

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 Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- 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

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113 X123071
X127657

Riverside/San Bernardino Counties

X127684 X120618

Sacramento County

X121360

San Diego County

X121805 X121401
X127709 X121413
X123006 X121599

Imperial County

X125682 X125666

Molina Cares Member Incentive Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Molina Cares Member Incentive Program.

MHC is now offering a \$75 Walmart gift card for qualifying Medi-Cal and Marketplace members who complete well-visits during 2019. Eligible members will receive a mailing that includes the incentive requirements and a Molina Cares Well-Child Annual Visit Form.

MHC patients who do not show record of completing an annual well-visit will schedule an appointment with their PCP and bring in the aforementioned Annual Visit Form for completion during the visit. A provider signature will be requested on the form along with the details included in the well-child visit record.

Documentation requirements for the well-care visit must include: health history, physical developmental history, mental developmental history, physical exam, health education/anticipatory guidance, and depression screening.

For your convenience, we've also included the recommended well-care visit coding for new and existing patients.

- **CPT:** 99381-99385, 99391-99395

- **HCPCS:** G0438, G0439

- **ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-
Z02.6, Z02.71, Z02.82, Z76.1, Z76.2, Z02.5

Please submit Medical Records and Annual Visit Forms toll-free via fax to (562) 499-0794 or via email

MHCHEDISDepartment@MolinaHealthCare.Com

QUESTIONS

If you have any questions regarding the notification, we have answers and are here to help you fast. Please direct any questions to (562) 435-3666 ext.126137.