

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

Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older APL 22-025

This is an advisory notification to Molina Healthcare of California (MHC) network providers, to provide guidance about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older.

This notification is based on an All-Plan Letter (APL) 22-025, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-025.pdf>

BACKGROUND

The annual cognitive health assessment is intended to identify whether the patient has signs of Alzheimer's disease or related dementias, consistent with the standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and the recommendations by the American Academy of Neurology (AAN).

POLICY

MHC will cover an annual cognitive health assessment for members who are 65 years of age or older and who do not have Medicare coverage. Details regarding coverage of Current Procedural Terminology (CPT) code 1494F and quantity limits can be found in the MHC Provider Manual:

<https://www.molinahealthcare.com//media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2023-Medi-Cal-Provider-Manual.pdf>.

Any licensed health care professional who is enrolled as a Medi-Cal Provider, is acting within their scope of practice, and is eligible to bill Evaluation and Management (E&M) codes is eligible to conduct and bill for cognitive health assessments for members of MHC after completing the required training.

For Provider training information related to Next Steps in Assessment and Management After a Positive Cognitive Health Assessment, refer to the Dementia Care resources available at: www.dementiacareaware.org.

Provider Billing Requirements

In order to appropriately bill and receive reimbursement for conducting an annual cognitive health assessment, Providers must do all of the following:

- Complete the DHCS Dementia Aware cognitive health assessment training prior to conducting the brief cognitive health assessment;
 - DHCS will maintain a list of Providers who have completed the training; MHC will have access to the list.

- Administer the annual cognitive health assessment as a component of an E&M` visit including, but not limited to an office visit, consultation, or preventive medicine service (elements of the cognitive health assessment can be conducted by non-billing team members acting within their scope of practice and under the supervision of the billing Provider);
- Document all of the following in the Member’s medical records and have such records available upon request:
 - The screening tool or tools that were used (at least one cognitive assessment tool listed below is required);
 - Verification that screening results were reviewed by the Provider;
 - The results of the screening;
 - The interpretation of results; and
 - Details discussed with the Member and/or authorized representative and any appropriate actions taken in regard to screening results.
- Use allowable CPT codes as outlined in the Medi-Cal Provider Manual.

Providers must have completed the required training in order to bill and receive reimbursement. MHC is not obliged to reimburse Providers for assessments that were conducted prior to the completion of the training. Medi-Cal Rates can be found here: <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

Cognitive Assessment Tools

At least one cognitive assessment tool listed below is required. Cognitive assessment tools used to determine if a full dementia evaluation is needed include, but are not limited to:

- Patient assessment tools
 - General Practitioner assessment of Cognition (GPCOG)
 - Mini-Cog
- Informant tools (family members and close friends)
 - Eight-item Informant Interview to Differentiate Aging and Dementia
 - GPCOG
 - Short Informant Questionnaire on Cognitive Decline in the Elderly

MHC will ensure their Providers are providing the appropriate and necessary follow-up services based on assessment scores. These services may include but are not limited to additional assessment, specialist referrals, which may include but are not limited to cognitive health assessments, appropriate treatment services, and necessary referrals billed through established practices.

MHC will ensure that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.

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
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
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
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*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.*