

**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**
- Directs
- 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 117079  
 120104 127657

**Riverside/San Bernardino Counties**

128010 127709  
 127684

**Sacramento County**

126232 121360  
 121031

**San Diego County**

120056 121588  
 120630

**Imperial County**

125682 120153

## CONTRACT TERMINATION: EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding MHC's contract termination with Employee Health Systems (EHS) Sacramento, effective January 31, 2018.

When available, members will retain their existing PCP under another contracted IPA affiliation. All other previously assigned EHS members will be transitioned to a new PCP to ensure continued access to care. All IPA and PCP changes will be effective February 1, 2018.

If a member wishes to change their PCP, please direct them to log on to their My Molina and follow the instructions or call Member Services:

- Medi-Cal: (888) 665-4621
- Marketplace: (888) 858-2150
- Medicare: (800) 665-0898
- MMP - Duals: (855) 665-4627

If a member arrives at a participating provider's office to receive care, please verify the member's eligibility through: Molina's Provider Portal, Eligibility List file, or MHC Member Services. A member must not be denied services because his/her name does not appear on the eligibility roster.

Processes are in place for providers to appeal a Utilization Management decision on behalf of the member. The process is detailed in the MHC Provider Manual and applies to determinations made by delegated entities, as follows: If the member or provider on behalf of a member, with the Member's written consent, is dissatisfied with an adverse decision, he or she may initiate a member appeal by telephone, fax, MHC's website, E-mail, or mail the member's receipt of the Notice of Action (NOA) letter. We can also review approved services as grievances if there are concerns regarding access and availability to the EHS network of specialists at the time of request.

Providers may refer members to MHC's website for additional information on how to file a member grievance or appeal. Contact the department noted below as follows:

<p><b>Medi-Cal:</b>                      Via phone: (888) 665-4621, TTY users: 711                      Monday-Friday, 7:00 am and 7:00 pm                      In writing: Molina Healthcare of California                      Attn: Appeals and Grievance Department                      200 Oceangate, Suite 100                      Long Beach, CA 90802                      Fax: (562) 499-0757                      E-mail: <a href="mailto:MHCMemberGandA@MolinaHealthcare.com">MHCMemberGandA@MolinaHealthcare.com</a>                      Online: <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a></p>	<p><b>MMP - Duals:</b>                      Phone: (855) 665-4627, TTY users: 711                      Monday-Friday, 8:00 am and 8:00 pm                      In writing: Molina Dual Options                      Attn: Appeals and Grievances                      PO Box 22816                      Long Beach, CA 90801                      Fax: (562) 499-0610                      E-mail: <a href="mailto:Medicare.appealsandgrievances@molinahealthcare.com">Medicare.appealsandgrievances@molinahealthcare.com</a>                      Online: <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a></p>
<p><b>Marketplace:</b>                      Via phone: (888) 858-2150, TTY users: 711                      Monday-Friday, 8:00 am and 6:00 pm                      In writing: Molina Healthcare                      Attn: Grievance and Appeals Unit                      200 Oceangate, Suite 100                      Long Beach, CA 90801                      Fax: (562) 499-0757                      E-mail: <a href="mailto:MHCMemberGandA@MolinaHealthcare.com">MHCMemberGandA@MolinaHealthcare.com</a>                      Online: <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a></p>	<p><b>Medicare:</b>                      Via phone: (800) 665-0898, TTY users: 711                      Monday-Friday, 8:00 am and 8:00 pm                      In writing: Molina Medicare                      Attn: Appeals and Grievances                      PO Box 22816                      Long Beach, CA 90801                      Fax: (562) 499-0610                      Online: <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a></p>

**QUESTIONS**

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