

# 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)

August 9, 2024

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

## Communication Preference Survey

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

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

At Molina, we are constantly striving to enhance our services to better cater to your needs. Your input is invaluable in helping us achieve this goal. Please take a few moments to participate in our survey, which aims to understand how we can improve our communication methods to better suit your preferences.

Your feedback will directly influence how we engage with you, ensuring a more seamless and efficient communication experience.

Thank you for your time and contribution in making Molina the best it can be for you and your patients.

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

The Communication Preference Survey is currently open and will close on September 30, 2024.

## Provider Action

Please scan the QR code or follow the link below to access the survey:

[molinahealthcare.surveymonkey.com/r/V55RG7G](https://molinahealthcare.surveymonkey.com/r/V55RG7G)



Thank you for your continued partnership with Molina!



## **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.