

**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
- 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

## My Care Palliative Care Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the Molina My Care Palliative Care Program.

The program has proven to be beneficial to Members and therefore, MHC has expanded the disease eligibility criteria for the My Care Program. We believe that this program is one way to provide superior care to some of our most vulnerable and frail Members.

**When this is happening:**

On January 1, 2018, MHC implemented the Department of Health Care Services (DHCS) Palliative Care initiative which conformed to the requirements in Senate Bill 1004. This program currently services Medi-Cal Members only. Members can be referred for the program without a doctor's order.

**What you need to know:**

This program is open to Members with congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), end-stage liver disease (ESLD), cancer, and chronic, complex diseases that meet the following criteria:

- Member has an advanced illness
- There is an increased use of the emergency room (ER) and inpatient hospital services directly related to the disease
- Member's death within a year would not be unexpected
- Current therapies are not effective, Member is not in a likely reversible state
- Member is willing to participate in advance care planning discussions
  - E.g., Five Wishes, Physician Orders for Life Sustaining Treatment (POLST)

Examples that may meet the criteria above include dementia, other progressive neurological disorders, end-stage renal disease (ESRD), short gut syndrome, immune deficiency with recurrent infections, chronic pulmonary failure not related to COPD, significant diabetic complications leading to progressive deterioration in a person's quality of life.

**What is My Care?**

My Care is a program for Members who have end-stage disease who have begun to utilize emergency services to manage their acute health concerns. My Care focuses on managing the symptoms of the disease process and side effects of treatments, thereby preventing unnecessary ER visits and hospital admissions by partnering with a vendor who can provide services in the Member's home. Members who qualify for and enroll in the My Care program are managed by a vendor who provides four contacts a month, one of which is an in-person visit, which may be conducted in-home or by video. On enrollment, Members are assessed by a Doctor of Medicine (MD) or Nurse Practitioner (NP), who may then prescribe treatments in collaboration with the

member's Primary Care Provider (PCP) and specialists. Members also have access to a 24-hour Nurse Advice Line and a multidisciplinary care team, which includes an MD or NP, Registered Nurse (RN), Licensed Vocational Nurse (LVN), Social Worker, and in most cases, a Chaplain.

**How do I refer a member for My Care?**

If you have a Member with any of the above diagnoses that meet the listed criteria, you may refer in one of three ways. The preferred method is to submit an authorization request through Availity Essentials, the Molina Provider Portal, with supporting documentation so Molina can review and refer to a contracted vendor, as appropriate. If you are unable to submit through Availity, you may send a faxed referral with supporting clinical to the Molina Prior Authorization department for review at (844) 811-4804. The third way to send a referral for My Care is to refer directly to a Molina contracted My Care vendor, who will review and request authorization from Molina, as appropriate.

The link for the Availity Essentials Provider Portal can be found here:

<https://availity.com/MolinaHealthcare>

**What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a>
Los Angeles	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
	Christian Diaz	562-549-3550	<a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento	Jennifer Rivera Carrasco	562-542-2250	<a href="mailto:Jennifer.RiveraCarrasco@molinahealthcare.com">Jennifer.RiveraCarrasco@molinahealthcare.com</a>
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