

Sacramento County Resource Guide

LONG TERM ACUTE CARE FACILITY (LTAC) RESOURCES

MAIN RESOURCES

CA UM Inpatient Call Center	M-F 8:30 AM – 5:30 PM	(866) 814-2221
Emergency Department Support Unit (EDSU)	After Hours, Weekends and Holiday Calls	(844) 966-5462

FAX RESOURCE

Fax clinical documentation:	(866) 553-9263
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CARE REVIEW CLINICIAN (CRC) RN

Please call your assigned CRC for clinical collaboration and discussion

Rolanda Holmes CRC, Inpatient Review (RN) (562) 517-1150	EDEN MEDICAL CENTER JOHN MUIR HEALTH WALNUT CREEK MEDICAL MERCY HOSPITAL OF FOLSOM MERCY GENERAL HOSPITAL SHRINERS HOSPITALS FOR CHILDREN ST JOSEPH MEDICAL CENTER SUTTER DAVIS HOSPITAL SUTTER VALLEY HOSPITALS (SAC) SUTTER ROSEVILLE MEDICAL CENTER UCSF MEDICAL CENTER WOODLAND MEMORIAL HOSPITAL
Ryan DeLos Santos CRC, Inpatient Review (RN) (562) 549-3718	MERCY SAN JUAN MEDICAL CENTER METHODIST HOSPITAL OF SACRAMENTO
Khristi Zhaos CRC, Inpatient Review (RN) (562) 549-4872	KAISER FOUNDATION HOSPITAL – (SAC) ROSE (MORSE AVE) KAISER FOUNDATION HOSPITAL SOUTH SACRAMENTO (BRUCEVILLE RD) KAISER FOUNDATION HOSPITAL - ROSEVILLE (EUREKA RD) UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER PROF
Michele Ruffalo, Healthcare Services Manager – (562) 542-1625	
Jessica Advocate, UM Supervisor – (562) 456-4015	

MEDICARE DISCHARGE PLANNING AUTHORIZATIONS

To request authorizations needed for a discharge, please fax the Central Inpatient Unit (CIU): (Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care please contact your assigned CRC)	(844) 834-2152
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For follow-up, please call the **CIU**:

(855) 322-4075

Option 4, Option 4, Option 2, Option 2, Option 2.

DISCHARGE PLANNING

The Molina CRC is available to assist with Complex Discharge Planning. Hospital to provide the following:

- Prior level of function
- Required Level of Care
- Skilled need
- Follow-up Care/Services required
- Per CMS managed care requirement, please submit the Discharge Summary and/or patient discharge instruction sheet to Molina via fax.
- Notify and communicate with primary care and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

FREQUENTLY ASKED QUESTIONS - FAQs

- Hospital must notify Molina within 24 hours of inpatient admission, including pre-authorized surgeries/procedures.
- The Molina Concurrent Review Clinician RN will review the admission applying InterQual/MCG criteria for medical necessity. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **DRG facilities:** Admissions that meet criteria will be authorized per DRG. Molina will require clinical updates every seven (7) days identifying member condition change and discharge planning/needs. **Complete medical records are not required for this clinical update. *If you have received a denial and there is a change in condition or further information, it is imperative that you send this to us right away while the member is still in house.***
 - **Per Diem facilities:** Admissions that meet criteria will be authorized for day of admission. Hospital must submit to Molina **minimal** supporting documentation substantiating medical necessity for continued stay daily. Molina CRC will perform daily medical necessity reviews through discharge. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **Molina will not accept InterQual, any other medical necessity criteria screenshot, or a case management summary, in lieu of clinical documentation.**
- Molina is available to assist with complex discharge planning.

CLINICAL REVIEW CHECKLIST

- **INITIAL REVIEW:**
 - ER Report
 - History and Physical
 - Admitting orders
 - Specialty Consultations
 - Supporting clinical documentation
- **CONCURRENT REVIEW:**
 - Physician orders

- Specialty Consultations
- Supporting clinical documentation

Upon receipt of notification of admission, a **reference number** will be assigned. Upon completion of Molina review and decision the reference number will become the **authorization number** or **denial number**.

LATE NOTIFICATION

- When the Hospital fails to notify Molina Healthcare of an admission within 24 hours, the authorization request may become subject to administrative denial. The Molina CRC will review the admission. If the admission meets criteria and is approved, the Molina CRC will review for continued stay. If the member was discharged prior to late notification of **less than 30 days**, Molina UM staff will notify the hospital. If EMR is unavailable, please submit via fax, *ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary* for Retro Review to:

FAX (866) 553-9263

If the member was discharged prior to late notification of 30 days or more, please submit a claim to Molina via **SSI with payer ID 38333**. **You will be notified of the specific medical records required to support the request for inpatient stay by the Retro Review team.**

RE-EVALUATIONS UPON DENIAL

- **Medi-Cal and Marketplace Re-evaluation:** Upon denial, Molina allows the provider **5 calendar days** to submit **minimal** additional clinical information to support medical necessity or 5 calendar days from the Notice of Action letter to request and schedule peer-to-peer review for cases in which the member has not been discharged for more than 2 days. For cases in which the member has been discharged, the length of stay must be less than 2 days OR have been a weekend admit/discharge in order to be eligible for re-evaluation.
- For Re-evaluation, please submit specific documentation requested to support approval of the admission or continued stay to and fax to **(866) 553-9263**.
- To request a peer-to-peer review, please call toll-free **(866) 814-2221**.

MEDICARE DOES NOT ALLOW RE-EVALUATIONS AFTER THE MEMBER HAS BEEN DISCHARGED

- If the Medicare member has NOT been discharged and additional supporting documentation is available, **please call and discuss the case with your assigned CRC listed on the first page and please fax to: (866) 553-9263**. A Molina MD is also available to conduct a peer-to-peer on the case at **(866) 814-2221**.
- If the Medicare member has been discharged, the hospital must follow the Medical Claims Review process for Medicare, which is outlined in the Molina Provider Manual. Please submit minimal additional clinical information to support medical necessity with the claim via the Molina Provider Portal at: [Availity.com/providers/](https://www.availity.com/providers/).

RETROSPECTIVE REVIEW

- When notification of a **Medi-Cal** or **Marketplace** (Covered California) member admission is not submitted to Molina timely, but in **less than 30 days**, the hospital should utilize the Retrospective Review Process. Please submit, via fax, a service request form to:

FAX: (866) 553-9263

- If EMR is unavailable, please submit via fax, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary for the duration of the hospital stay.
- There is no Retrospective Review process for Medicare and MMP, therefore, please submit a medical claim and **minimal** medical records supporting medical necessity of the admission and continued stay, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and DC Summary via the Molina Provider Portal at: [Availity.com/providers/](https://www.availity.com/providers/).

PHARMACY

- For pharmacy questions related to discharge needs during business hours, please contact **Molina Pharmacy Dept. at (855) 322-4075—follow the prompts for line of business and pharmacy. After hours, please contact Caremark Nurse Advice Intake Line at (888) 543-5897.**

CONTRACTED PROVIDERS

- Please see Molina Healthcare website for complete listing here: [Molina.sapphirethreesixtyfive.com](https://www.molina.sapphirethreesixtyfive.com)