

**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

## July Electronic Visit Verification Webinars

This is an advisory notification to Molina Healthcare of California (MHC) network providers. The Department of Health Care Services (DHCS) Electronic Visit Verification (EVV) team will be hosting three webinars during the month of July to discuss process around EVV registration, training, and visit maintenance.

**What you need to know:**

EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. The purpose of this webinar is to allow Providers the opportunity to ask the EVV team about registration, training, EVV data submission, and any additional inquiries. This webinar will be an interactive conversation between Providers and the EVV team.

**When this is happening:**

Please see **page 2** for webinar dates and registration details for the month of July.

**What you need to do:**

Please visit the DHCS EVV website and review the Provider Types and Codes document to determine whether you are impacted by EVV requirements. The Provider Types and Codes document can be found at:

<https://www.dhcs.ca.gov/provgovpart/Documents/EVV-Provider-Types-Codes.pdf>.

Please email the EVV team at [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov) with any questions in advance of the webinar to allow the team time to prepare responses and possible live demonstrations.

For more information on EVV and to access meeting materials, visit the DHCS EVV webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>.

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format.

To request alternate format or language services, please email [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov) or write to:

EVV Assistance  
1501 Capitol Avenue  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**Please note:** The range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

## Electronic Visit Verification Webinars

### Option 1:

- **Date:** July 6, 2023
- **Time:** 10:00 a.m. – 11:00 a.m.
- **Webinar Registration Link:**  
[https://urldefense.com/v3/ https://dhcs.webex.com/webex/register/red851e27e5d580dc987634e7855b2f91\\_!!DOW\\_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul\\_RsgldmdqL505z\\$](https://urldefense.com/v3/https://dhcs.webex.com/webex/register/red851e27e5d580dc987634e7855b2f91_!!DOW_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul_RsgldmdqL505z$)

### Option 2:

- **Date:** July 11, 2023
- **Time:** 11:00 a.m. – 12:00 p.m.
- **Webinar Registration Link:**  
[https://urldefense.com/v3/ https://dhcs.webex.com/webex/register/r5410bccd1bb51672b9306f533a2fadd1\\_!!DOW\\_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul\\_RsgldmTJdqsd6\\$](https://urldefense.com/v3/https://dhcs.webex.com/webex/register/r5410bccd1bb51672b9306f533a2fadd1_!!DOW_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul_RsgldmTJdqsd6$)

### Option 3:

- **Date:** July 17, 2023
- **Time:** 1:00 p.m. – 2:00 p.m.
- **Webinar Registration Link:**  
[https://urldefense.com/v3/ https://dhcs.webex.com/webex/register/r581788d9871ae0bd4fd9274be71cf2fc\\_!!DOW\\_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul\\_RsgldmZAnlsi5\\$](https://urldefense.com/v3/https://dhcs.webex.com/webex/register/r581788d9871ae0bd4fd9274be71cf2fc_!!DOW_8Fim!OkZYIVwSWIR5kXZLNVE1-DF6yH-jHclD-qKp2nBpkgI7CesxnIQkI0HojXAwSzcV9iZpul_RsgldmZAnlsi5$)

### **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>
San Bernardino	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	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>
San Diego / Imperial County	Briana Givens	562-549-4403	<a href="mailto:Briana.Givens@molinahealthcare.com">Briana.Givens@molinahealthcare.com</a>
	Carlos Liciaga	858-614-1591	<a href="mailto:Carlos.Liciaga@molinahealthcare.com">Carlos.Liciaga@molinahealthcare.com</a>
	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>

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