

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
- MMG

Specialists

- Directs
- IPA

 Hospitals
Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL
PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

 122233 114378 127657
 120104 117079

Riverside/San Bernardino Counties

128010 127709 127684

Sacramento County

 127140 121360
 126232 121031

San Diego County

120056

Imperial County

125682 120153

SKILLED NURSING FACILITY RESOURCE GUIDE

This is an advisory notification to Molina Healthcare of California (MHC) network providers. Every facility will now have one Clinical Review Clinician assigned to all lines of business for all inpatient concurrent review.

All clinical documentation needed for review should be faxed to (866) 553-9263.

Effective April 2, 2018

All Providers will have one Clinical Review Clinician assigned to their facility for all lines of business. Providers will contact their assigned Clinical Review Clinician for clinical review purposes, coordination of care and discharge planning needs. See Attached Hospital Resource guide or SNF Resource Guide for contact information and Molina Healthcare resources. All clinical documentation needed for review should be faxed to (866) 553-9263. Please note, this process is not applicable to Molina contracted and delegated full risk hospitals.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.



Molina Healthcare of California

Utilization Management Department

Skilled Nursing Facilities (SNF) – Inland Empire INPATIENT REVIEW RESOURCES

MAIN PHONE NUMBER

Monday through Friday, 8:30AM – 5:30PM	844-557-8434
Emergency Support Unit, After Hours, Weekends & Holidays	844-966-5462

FAX RESOURCES

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

Rohini Tailor, RN	888-562-5442, Ext. 119020
Kelly Frost, RN - Manager	888-562-5442, Ext. 117816

TRANSITIONS OF CARE (ToC) RESOURCES

MHC UM Coordinator	888-562-5442, Ext. 127604
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EMERGENCY DEPARTMENT SUPPORT UNIT RESOURCES

Kathryn Williams, RN-Supervisor	888-562-5442, Ext. 119421
Larynda Waller, RN – Manager	888-562-5442, Ext. 121596

AVP INPATIENT REVIEW

Leslie Fonseca, RN – Associate VP	888-562-5442, Ext. 121586
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Molina Healthcare of California

Utilization Management Department

DISCHARGE PLANNING AUTHORIZATIONS FOR MEDICARE

FOR QUESTIONS ABOUT PRIOR AUTHORIZATIONS, PLEASE REFER TO THE MOLINA WEBSITE FOR PRIOR AUTHORIZATION MATRIX AND GUIDELINES.

ALL MOLINA MEDICARE AND CAL-MEDICONNECT PRIOR AUTHORIZATIONS, PLEASE SEE BELOW.

- Please contact your assigned CRC for authorizations needed for *Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care.*
- To request all other authorizations needed for a discharge, please call the Central Medicare Unit phone number: 855-322-4075 Option 4, Option 4, Option 2, Option 2, Option 2 or fax 844-834-2152.
- For outpatient Prior Authorizations, please fax Service Request Form to (844) 251-1450.

DISCHARGE PLANNING AUTHORIZATIONS FOR MEDI CAL AND MARKETPLACE

FOR ANY QUESTIONS ABOUT PRIOR AUTHORIZATIONS, PLEASE REFER TO THE MOLINA WEBSITE FOR PRIOR AUTHORIZATION MATRIX AND GUIDELINES.

- Please contact your assigned CRC above for all Marketplace and Medi-Cal authorizations needed for discharge.

FREQUENTLY ASKED QUESTIONS - FAQs

- A Skilled Nursing Facility admission is a pre-authorized elective service. Authorizations for skilled services must be requested by the Skilled Nursing Facility prior to admission or prior to providing services.
- A Molina telephonic Care Review Clinician nurse will review the pre-admission applying medical necessity criteria. Ultimately, denial decisions are made by Molina Medical Directors using sound clinical judgment.
 - Admissions that meet criteria will be initially authorized for the first seven days of admission. Every seven days, the Skilled Nursing Facility must submit to Molina, at minimum, supporting documentation substantiating medical necessity for continued stay. A Molina Care Review Clinician will perform medical necessity reviews through discharge every seven days. Ultimately, denial decisions are made by Molina Medical Directors using sound clinical judgment.
 - **Molina will not accept medical necessity criteria screenshots, or a case management summary, in lieu of clinical documentation.**
- Molina is available to assist with complex discharge planning.

CLINICAL REVIEW CHECKLIST

- **INITIAL REVIEW:**
 - History and Physical
 - Admitting orders
 - Specialty Consultations
 - Supporting clinical documentation to include tentative discharge date
 - Physical Therapy, Occupational Therapy & Speech Therapy Evaluation and Care Plan with goals and milestone dates

Upon completion of Molina pre-admission review, a decision will be made and the Skilled Nursing Facility will be provided with an **authorization number** or **denial number**.

- **INPATIENT REVIEW**
 - Physician orders
 - Specialty Consultations
 - Supporting clinical documentation to include tentative discharge date
 - Physical Therapy, Occupational Therapy & Speech Therapy Progress Notes and revised/updated care plans



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Utilization Management Department

LATE NOTIFICATION

When the Skilled Nursing Facility fails to notify Molina Healthcare of an admission prior to admitting the member or prior to providing services, the authorization request may become subject to an administrative denial. A Molina Care Review Clinician 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 Utilization Management staff will notify the hospital. *Please submit via fax: H&P, Admitting orders, dictated specialty consultations, Physical Therapy, Occupational Therapy, Speech Therapy Evaluation & Progress notes, documentation supporting the Skilled Nursing Facility admission and continued stay, D/C orders, and D/C Summary for Retro Review to:*

FAX: 800- 811- 4804

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

DISCHARGE PLANNING

The Molina CRC is available to assist with Complex Discharge Planning. Skilled Nursing Facility 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 to Molina via fax, the Discharge Summary and/or patient discharge instruction sheet.

RE-EVALUATIONS UPON DENIAL

- **Medi-Cal and Marketplace Re-evaluation:** Upon denial, Molina allows the provider **30 calendar days** for faxed clinical review to submit *minimal* additional clinical information to support medical necessity, or 5 business days from Notice of Action letter to request and schedule peer to peer review.
 - For Re-evaluation, please submit specific documentation requested to support approval of the admission or continued stay to:

FAX: 866-553-9263

To request a Peer to Peer review, please call:

Toll Free: 844-557-8434

- **Medicare does not allow re-evaluations.** 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 <https://provider.molinahealthcare.com/>

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

The Retro Review team will notify you of the specific medical records required to support the request for inpatient stay.

- There is no Retrospective Review process for Medicare and MMP, therefore, please submit a medical claim and medical records supporting medical necessity of the admission and continued stay, *H&P, Admitting orders, dictated specialty consultations, documentation supporting the Skilled Facility inpatient admission and continued stay, Physical Therapy, Occupational Therapy, Speech Therapy Evaluation & Progress notes, D/C orders, and DC Summary* via the Molina Provider Portal to: <https://provider.molinahealthcare.com/> (Link to the Web Portal Resource Guide as follows: [Web Portal Quick Reference Guide](#)).



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PHARMACY

For pharmacy questions related to discharge needs during business hours, please contact the **Molina Pharmacy Department 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.**

ADVANCED IMAGING RADIOLOGY PRIOR AUTHORIZATIONS

For Prior Authorizations please fax to (877) 731-7218 or contact (855) 714-2415.

CONTRACTED PROVIDERS

HOME HEALTH AGENCY	CITY	PHONE NUMBER
Care Essentials Home Health	San Bernardino	909-883-0288
Envoy Home Health <i>(Services IE/High Desert)</i>	Glendale	818-500-8778
Alliance Home Health <i>(Services IE/High Desert/Riverside County/Low Desert)</i>	Glendale	818-241-4444
Nathan Ogbatue And Agnes Ogbatue DBA California Home Health <i>(Services IE/High Desert/Temecula/Low Desert)</i>	Riverside	951-352-2300
Merit Health Care <i>(Services SB County/Riverside/Orange County/LA County)</i>	Colton	909-825-8767
Alaphia Care Home Health <i>(Services High Desert/Low Desert/Riverside County)</i>	Ontario	909-986-7538
Bright Sky	Inland Empire	909-792-4090
Plexis Home Health	Inland Empire	909-939-6650
Alliance Home Health	Inland Empire	818-241-4444
Crown Home Health	Corona	951-734-1200
Loma Linda Home Health	Loma Linda	909-558-3096
Home Health Care Solutions	Rancho Cucamonga	909-373-0637
Jameco Home Health	Upland	909-447-4705
Hemet Home Health	Hemet	951-766-9966
Joy Home Health	Riverside	951-694-0100
Star Home Health	Montclair	909-920-0675
Lorian Home Health	Murrieta	619-280-8184



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Mission Home Health	San Diego/ Inland Empire	619-757-2700
Nova Home Health	Upland	909-981-0100
Ophie Home Health	Ontario	909-984-0400
Onoria Health Care	Montclair	909-626-2859
United Personal Care H/H	Victorville	760-241-3800
Agape H/H	Upland	909-949-7666
Angelicare H/H	Chino	909-464-2273
Bethany	Moreno Valley	951-242-1365
Priority One H/H	Montclair	909-625-6377
All Care Health Services	Ontario	909-390-5772
Bright Care H/H	Ontario	909-986-7538
St. Bernardines Care Providers	Apple Valley	760-242-6720
Our Lady Of Lourdes	Rancho Cucamonga	909-527-4542
Vanura H/H	Apple Valley	760-242-9141

PREFERRED TRANSPORTATION PROVIDERS	CITY	PHONE NUMBER
Secure Transportation (Please contact first)	National Contract	(855)740-3166
AMR	Rancho Cucamonga	(909)477-5000
Sunrise Medical Transportation	Rancho Cucamonga	(909)899-1440
Primary Care Medical Transportation	Rancho Cucamonga	(909)574-3000
PRN Transportation	Temecula	(909)699-5114

****Molina provides medically necessary transportation***

INFUSION	City	Phone Number
Coram (Home Infusion)	Ontario	800-540-7887
Crescent (Home Infusion)	Riverside	800-735-4872



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URGENT CARE	ZIP CODE	PHONE NUMBER
Access First Urgent Care	92543	951-929-6777
Apple Medical Center and Urgent Care, Inc	92543	951-925-2523
Access First Urgent Care	92543	(951)929-6777
Alliance Urgent Care, Inc.	92543	(951)929-6900
Apex Urgent Care Inc	92223	(951)845-2294
Apple Medical Center and Urgent Care, Inc	92543	(951)925-2523
Apple Medical Center and Urgent Care, Inc - Perris	92571	(951)940-4500
Hayes Medical and Urgent Care, Inc	91762	(909)391-3222
Inland Urgent Care AMC-Temecula	92592	(951)303-6440
Inland Urgent Care AMC-Wildomar	92595	(951)600-0110
Inland Urgent Care of Sun City	92584	(951)246-3033
Joseph M Ho MD Inc	92395	(760)962-1028
Moreno Valley Urgent Care Clinic Inc	92557	(951)243-5050
Premier Family Medicine Associates	91709	(909)630-7875
Total Care Family Medical Center of Lake Elsinore, Inc.	92530	(951)674-4114
Town Center Plaza Urgent Care, Inc	92308	(760)247-4175
Pinnacle Fontana Urgent Care Center	92335	(909)427-1303
Pinnacle Rialto Urgent Care Center	92376	(909)421-2700
Pinnacle San Bernardino Urgent Care Center	92404	(909)881-4115
Pinnacle Yucaipa Urgent Care	92399	(909)500-7971
Meridian Urgent Care and Occupational Health Center, Inc.	92345	(760)949-2500
Meridian Urgent Care and Occupational Health Center, Inc.	92311	(760)255-3200
Meridian Urgent Care and Occupational Health Center, Inc.	92307	(760)242-7707
Moreno Valley Urgent Care	92557	(951)243-5050
Doctors Express Urgent Care	92508	(951)780-3300



Molina Healthcare of California

Utilization Management Department

DME/MEDICAL SUPPLIES	CITY	PHONE NUMBER
SUPER CARE	DOWNEY, I.E	800-206-4880
KING MEDICAL SUPPLY	TORRANCE/ I.E	310-533-8800
KCI	INLAND EMPIRE	800-275-4524
APRIA	INLAND EMPIRE	951-320-1100
ADVANCED MEDICAL SUPPLY	RIVERSIDE	877-855-6227
HANGER PROSTHETICS	INLAND EMPIRE	909-890-0577
SHIELD HEALTHCARE	STATEWIDE	661-294-1042
Desert Medical Equipment	Apple Valley	(760)247-2903
Western Drug & Medical	Glendale	(818) 956-6691
Gilchrist Prosthetics & Orthotics	Colton	(909)420-0247
Hemet Prosthetic & Orthotic	Hemet	(951)766-4297
Inland Artificial Limb and Brace	Riverside	(951)781-3011
Johnsons Hearing Aid Center	Hemet	(714)593-9082
KCI USA	San Bernardino	(800)275-4524
Lincare	Apple Valley	(760)961-2066
National Seating & Mobility	Redlands	(909)335-6047
Ortho Engineering	Chino	(909)591-5800
Pacific Pulmonary Services	Victorville/Riverside	(760)241-9364 (951)222-2007
Prime Medical Supply	Corona	(951)278-9111
Pulmocare Respiratory Services	Colton	(888)785-6622
West Coast Orthotic	Upland	(909)946-5562
Wheelchair Doctors	Phelan	(800)334-3515
Young Orthopedics	San Bernardino	(909)474-0500

All Bed Hold Requests **must** be submitted to Molina Healthcare on a Service Request Form within 30 days from the time the bed hold was in effect. **In addition, any request for custodial level of care is NEVER processed as URGENT.**