

Provider Bulletin

Molina Healthcare of California

<https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx>

December 13, 2023

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

Member Transition Information

This bulletin is to notify Molina Healthcare of California (MHC) network providers of changes related to the 2024 Los Angeles County transition of Medi-Cal membership from Health Net to MHC as Health Net's subcontracted health plan.

What you need to know:

On January 1, 2024, Medi-Cal members in Los Angeles County may be moving health plans from Health Net to MHC, a subcontractor under Health Net. This document is provided as a resource to help providers understand how MHC is supporting the member transition.

Transitioning members will receive a letter from Health Net in December alerting them that they will be moved to MHC with the same Primary Care Provider (PCP). Members will be moved effective January 1, 2024. We are notifying members to do the following:

- Complete a Health Information Form (HIF) within 90 days.
- Schedule their first checkup with their PCP within 120 days (4 months).
- Schedule first checkups for their children within 120 days (4 months) or within the American Academy of Pediatrics timelines for ages 2 and younger, whichever is less.
- Fill out a Continuity of Care (CoC)/Transition of Care Form if they are getting care at this time.
- Navigate to [MyMolina.com](https://www.molinahealthcare.com) and learn how to use the Member's tab for self-service.

Members have the opportunity to view important information regarding their benefits and how they can receive healthcare services online at: [Molinahealthcare.com](https://www.molinahealthcare.com).

The following documents can also be found on our website:

- Member Services Guide (Member Handbook) and Addendum(s)

Provider Action

Please refer to MHC's Understanding Continuity of Care (CoC) Provider Bulletin sent on October 20, 2023, for the specifics of our CoC processes at:

<https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/JTF-10-20-2023-Understanding-Continuity-of-Care-IE-LA-SAC-SD.ashx>.

For more information on health plan changes, please review the DHCS dedicated webpage for the 2024 transition at: <https://www.dhcs.ca.gov/MCP-Transition/Pages/Home.aspx>.



- This handbook has important information on member benefits, plan services, and how to get care: <https://www.molinahealthcare.com/members/ca/mem/medicaid/medical/memguide.aspx>
- Provider Directory
 - This is a list of providers in the member service areas who contract with MHC: https://molina.sapphirethreesixtyfive.com/?ci=ca-molina&network_id=13&geo_location=34.070997,-118.376175&locale=en

What does this transition look like for members?

- MHC will send a Welcome Kit to new members. This Welcome Kit includes:
 - Non-discrimination Notice and Language Assistance Taglines
 - Notice of Privacy Practice
 - Interpreter Request card
 - Nurse Advice Line card
 - Health Information Form
 - Instructions on scheduling initial checkups, requesting CoC, and accessing Member Resources
- Members will receive a new ID Card as pictured below:



- Members may remain with their PCP of choice. If desired, members can change their PCP through MyMolina.com.
- Members who are in Enhanced Care Management (ECM) or Community Supports (CS) will continue to receive those services with MHC.
- Members can contact MHC's Healthcare Services Care Management Department to receive case management support at: (866) 891-2320.
- Members may contact Molina Member Services 24/7 with any questions at: (888) 665-4621.

Continuity of Care

CoC for Providers enables transitioning members to continue receiving care from their existing providers for up to 12 months if specific regulatory requirements and criteria are satisfied, notwithstanding any exceptions.

- Eligible Members:
 - Medi-Cal Members who actively choose a managed care plan (MCP) before January 1, 2024.
 - Medi-Cal Members who are assigned to an MCP on January 1, 2024.

- Ineligible Members:
 - Medi-Cal Members who actively choose an MCP after January 1, 2024.
- Eligible Providers:
 - PCPs
 - Specialists
 - ECM Providers
 - CS Providers
 - Skilled Nursing Facilities (SNFs)
 - Community-Based Adult Services (CBAS) Providers
 - Select Ancillary Providers:
 - Dialysis Centers
 - Physical therapists
 - Occupational therapists
 - Respiratory therapists
 - Mental health Providers
 - Behavioral health treatment (BHT) Providers
 - Speech therapy Providers
 - Doulas
 - Community Health Workers
- Ineligible Providers:
 - Non-Medi-Cal enrolled Providers
 - All other Ancillary Providers, such as:
 - Radiology
 - Laboratory
 - Non-emergency medical transportation (NEMT)
 - Non-medical transportation (NMT)
 - Other ancillary services

MHC Network Providers that are ALSO Network Providers for the Member's previous MCP:

- Transitioning members can continue seeing you without any action required. This is referred to as Continuation of Services (CoS).
 - CoS is valid up to six (6) months.
 - During the six (6) month CoS period, MHC will assess clinical necessity for ongoing services.

Transportation Services

MHC works with American Logistics to coordinate transportation for Medi-Cal-covered appointments. American Logistics is committed to providing members with reliable transportation through a simple trip booking process.

- Members must contact American Logistics at least 72 hours in advance to schedule transportation.
 - Molina Medi-Cal Reservation Line: (844) 292-2688

- A Physician Certification Statement (PCS) form is a prescription for transportation available online at: <https://www.molinahealthcare.com/providers/ca/medicaid/forms/~media/Molina/PublicWebsite/PDF/Providers/ca/Medical/Physician-Certification-Statement.pdf>. Providers should fill out a PCS for:
 - Car/Van with Door-to-Door/Driver Assistance Service
 - Wheelchair Accessible Van (Ramp or Lift)
 - Stretcher/Gurney/Litter Van
 - Non-Emergency Ambulance Services
- The PCS form and Mileage Reimbursement forms are available:
 - Online: <https://americanlogistics.vasion.com/AmericanLogistics/formName/1>
 - Fax: (877) 282-8441
 - Email: molinafax@americanlogistics.com
- Please reach out to the appropriate resource for additional support:
 - Molina Hospital Discharge Staff Direct Line: (844) 420-0257
 - Molina Dedicated Medical Provider Line: (888) 808-2206
 - Medical Provider Email Support: molina_support@americanlogistics.com

Thank you for supporting our members through this transition!

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
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts	562-517-1014 562-549-3550 562-549-4809 562-549-4069	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi Marina Higby	562-549-3708 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@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
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email MHCProviderJusttheFax@MolinaHealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.