GQ, and 93. Additional Telehealth resources can be found here:

[dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx](https://dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx)

SDoH Z codes (Z codes 55-65) can be used as primary diagnosis for submission of claims for the CHW benefit.

If you are not a contracted CHW Supervising Provider and would like to become one, please email [CA\\_SDOH\\_Connectors@molinahealthcare.com](mailto:CA_SDOH_Connectors@molinahealthcare.com) for more information.

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com). Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

## What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian Anita White	562-517-1014 562-549-3550 562-549-4809 562-980-3947	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a> <a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi Marina Higby	279-895-9354 916-561-8550	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a> <a href="mailto:Marina.Higby@molinahealthcare.com">Marina.Higby@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Salvador Perez Dolores Ramos Lincoln Watkins	562-549-3825 562-549-4900 858-300-7722	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a> <a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a> <a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a>

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Imperial, San Diego & Sacramento	Teresa Suarez	562-549-3782	<a href="mailto:Teresa.Suarez2@molinahealthcare.com">Teresa.Suarez2@molinahealthcare.com</a>
Los Angeles & Orange	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com). Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.