

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) – Sacramento 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 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

Utilization Management Department

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
Mercy Home Health	Rancho Cordova	(916)281-2300
Procure Home Health	Sacramento	(916)681-4949
Mercy Hospice	Rancho Cordova	(916)281-3900
Advanced Home Health	Sacramento	(916)978-0744
Premier Healthcare	Sacramento	(916)923-0881
Blossom Ridge	Sacramento	(800)991-6147
Nurses Choice	Sacramento	(916)929-9041
Vitas Healthcare	Sacramento	(916)925-7010
Interim Healthcare of Sacramento	Sacramento	(916)486-8181
Absolute Best Care	Sacramento	(916)928-8020
AllCare Home Health Services	Rancho Cordova	(916)852-5888
American River Home Care	Sacramento	(916)209-4400
ANG Healthcare	Folsom	(916)990-0930

DME/MEDICAL SUPPLIES	CITY	PHONE NUMBER
Aabica Medical Supply	Rancho Cordova	(916)857-0817
Apria	Sacramento	(916)921-1162
Broadway Medical Service	Sacramento	(916)927-4047
LinCare	Sacramento	(916)928-9350
River City Pharmacy	Sacramento	(916)454-0444
Shield Healthcare	Valencia	(916)458-7718
Pacific Pulmonary	Sacramento	(916)419-1559
Byram Healthcare	Sacramento	(714)799-1222
Folsom Medical Supply	Folsom	(916)293-8897



Molina Healthcare of California

Utilization Management Department

INFUSION	CITY	PHONE NUMBER
Coram (Home Infusion)	Sacramento	(916)857-7000

PREFERRED TRANSPORTATION PROVIDERS	CITY	PHONE NUMBER
Secure Transportation (Please contact first)	National Contract	(855)740-3166
First Responder	Chico	(530)879-5503
Alpha One	Rancho Cordova	(916)635-1111
AMR	Sacramento	(916)563-0600

**Molina provides medically necessary transportation*

URGENT CARE	ZIP CODE	PHONE NUMBER
Folsom Urgent Care Inc	95630	(916)984-8244
Reddy Urgent Care Elk Grove	95758	(916)688-1111
Calvine Corners Urgent Care	95829	(916)226-6190
Elk Grove Urgent Care	95758	(916)479-9110
Med 7 Urgent Care	95661	(916)772-6337
Pediatric Urgent Care of Sacramento Inc.	95823	(916)682-7777
Pediatric Urgent Care of Sacramento Inc.	95670	(916)852-7770
Med 7 Urgent Care	95834	(916)447-6337
Med & Urgent Care	95630	(916)920-6337
Med 7 Urgent Care	95608	(916)488-6337
Sacramento Urgent Care	95831	(916)422-9110

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.**