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# JUST THE FAX

May 30, 2018

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### THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

#### **COUNTIES:**

- ⋈ Riverside/San Bernardino
- □ Orange

#### **LINES OF BUSINESS:**

- Molina MedicareOptions Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☑ Molina Marketplace (Covered CA)

#### **PROVIDER TYPES:**

#### **Primary Care**

- ☑ IPA/MSO
- ☐ Directs

#### Specialists

- □ Directs
- ☐ IPA

#### $extstyle egin{array}{c} extstyle Hospitals \end{array}$

#### Ancillary

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

### FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

#### Los Angeles/Orange Counties

x123071 x117079 x120104 x111660 x127657

#### Riverside/San Bernardino Counties

x128010 x127709 x127684

#### Sacramento County

x126232 x121360

#### San Diego County

x120056 x121588 x120630

#### **Imperial County**

x125682 x120153

#### REIMBURSEMENT FOR EMERGENCY SERVICES

This is a reminder notification to Molina Healthcare of California (MHC) network providers regarding the requirement to reimburse emergency medical services claims.

Pursuant to Health and Safety Code § 1371.4, MHC and its delegated providers reimburse providers for emergency services and care provided to its members, until the care results in stabilization of the member. MHC and its delegated providers only deny payment of emergency services if it is reasonably determined that the emergency services and care were never performed.

These requirements are defined in MHC's provider manual, in accordance with your provider services agreement with MHC.

#### **EMERGENCY CARE**

Emergency services means those services needed to evaluate or stabilize an emergency medical condition.

Emergency services are covered on a (24) hour basis without the need for prior authorization for all members experiencing an emergency medical condition. This includes non-contracted providers inside or outside of MHC's service area.

#### **EMERGENCY DEPARTMENT NOTIFICATION PROCESS**

MHC requires notification of a member which has been seen in the emergency department, placed under observation status, or admitted as an inpatient.

When an MHC member presents to the emergency department, a facility faxed face sheet notification is requested.

## Emergency Department (ED) Notification Face Sheet Fax: (877) 665-4625

MHC requires notification of all inpatient admissions within twenty-four (24) hours of admission, or by the close of the next business day when admissions occur on the weekends.

Medi-Cal/Marketplace Inpatient Admissions/Observation Status Fax: (866) 553-9263

Medicare/Cal MediConnect Inpatient Admission/Observation Status Fax: (866) 472-0596

#### **OUESTIONS**

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