

Provider Bulletin

Molina Healthcare of California

<https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx>

December 29, 2023

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

New Facility Guides Are Available!

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

Molina Healthcare is pleased to announce the release of updated facility guides specifically tailored for Acute Care Facilities, Long Term Acute Care Facilities (LTAC), and Skilled Nursing Facilities (SNF). These comprehensive guides have been carefully curated to provide essential resources and critical contact information necessary for streamlined operations and effective patient care.

Key highlights of these updated guides include:

1. **Critical Resources:** Access a wealth of vital resources to support various healthcare operations within your facility.
2. **Contact Information:** Easily locate and utilize important contact details for efficient communication and coordination.

Provider Action:

Please share the attached guides with the appropriate staff members.



What if you need assistance?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts	562-517-1014 562-549-3550 562-549-4809 562-549-4069	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi Marina Higby	562-549-3708 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

Inland Empire Resource Guide

GENERAL ACUTE FACILITY RESOURCES

MAIN RESOURCES

CA UM Inpatient Call Center:	M-F 8:30AM – 5:30PM	(866) 814-2221
Emergency Department Support Unit (EDSU):	After Hours, Weekends and Holiday Calls	(844) 966-5462

FAX RESOURCE

Fax clinical documentation:	(866) 553-9263
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CARE REVIEW CLINICIAN (CRC) RN

Please call your assigned CRC for clinical collaboration and discussion

Mulika Tsi CRC, Inpatient Review (RN) (562) 542-1878	ARROWHEAD REGIONAL MEDICAL CENTER BARSTOW COMMUNITY HOSPITAL CORONA REGIONAL MEDICAL CENTER HEMET VALLEY MEDICAL CENTER SOUTHWEST HEALTHCARE - INLAND VALLEY - RANCHO SPRINGS HOSP (INLAND VALLEY REGIONAL MEDICAL CENTER) KAISER FOUNDATION HOSPITAL - FONTANA KAISER FOUNDATION HOSPITAL RIVERSIDE KAISER FOUNDATION HOSPITAL MORENO VALLEY LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL LOMA LINDA UNIVERSITY MEDICAL CENTER MURRIETA LOMA LINDA UNIVERSITY MEDICAL CENTER MENIFEE VALLEY MEDICAL CENTER PLACENTIA LINDA HOSPITAL SOUTHWEST HEALTHCARE - INLAND VALLEY - RANCHO SPRINGS HOSP (RANCHO SPRINGS MEDICAL CENTER) RIVERSIDE COMMUNITY HOSPITAL SAN ANTONIO REGIONAL HOSPITAL - CA PROVIDENCE ST MARY MEDICAL CENTER (APPLE VALLEY)
Patricia Reyes CRC, Inpatient Review (RN) (562) 542-1582	CHINO VALLEY MEDICAL CENTER COMMUNITY HOSPITAL OF SAN BERNARDINO DESERT REGIONAL MEDICAL CENTER DESERT VALLEY HOSPITAL (VICTORVILLE) EISENHOWER MEDICAL CENTER HI-DESERT MEDICAL CENTER JFK MEMORIAL HOSPITAL KAISER FOUNDATION HOSPITAL - ONTARIO MONTCLAIR HOSPITAL MEDICAL CENTER PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER REDLANDS COMMUNITY HOSPITAL RIVERSIDE UNIVERSITY HEALTH SYSTEMS - MEDICAL CENTER ST BERNARDINE MEDICAL CENTER SAN GORGONIO MEMORIAL HOSPITAL TEMECULA VALLEY HOSPITAL VICTOR VALLEY GLOBAL MEDICAL CENTER



Molina Healthcare of California

Utilization Management Department

Lauren Madden

CRC, Inpatient Review (RN)

(562) 549-4585

Michele Ruffalo, Healthcare Services Manager (RN) – (562) 542-1625

MEDICARE DISCHARGE PLANNING AUTHORIZATIONS

To request authorizations needed for a discharge, **please fax the Central Inpatient Unit (CIU):** (844) 834-2152

(Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care please contact your assigned CRC)

For follow-up, please call the **CIU:** (855) 322-4075 Option 4, Option 4, Option 2, Option 2, Option 2.

DISCHARGE PLANNING

The Molina CRC is available to assist with Complex Discharge Planning. Hospital 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 the Discharge Summary and/or patient discharge instruction sheet to Molina via fax.
- Notify and communicate with primary care and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

FREQUENTLY ASKED QUESTIONS - FAQS

- Hospital must notify Molina within 24 hours of inpatient admission, including pre-authorized surgeries/procedures
- The Molina Concurrent Review Clinician RN will review the admission applying InterQual/MCG criteria for medical necessity. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **DRG facilities:** Admissions that meet criteria will be authorized per DRG. Molina will require clinical updates every seven (7) days identifying member condition change and discharge planning/needs. **Complete medical records are not required for this clinical update. *If you have received a denial and there is a change in condition or further information it is imperative that you send this to us right away while member is still in house.***
 - **Per Diem facilities:** Admissions that meet criteria will be authorized for day of admission. Hospital must submit to Molina **minimal** supporting documentation substantiating medical necessity for continued stay daily. Molina CRC will perform daily medical necessity reviews through discharge. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **Molina will not accept InterQual, any other medical necessity criteria screenshot, or a case management summary, in lieu of clinical documentation**
- Molina is available to assist with complex discharge planning.

CLINICAL REVIEW CHECKLIST

- **INITIAL REVIEW:**
 - ER Report
 - History and Physical
 - Admitting orders
 - Specialty Consultations
 - Supporting clinical documentation
- **CONCURRENT REVIEW**
 - Physician orders
 - Specialty Consultations
 - Supporting clinical documentation

Upon receipt of notification of admission, a **reference number** will be assigned. Upon completion of Molina review and decision the reference number will become the **authorization number** or **denial number**.



Molina Healthcare of California

Utilization Management Department

LATE NOTIFICATION

When the Hospital fails to notify Molina Healthcare of an admission within 24 hours, the authorization request may become subject to administrative denial. The Molina CRC 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 UM staff will notify the hospital. If EMR is unavailable, please submit via fax, *ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary* for Retro Review to:

FAX (866) 553-9263

If the member was discharged prior to late notification of 30 days or more, please submit a claim to Molina via **Change Healthcare** with payer ID **38333**. **You will be notified of the specific medical records required to support the request for inpatient stay by the Retro Review team.**

RE-EVALUATIONS UPON DENIAL

- **Medi-Cal and Marketplace Re-evaluation:** Upon denial, Molina allows the provider 5 calendar days to submit *minimal* additional clinical information to support medical necessity, or 5 calendar days from Notice of Action letter to request and schedule peer to peer review for cases in which the member has not been discharged for more than 2 days. For cases in which the member has been discharged, the length of stay must be less than 2 days OR have been a weekend admit/discharge in order to be eligible for re-evaluation.
- For Re-evaluation, please submit specific documentation requested to support approval of the admission or continued stay to and fax to: **(866) 553-9263**.
- To request a Peer to Peer review, please call toll free: **(866) 814-2221**.

MEDICARE DOES NOT ALLOW RE-EVALUATIONS AFTER THE MEMBER HAS BEEN DISCHARGED.

- If the Medicare member has *NOT* discharged and additional supporting documentation is available, **please call and discuss the case with your assigned CRC listed on the first page and please fax to: (866) 553-9263**. A Molina MD is also available to conduct a peer to peer on the case at: **(866) 814-2221**.
- If the Medicare member has discharged, 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/>



Molina Healthcare of California

Utilization Management Department

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

- If EMR is unavailable, please submit via fax, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary for the duration of the hospital stay.
- There is no Retrospective Review process for Medicare and MMP, therefore, please submit a medical claim and **minimal** medical records supporting medical necessity of the admission and continued stay, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and DC Summary via the Molina Provider Portal at
<https://provider.molinahealthcare.com/>

PHARMACY

For pharmacy questions related to discharge needs during business hours, please contact **Molina Pharmacy Dept. 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**.

CONTRACTED PROVIDERS

Please see Molina Healthcare website for complete listing here:

https://molina.sapphirethreesixtyfive.com/?ci=ca-molina&network_id=13&geo_location=33.9571,-118.4041&locale=en



Molina Healthcare of California

Utilization Management Department

Inland Empire Resource Guide LONG TERM ACUTE CARE FACILITY (LTAC) RESOURCES

MAIN RESOURCES

CA UM Inpatient Call Center:	M-F 8:30AM – 5:30PM	(866) 814-2221
Emergency Department Support Unit (EDSU):	After Hours, Weekends and Holiday Calls	(844) 966-5462

FAX RESOURCE

Fax clinical documentation:	(866) 553-9263
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CARE REVIEW CLINICIAN (CRC) RN

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Molina Healthcare of California

Utilization Management Department

Lauren Madden, CRC Inpatient Review (RN) (562) 549-4585	
Michele Ruffalo, Healthcare Services Manager (RN) – (562) 542-1625	

MEDICARE DISCHARGE PLANNING AUTHORIZATIONS

To request authorizations needed for a discharge, **please fax the Central Inpatient Unit (CIU):** (844) 834-2152

(Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care please contact your assigned CRC)

For follow-up, please call the **CIU:** (855) 322-4075 Option 4, Option 4, Option 2, Option 2, Option 2.

DISCHARGE PLANNING

The Molina CRC is available to assist with Complex Discharge Planning. Hospital 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 the Discharge Summary and/or patient discharge instruction sheet to Molina via fax.
- Notify and communicate with primary care and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

FREQUENTLY ASKED QUESTIONS - FAQS

- Hospital must notify Molina within 24 hours of inpatient admission, including pre-authorized surgeries/procedures
- The Molina Concurrent Review Clinician RN will review the admission applying InterQual/MCG criteria for medical necessity. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **DRG facilities:** Admissions that meet criteria will be authorized per DRG. Molina will require clinical updates every seven (7) days identifying member condition change and discharge planning/needs. **Complete medical records are not required for this clinical update. *If you have received a denial and there is a change in condition or further information it is imperative that you send this to us right away while member is still in house.***
 - **Per Diem facilities:** Admissions that meet criteria will be authorized for day of admission. Hospital must submit to Molina **minimal** supporting documentation substantiating medical necessity for continued stay daily. Molina CRC will perform daily medical necessity reviews through discharge. Ultimately, denial decisions are made by Molina Medical Director using sound clinical judgment.
 - **Molina will not accept InterQual, any other medical necessity criteria screenshot, or a case management summary, in lieu of clinical documentation**
- Molina is available to assist with complex discharge planning.

CLINICAL REVIEW CHECKLIST

- **INITIAL REVIEW:**
 - ER Report
 - History and Physical
 - Admitting orders
 - Specialty Consultations
 - Supporting clinical documentation
- **CONCURRENT REVIEW**
 - Physician orders
 - Specialty Consultations
 - Supporting clinical documentation

Upon receipt of notification of admission, a **reference number** will be assigned. Upon completion of Molina review and decision the reference number will become the **authorization number** or **denial number**.

LATE NOTIFICATION

When the Hospital fails to notify Molina Healthcare of an admission within 24 hours, the authorization request may become subject to administrative denial. The Molina CRC 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 UM staff will notify the hospital. If EMR is unavailable, please submit via fax, *ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary* for Retro Review to:

FAX (866) 553-9263

If the member was discharged prior to late notification of 30 days or more, please submit a claim to Molina via **Change Healthcare with payer ID 38333**. **You will be notified of the specific medical records required to support the request for inpatient stay by the Retro Review team.**

RE-EVALUATIONS UPON DENIAL

- **Medi-Cal and Marketplace Re-evaluation:** Upon denial, Molina allows the provider 5 calendar days to submit *minimal* additional clinical information to support medical necessity, or 5 calendar days from Notice of Action letter to request and schedule peer to peer review for cases in which the member has not been discharged for more than 2 days. For cases in which the member has been discharged, the length of stay must be less than 2 days OR have been a weekend admit/discharge in order to be eligible for re-evaluation.
- For Re-evaluation, please submit specific documentation requested to support approval of the admission or continued stay to and fax to: **(866) 553-9263**.
- To request a Peer to Peer review, please call toll free: **(866) 814-2221**.

MEDICARE DOES NOT ALLOW RE-EVALUATIONS AFTER THE MEMBER HAS BEEN DISCHARGED.

- If the Medicare member has *NOT* discharged and additional supporting documentation is available, **please call and discuss the case with your assigned CRC listed on the first page and** please fax to: **(866) 553-9263**. A Molina MD is also available to conduct a peer to peer on the case at: **(866) 814-2221**.
- If the Medicare member has discharged, 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



Molina Healthcare of California

Utilization Management Department

- 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

- If EMR is unavailable, please submit via fax, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and D/C Summary for the duration of the hospital stay.
- There is no Retrospective Review process for Medicare and MMP, therefore, please submit a medical claim and **minimal** medical records supporting medical necessity of the admission and continued stay, ER Report, H&P, Admitting orders, dictated specialty consultations, documentation supporting the inpatient admission and continued stay, D/C orders, and DC Summary via the Molina Provider Portal at
<https://provider.molinahealthcare.com/>

PHARMACY

For pharmacy questions related to discharge needs during business hours, please contact Molina Pharmacy Dept. 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.

CONTRACTED PROVIDERS

Please see Molina Healthcare website for complete listing here:

https://molina.sapphirethreesixtyfive.com/?ci=ca-molina&network_id=13&geo_location=33.9571,-118.4041&locale=en



Molina Healthcare of California

Utilization Management Department

Skilled Nursing Facilities (SNF) – Inland Empire INPATIENT REVIEW RESOURCES

MAIN RESOURCES

CA UM Inpatient Call Center and Discharge Planning:	M-F 8:30AM – 5:30PM	(866) 814-2221
Emergency Department Support Unit (EDSU):	After Hours, Weekends and Holiday Calls	(844) 966-5462

FAX RESOURCE

Fax Clinical Documentation:	(866) 553-9263
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CARE REVIEW CLINICIAN (CRC) RN

Please call your assigned CRC for clinical collaboration and discussion

Nancy Creighton, RN	562-456-4227
Lisa Kelly, Care Management Supervisor	562-456-4694
Nicole Ruffalo, Healthcare Services Manager	562-517-1511

Case Manager Coordinator

MHC CM Coordinator	(888) 562-5442, Ext. 127604
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MEDICARE DISCHARGE PLANNING AUTHORIZATIONS

To request authorizations needed for a discharge, **please fax the Central Inpatient Unit (CIU):** (844) 834-2152

(Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care please contact your assigned CRC)

DISCHARGE PLANNING

The Molina CRC is available to assist with Complex Discharge Planning. SNF to provide the following:

- Prior level of function
- Required Level of Care or Services
- Skilled need
- Follow-up Care/Services required
- Per CMS managed care requirement, please submit the Discharge Summary and/or patient discharge instruction sheet to Molina via fax.
- Notify and communicate with primary care and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

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 Concurrent 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

- 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

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 Molina Utilization Management staff will notify the skilled nursing facility to 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](#)).

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 and fax to: **(866) 553-9263**.
- To request a Peer to Peer review, please call toll free: **(866) 814-2221**.

MEDICARE DOES NOT ALLOW RE-EVALUATIONS AFTER THE MEMBER HAS BEEN DISCHARGED.

- If the Medicare member has NOT discharged and additional supporting documentation is available, **please call and discuss the case with your assigned CRC listed on the first page** and please fax to: **(866) 553-9263**. A Molina MD is also available to conduct a peer to peer on the case at: **(866) 814-2221**.
- If the Medicare member has discharged, the skilled nursing facility 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

- There is no Retrospective Review process for Skilled Level of care, 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](#)).

PHARMACY

- For pharmacy questions related to discharge needs during business hours, please contact **Molina Pharmacy Dept. 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

- Please see Molina Healthcare website for complete listing here:
https://molina.sapphiethreesixtyfive.com/?ci=ca-molina&network_id=13&geo_location=33.9571,-118.4041&locale=en
- 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.**