

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

September 9, 2024

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

## Methods of Requesting an Appeal

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

### **What you need to know:**

In accordance with state and federal requirements, member appeal requests may be submitted either orally or in writing by a member, a provider acting on behalf of the member, or an authorized representative. Appeal requests submitted by a provider on behalf of the member will require the member's written consent.

### **When this is happening:**

As of 06/01/2024, member appeals submitted by a provider will require the member's written consent. If MHC does receive the member's written consent, MHC will provide a resolution to the member appeal within the regulatory timeframe. If MHC does not receive the member's written consent, the case will be closed.

The member appeal timeframe will begin once the member's written consent is received.

## Provider Action

Please reference the Code of Federal Regulations:

- 42 CFR 438.402(c)(1)(ii)

Please see the attached Molina form that may be used to submit as written consent.



## **What if you need assistance?**

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

<b>Service County Area</b>	<b>Provider Relations Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
Los Angeles County	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>
	Daniel Amirian	562-549-4809	<a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a>
	Anita White	562-980-3947	<a href="mailto:Princess.White@molinahealthcare.com">Princess.White@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 County	Johonna Eshalomi	279-895-9354	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a>
	Marina Higby	916-561-8550	<a href="mailto:Marina.Higby@molinahealthcare.com">Marina.Higby@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>
	Dolores Ramos	562-549-4900	<a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>
	Lincoln Watkins	858-300-7722	<a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a>

<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
Imperial, San Diego & Sacramento	Teresa Suarez	562-549-3782	<a href="mailto:Teresa.Suarez2@molinahealthcare.com">Teresa.Suarez2@molinahealthcare.com</a>
Los Angeles & Orange	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com). Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.



Case Tracking:

### Consent for Authorized Representative Form

If you want someone else to file an Appeal for you, or for Molina to discuss your appeal with someone else, you must give your written consent for the Appeal.

I, \_\_\_\_\_ (Member's Name), give my permission  
for \_\_\_\_\_ (Authorized Representative's Name) to  
act on my behalf and file this appeal to review the denial of [denied service].

\_\_\_\_\_

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date

Once this has been signed, please fax, mail or e-mail this form to:

Molina Healthcare of California  
Attn: Appeals and Grievance Unit  
200 Oceangate, Suite 100  
Long Beach, CA 90802  
Fax: 562-499-0757  
Email: [MHCMemberGandA@MolinaHealthcare.com](mailto:MHCMemberGandA@MolinaHealthcare.com)