

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) – Los Angeles 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

Kim Robinson, RN	888-562-5442, Ext. 123054
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



Molina Healthcare of California

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](#)).



Molina Healthcare of California

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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
Royal Majesty	Long Beach	(562) 492-9600
Crystal Rose Home Health Care, Inc.	Lancaster	(661) 949-8877
A1 Unlimited	Los Angeles	(323) 331-3088
Egida Home Health	Glendale	(818) 242-3536
Envoy Home Health	Glendale	(818) 500-8778
Alliance Home Health	Glendale	(818) 241-4444
Crystal Rose Home Health	Lancaster	(661) 949-8877
Guardian Angel Home Health	Simi Valley	(800) 442-1558
J and S Home Health	Pasadena	(626) 744-7724
United Care Home Health	North Hills	(818) 892-3040
Tender Care Home Care	San Gabriel	(626)943-8988
Magnificent Health	Simi Valley	(805)562-6888
AAA Nursing Services	Canoga Park	(818)347-7009
Accredited Home Health Services	Woodland Hills	(818)986-1234
Alleviation Healthcare	Thousand Oaks	(805)230-3838
Elite Homecare	Acton	(661)269-2279
Accent Home Health	Los Angeles	(626)458-1400
Gentle Care Home Health	Culver City	(310)216-2967
AC Home Health	Culver City	(323)294-5189
Destiny Home Health	Inglewood	(310)673-2555
Crown Home Health	San Gabriel	(951)734-1200
All Care Home Health	Glendale	(818)241-2473
Comcare Home Health	Glendale	(818)952-5164
Envision Home Health	Torrance	(310)515-1246
Grandcare Home Health	Pasadena	(818)244-8446



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Lira Home Health	Los Angeles	(323)782-1815
Maxim Healthcare	Los Angeles	(323)937-1122
Blessed Healthcare	Covina	(626)858-2319
Quality Home Health	Covina	(626)966-6893

Home Infusion	City	Phone Number
Crescent (Home Infusion)	Santa Fe	(562) 347-2900
Coram (Home Infusion, TPN)	Los Angeles	(800) 523-4042
Medicorx (Home Infusion)	Los Angeles	(818) 390-9696

Preferred Transportation Providers	City	Phone Number
Secure Transportation (Please contact first)	National Contract	(855)740-3166
AMR	Los Angeles	(877)808-2100
FirstMed	Los Angeles	(800)608-0311
Schaefer	Los Angeles	(323)468-1600
Ambuserve	Los Angeles	(310)644-0500
PRN Transportation	Temecula	(951) 699-5114

***Molina provides medically necessary transportation**

DME/Medical Supplies	City	Phone Number
KCI	Los Angeles	(800) 275-4524
King medical Supply	Torrance	(310) 533-8800
Home Medix	Los Angeles	(562)559-1396
Apria	Los Angeles	(818)446-7200
Western Drug Medical	Glendale	(818) 956-6691
Broadway Medical Supply	Los Angeles	(323)752-7831
Comfortcare Hearing Aid Center	Los Angeles	(323)666-0414
Duramed Homecare	Duarte	(626)357-6109
Elixair Medical Inc	Santa Fe Springs	(562)204-0700
Home Medic Inc	Long Beach	(562)599-1396
National Seating & Mobility	Chatsworth	(818)718-1771
Numotion	Cerritos	(562)921-0258
Speedy Care Medical	Los Angeles	(323)242-2018
The Scooter Store	La Puente	(800)723-4535
Whittier Medical Homecare Supply	Pomona	(909)623-4378



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Urgent Care	Zip Code	Phone Number
Greater Covina Healthcare Clinic	91723	(626) 732-9232
Premier Family	91711	(909) 865-9977
Dusk to Dawn Urgent Care	90703	(760) 871-0606
Dusk to Dawn Urgent Care	90262	(619) 423-0100
Dusk to Dawn Urgent Care	90806	(619) 303-5500

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.**