

# Molina Healthcare of California Member Transition Frequently Asked Questions (FAQ): Facilities

On January 1, 2024, Medi-Cal members in Los Angeles County may be moving health plans from Health Net to Molina Healthcare of California (MHC), a subcontractor under Health Net. This FAQ document is provided as a resource to help facilities understand how MHC is supporting the member transition with new provider partnerships.

## Member Transition Information

### 1. How will members know if they are moving to MHC?

Transitioning members will receive a letter from Health Net in December alerting them that they will be moved to MHC. Members will be moved effective January 1, 2024.

### 2. What will members receive from MHC?

MHC will send a Welcome Kit to new members. This Welcome Kit includes:

- Non-discrimination Notice and Language Assistance Taglines
- Notice of Privacy Practice
- Interpreter Request card
- Nurse Advice Line card
- Health Information Form
- Instructions on scheduling initial checkups, requesting continuity of care, and accessing Member Resources

### 3. What should members do once notified?

We are notifying members to do the following:

- Complete a Health Information Form (HIF) within 90 days.
- Schedule their first checkup with their Primary Care Provider (PCP) within 120 days (4 months).
- Schedule first checkups for their children within 120 days (4 months) or within the American Academy of Pediatrics timelines for ages two and younger, whichever is less.
- Fill out a Continuity of Care (CoC)/Transition of Care Form if they are getting care at this time.
- Navigate to [MyMolina.com](https://www.molinahc.com) and learn how to use the Member's tab for self-service.

### 4. Will members have to change their PCP?

No, members may remain with their PCP of choice. If desired, members may change their PCP through [MyMolina.com](https://www.molinahc.com).

# Prior Authorization & Continuity of Care

## 1. Will prior authorization be affected?

MHC established new provider partnerships in Los Angeles County to ensure continuity for new members. As a result, there are potential contract changes for prior authorization that you need to be aware of.

## 2. Who should facilities contact for prior authorization?

Below is a general guide for who to contact for prior authorization in these new arrangements:

- Contact the respective IPA for authorization for members associated with these full-risk arrangements:
  - Community Family Care
  - AltaMed – Omni
  - Heritage Provider Network
- Contact MHC for authorization for hospital services for professional risk-only arrangements:
  - Adventist
  - PIH
  - Memorial Care
- Contact MHC for authorization for Los Angeles County Department of Health Services (LA DHS) Clinic members for LA DHS members receiving services at non-LA DHS facilities
- No changes for Health Care LA (HCLA) and other currently contracted IPAs

## 3. How can providers submit prior authorization requests?

Providers can submit requests directly to MHC via the following methods:

- Phone: (844) 557-8434
- Fax: (800) 811-4804
- Electronic: [Availity Essentials portal](#)

## 4. What are the eligibility requirements for CoC?

CoC for providers enables transitioning members to continue receiving care from their existing providers for up to 12 months if specific regulatory requirements and criteria are satisfied, notwithstanding any exceptions.

- Eligible Members:
  - Medi-Cal Members who actively choose a managed care plan (MCP) before January 1, 2024.
  - Medi-Cal Members who are assigned to an MCP on January 1, 2024.
- Ineligible Members:
  - Medi-Cal Members who actively choose an MCP after January 1, 2024.
- Eligible Providers:
  - Primary Care Providers (PCP)

- Specialists
- Enhanced Care Management (ECM) Providers
- Community Supports (CS) Providers
- Skilled Nursing Facilities (SNFs)
- Community-Based Adult Services (CBAS) Providers
- Select Ancillary Providers:
  - Dialysis Centers
  - Physical therapists
  - Occupational therapists
  - Respiratory therapists
  - Mental health Providers
  - Behavioral health treatment (BHT) Providers
  - Speech therapy Providers
  - Doulas
  - Community Health Workers
- Ineligible Providers:
  - Non-Medi-Cal enrolled Providers
  - All other Ancillary Providers, such as:
    - Radiology
    - Laboratory
    - Non-emergency medical transportation (NEMT)
    - Non-medical transportation (NMT)
    - Other ancillary services

## 5. How does continuity work for MHC network providers that are also network providers for the member's previous MCP?

Transitioning members can continue seeing you without any action required. This is referred to as Continuation of Services (CoS). CoS is valid up to six (6) months; during this period, MHC will assess clinical necessity for ongoing services.

## 6. Where can I learn more about CoC?

Please refer to MHC's [Understanding Continuity of Care \(CoC\) Provider Bulletin](#) sent on October 20, 2023, for the specifics of our CoC processes.

For more information on health plan changes, please review the [DHCS dedicated webpage for the 2024 transition](#).

# Member Resources

## 1. How can members learn more about their benefits?

Members have the opportunity to view important information regarding their benefits and how they can receive healthcare services online at [MolinaHealthcare.com](https://MolinaHealthcare.com).

## 2. What other resources are available at MolinaHealthcare.com?

The following documents can also be found on our website:

- [Member Services Guide \(Member Handbook\) and Addendum\(s\)](#)
  - This handbook has important information on member benefits, plan services, and how to get care.
- [Provider Directory](#)
  - This is a list of providers in the member service areas who contract with MHC.

## 3. Will members receive a new ID card?

Yes. An example of the new ID Card is pictured below:



## 4. How are Enhanced Care Management (ECM) or Community Supports (CS) members impacted?

ECM and CS members will continue to receive these services with MHC.

# Member Services

## 1. How can members access transportation services?

MHC works with American Logistics to coordinate transportation for Medi-Cal-covered appointments. American Logistics is committed to providing members with reliable transportation through a simple trip booking process.

Members must contact American Logistics at least 72 hours in advance to schedule transportation.

- Molina Medi-Cal Reservation Line: (844) 292-2688

A [Physician Certification Statement \(PCS\) form](#) is a prescription for transportation. Providers should fill out a PCS for:

- Car/Van with Door-to-Door/Driver Assistance Service
- Wheelchair Accessible Van (Ramp or Lift)
- Stretcher/Gurney/Litter Van
- Non-Emergency Ambulance Services

The PCS form and Mileage Reimbursement forms are available:

- Online: <https://americanlogistics.vasion.com/AmericanLogistics/formName/1>
- Fax: (877) 282-8441
- Email: [molinafax@americanlogistics.com](mailto:molinafax@americanlogistics.com)

## **2. Where can facilities reach out for assistance with transportation?**

Please reach out to the appropriate resource for additional support:

- Molina Hospital Discharge Staff Direct Line: (844) 420-0257
- Molina Dedicated Medical Provider Line: (888) 808-2206
- Medical Provider Email Support: [molina\\_support@americanlogistics.com](mailto:molina_support@americanlogistics.com)

## **3. How can members seek case management support?**

Members seeking case management can contact MHC's Health Management Department at (866) 891-2320.

## **4. Who should members contact with questions?**

Molina Member Services is available 24/7 for questions at (888) 665-4621.