

Provider Bulletin

Molina Healthcare of California

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June 10, 2025

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Timely Access Requirements – APL 25-006

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

This notification is based on All-Plan Letter (APL) 25-006, which can be found in full on the Department of Health Care Services (DHCS) website at: dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-006.pdf

What you need to know:

BACKGROUND

The purpose of APL 25-006 is to reinforce the responsibility of all contracted providers to support timely access to care for members, as required by both state and federal law. This includes providing clear standards for how quickly members should be able to get appointments for medical, mental health, substance use disorder (SUD), and preventive services.

DHCS monitors MHC's compliance through quarterly surveys, which involve contacting provider offices to verify appointment availability, telehealth options, language and interpretation services, and provider directory accuracy. These surveys help ensure that members receive care without unnecessary delays and that Molina maintains accurate provider networks and meet access requirements. Survey results are compiled annually and shared with MHC and Centers for Medicare & Medicaid Services (CMS), with noncompliance subject to enforcement.

POLICY

Timely Access Standards: MHC must ensure that providers follow appointment wait-time standards, including those for follow-up behavioral health visits, specialist referrals, and preventive care.

Member Services Telephone Wait Times: MHC must ensure that members calling the Member Services line during normal business hours wait no longer than 10 minutes to speak with a representative.

Provider Interpretation and Linguistic Services: MHC must ensure that members have access to interpreter services or bilingual providers at all times. These services can be provided in person, by phone, or through video, and must meet federal quality standards.

Provider Action

1. Be prepared to respond promptly and accurately to inquiries from DHCS or MHC regarding appointment availability and provider information.
2. Regularly review and update your practice's contact information, office hours, and services offered in the Molina's provider directory.
3. Train staff on the importance of timely access standards and the role they play in ensuring compliance.
4. Ensure that interpreter services are readily available at the time of appointments and that staff are aware of patients' rights to these services.

By following these guidelines and keeping information up to date, provider offices help ensure Medi-Cal members receive timely care while supporting MHC in meeting state access requirements.



Provider Participation: MHC must ensure that all contracted providers, subcontractors, and downstream subcontractors fully participate in Timely Access Surveys administered by DHCS. Starting January 1, 2025, all new or revised contracts must include language requiring this participation.

Provider Data Quality: MHC must ensure that all provider information such as NPI, name, specialty, contact details, office hours, and populations served is accurate in the provider directory, member handbook, and 274 file. If DHCS finds errors during the Timely Access Survey, MHC must correct them and update all sources within one week of notification.

Minimum Performance Levels (MPLs): Starting January 1, 2025, MHC must meet timely access MPLs for appointments, Member Services wait times, interpreter knowledge, and provider data quality. Non-compliance may lead to enforcement. Justifications for shortages require DHCS approval. Telehealth counts if offered sooner and in-person care remains an option. To view the MPL chart, please refer to APL 25-006 linked above.

Timely Access Oversight: MHC must ensure Members get timely care, including coordinating out-of-network services if needed, and inform them about free transportation options. MHC oversees provider compliance with timely access standards and enforces corrective actions when necessary. DHCS may review these efforts.

Timely Access Enforcement: MHC must update policies and procedures to comply with this APL and submit them to DHCS within 90 days, or attest that no changes are needed. Non-compliance may result in corrective actions or sanctions by DHCS.

Timely Access Standards Chart:

Provider Type	Appointment Type	Timely Access Standard
PCP/Specialist	Urgent Care appointment, no Prior Authorization	48 hours
PCP/Specialist	Urgent Care appointment, requiring Prior Authorization	96 hours
Non-Physician Mental Health Care or SUD Provider	Urgent Care appointment, no Prior Authorization	48 hours
Dental	Urgent Care appointment	72 hours
PCP (includes OB-GYN acting as PCP)	Non-urgent appointment	10 business days
Specialist (includes OBGYN specialty care)	Non-urgent appointment	15 business days
Non-Physician Mental Health Care or SUD Provider	Non-urgent appointment	10 business days
Non-Physician Mental Health Care or SUD Provider	Non-urgent follow-up appointment	10 business days
Ancillary	Non-urgent appointment for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Dental	Non-urgent appointment	36 business days
Dental	Preventive Care appointment	40 business days
Telephone Wait Times		
Member Services Line		10 minutes or less
24/7 Nurse Triage Line		Response/Call provided within 30 minutes
Provider Interpretation Services		
Providers must demonstrate their awareness that Members are entitled to receive 24/7 interpretation services		N/A

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email 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	562-233-1753	Clemente.Arias@molinahealthcare.com
	Daniel Amirian	747-331-0150	Daniel.Amirian@molinahealthcare.com
	Elias Gomez	562-723-9760	Elias.Gomez@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Lincoln Watkins	619-972-9860	Lincoln.Watkins@molinahealthcare.com
	Tan Do	858-287-4869	Tan.Do@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Facilities Manager, Los Angeles	Laura Gonzalez	562-325-0368	Laura.Gonzalez3@molinahealthcare.com
San Diego, Sacramento & Imperial Facilities	Dolores Garcia	619-980-7984	Dolores.Garcia@molinahealthcare.com
Riverside & San Bernardino Facilities	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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