

# Provider Bulletin

Molina Healthcare of California

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July 18, 2025

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

## Southern California Fires and Flexibilities to Impacted Providers – APL 25-005

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

This notification is based on All-Plan Letter (APL) 25-005, which can be found in full on the Department of Managed Health Care (DMHC) website at: [dmhc.ca.gov/Portals/0/Docs/OPL/APL25-005-SouthernCaliforniaFiresandFlexibilitiestoImpactedProviders\(3\\_19\\_2025\).pdf?ver=gum-uK5BvYBUk2ttLDcZPw%3d%3d](https://dmhc.ca.gov/Portals/0/Docs/OPL/APL25-005-SouthernCaliforniaFiresandFlexibilitiestoImpactedProviders(3_19_2025).pdf?ver=gum-uK5BvYBUk2ttLDcZPw%3d%3d)

### What you need to know:

On January 7, 2025, California Governor Gavin Newsom declared a State of Emergency in Los Angeles county due to wildfires. The fires destroyed homes and businesses and displaced enrollees and health care providers.

After the Governor declares a state of emergency, Health and Safety Code section 1368.7 allows DMHC to act to reduce the impact on enrollees and providers. Under this authority, DMHC directed all health plans with providers in Los Angeles County who were displaced by the fires to do the following:

1. Extend the duration of existing prior authorizations by 180 calendar days so providers can focus on providing care to enrollees rather than having to re-request prior authorization for previously authorized services.
2. Extend the minimum timeframes for contracted and non-contracted providers to submit claims under California Code of Regulations, title 28, section 1300.71(b). Plans shall extend these time frames for both contracted and noncontracted providers to at least 365 days from the date of services.
3. If a plan believes it overpaid a provider, extend the minimum time for the provider to dispute the overpayment from 30 working days to 180 calendar days.

## Provider Action

No provider action is required.



## **What you need to know CONT.**

4. For a period of at least 6 months from the date of this APL, allow displaced providers to deliver care from appropriate alternative settings, such as mobile clinics or temporary locations.
5. Create a public-facing wildfire resource web page for providers to easily access information without needing to first log into the health plan's provider portal.

## **What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

<b>Service County Area</b>	<b>Provider Relations Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
Los Angeles County	Clemente Arias Elias Gomez Anita White	562-233-1753 562-723-9760 310-654-4832	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a> <a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-783-0005	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi	916-268-1418	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-454-4247	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	951-447-7585	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Lincoln Watkins Tan Do Rita Weldy	619-972-9860 858-287-4869 619-403-7773	<a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a> <a href="mailto:Tan.Do@molinahealthcare.com">Tan.Do@molinahealthcare.com</a> <a href="mailto:Rita.Weldy@molinahealthcare.com">Rita.Weldy@molinahealthcare.com</a>

<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
Imperial Los Angeles Riverside San Bernardino San Diego Sacramento	Laura Gonzalez, Manager  MiMi Howard	562-325-0368  562-455-3754	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>  <a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</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](mailto:mhcproviderbulletin@molinahealthcare.com).

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802