



Molina Healthcare of California

Utilization Management Department

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

MAIN RESOURCES

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

FAX RESOURCE

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| 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

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| Shanika Clarke, RN | 562-549-4928 |
| Lisa Kelly, Care Management Supervisor | 562-456-4694 |
| Nicole Ruffalo, Healthcare Services Manager | 562-517-1511 |

CASE MANAGER COORDINATOR

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

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| To request authorizations needed for a discharge, please fax the Central Inpatient Unit (CIU): (Skilled Nursing Facility, Long Term Acute Care, Acute Inpatient Rehab or Higher Level of Care please contact your assigned CRC) | (844) 834-2152 |
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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. 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:
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 the 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 at **(866) 814-2221**.

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

- If the Medicare member has NOT been 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 been 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 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: 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: molina.sapphirethreesixtyfive.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.**