

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

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

Retrospective Review Process

This is an advisory notification to the Molina Healthcare of California (MHC) network providers regarding the requirement for timely submission requesting Retrospective Review of provided services for Medi-Cal and Marketplace members.

A complete and timely submission of a service request prior to rendering services is always required. However, when there are extenuating circumstances, providers may request, within sixty (60) calendar days of Inpatient, Outpatient or Pharmacy service, a Retrospective Review.

Molina will make a determination within thirty (30) calendar days of receipt of the Retrospective Review request.

For requests greater than 60 days from the date of service, please submit a claim and supporting documentation to:

<https://provider.molinahealthcare.com/>

QUESTIONS

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