

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

Specialists

- Directs
- IPA

- Hospitals**

Ancillary

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

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113 X123071
X127657

Riverside/San Bernardino Counties

X127684 X128010
X120618

Sacramento County

X121360

San Diego County

X121805 X121401
X127709 X121413
X123006 X121599

Imperial County

X125682 X125666

NICU Reviews

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Neonatal Intensive Care Unit (NICU) Reviews.

NICU initial and concurrent reviews have been decentralized to the Molina Healthcare of California plan. Beginning immediately, please fax all notification of NICU admissions to:

866-553-9263

Hospital must notify Molina within 24 hours of inpatient admission. If there is a question about whether or not an admission could be CCS-eligible, the member's local County CCS Program must be contacted for assistance and advise. Failure to follow the above steps may result in denial by both the County CCS Program and Molina Healthcare.

Please see the following website for all information regarding CCS:

<http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

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.

- o **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.
- o **Per Diem facilities:** Admissions that meet criteria will be authorized for day of admission. As requested, hospital must submit to Molina **minimal**, supporting documentation substantiating medical necessity for continued stay. Molina CRC will perform not less than bi-weekly 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. Please refer to the Provider Manual for further instructions.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina California UM Inpatient Phone Queue at (866) 814-2221.