

# 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)

July 16, 2024

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

## Obstetrics and Facility Survey

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:**

We are conducting a survey to explore the dynamics between obstetric (OB) providers, hospital providers, and doulas. Our aim is to gain insights into current practices, perceptions, and collaborative efforts to enhance maternal care.

Your perspective as a valued OB/hospital provider is crucial to this research. Your participation will help us understand the current landscape and identify opportunities to improve the working relationship between healthcare providers and doulas.

The survey is brief and will take approximately 2 minutes to complete.

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

The OB and Facility Survey is currently **open**. Thank you in advance for your participation!

## Provider Action

Please scan the QR code or follow the link below to participate in our survey!



[qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV\\_7X5sSEH7rEpXNvE](https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_7X5sSEH7rEpXNvE)

Please take a few moments to participate in our Communication Preference Survey. Your feedback will directly influence Molina's engagement with providers, creating a more seamless and efficient communication experience for our network.

Take the survey at  
[molinahealthcare.surveymonkey.com/r/V55RGTG](https://molinahealthcare.surveymonkey.com/r/V55RGTG)!



## **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>
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<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
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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.