MOLINA HEALTHCARE

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Networks

Second Quarter 2022

In this Issue

New Clinical Policy Website Available to Molina Providers

In February 2022, Molina Healthcare launched a new tool via our Provider Website available at MolinaClinicalPolicy.com. The site includes Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs). These policies are used by providers as well as Medical Directors and internal reviewers to make medical necessity determinations. The website ensures providers have access to the most current MCPs and MCRs. Routine updates will be made following approval by the Molina Clinical Policy Committee. We are excited to share this new tool with our providers. Check it out today!

AccordantCare™ Supporting Patients with Complex, Rare Conditions

Molina works closely with Accordant® to provide a high-quality health benefit plan to/for Molina members. AccordantCare™ is a comprehensive program available to eligible Medicaid and Marketplace members providing one-on-one nurse support for 20 rare and complex conditions.

This National Committee for Quality Assurance (NCQA)®-accredited program helps drive better health outcomes, improve quality of life, and reduce the cost of care. The program:

- Reinforces members' understanding and adherence to their care plan outlined by health care providers.
- Identifies gaps in care and coordinates with health care providers as needed.
- Engages and empowers members with proactive support and education.
- Promotes improving total health and help to manage multiple, complex needs.
- Provides rare disease expertise, including medication side-effect management, with more than 300 nurse clinicians in 50 states.
- Helps ensure the highest quality care with oversight provided by a medical advisory board of more than 30 nationally-recognized physicians.

Making a difference

An Accordant® primary care nurse provides a single point of contact for total support, coordinating care, and aligning resources. Below is an example of how one nurse helped one member on their path to better health.

Challenge: A gap in therapy:
A member with multiple sclerosis (MS) recently had two flares. An Accordant® nurse talked with the member and learned they were unaware of the status of their next Ocrevus® infusion.

Action: Quick intervention, whole-person support:
The nurse worked with Molina to get Ocrevus® approved and helped schedule the next infusion at a MS clinic. The nurse educated the member on MS flares, when to contact the doctor, and the importance of following a prescribed plan of care, including medical adherence. The nurse was also able to administer a depression screening, help with the member's other health issues, and assist the member and their caregiver become fully vaccinated.

Outcome: Back on track:
The member was in good spirits and grateful for the immediate assistance. They have been in touch with their health care providers and resumed their Ocrevus® therapy. The Accordant® nurse will continue to follow up with the member to ensure they stay on track.

You can help to support a higher level of care for members with rare and complex conditions with Accordant®. To refer a member, contact Accordant® at intake@cvshealth.com or (844) 905-0852.

Important Message – Updating Provider Information

It is important for Molina to keep our provider network information current. Up-to-date provider information allows Molina to accurately generate provider directories, process claims, and communicate with our network of providers. Providers must notify Molina in writing at least 30 days in advance of changes, when possible, such as:

- Change in practice ownership or Federal Tax Identification (ID) number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers (PCP) Only: If your practice opens or closes your panel to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the Provider Information Update Form located on the Molina Provider Website at MolinaHealthcare.com.

Send changes to:

Email: MHOProviderUpdates@MolinaHealthcare.com
Fax: (866) 713-1893
Mail: Molina Healthcare of Ohio
P.O. Box 349020
Columbus, OH 43234
Attn: PIM

Contact your Provider Services Team at (855) 322-4079 if you have questions.

Practitioner Credentialing Rights: What You Need to Know

Molina must protect our members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to the strict standards established by the state regulators and accrediting organizations. Your responsibility, as a Molina provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina also has a responsibility to our providers to assure the credentialing information we review is complete and accurate. As a Molina provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process.
- Nondiscrimination during the credentialing process.
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you.
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, except for references, recommendations or other peer-review protected information.
- Correct erroneous information.
- Be informed of the status of your application upon request by calling the Credentialing Department at (855) 322-4079.
- Receive notification of the credentialing decision within 60 days of the committee decision or shorter timeframes as contractually required.
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee.
- Be informed of the above rights.

For further details on all your rights as a Molina provider, please review the Molina Provider Manual at MolinaHealthcare.com or contact your Provider Services Team.

Molina's Utilization Management

One of the goals of Molina's Utilization Management (UM) Department is to render appropriate UM decisions consistent with objective clinical evidence. To achieve this goal, Molina maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly-trained UM staff against nationally-recognized objective and evidence-based criteria. We also take individual circumstances (at a minimum: age, comorbidities, complications, the progress of treatment, psychosocial situation, and home environment when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.

- Molina's clinical criteria include
  - MCG criteria utilized to conduct inpatient review (except when Change Healthcare InterQual® is contractually required),
  - American Society of Addiction Medicine (ASAM) Criteria,
  - National Comprehensive Cancer Network (NCCN),
  - Hayes Directory,
  - Applicable Medicaid Guidelines,
  - Molina Clinical Policy (MCP), and Molina Clinical Review (MCR) (developed by designated Corporate Medical Affairs staff in conjunction with Molina physicians serving on the Medical Coverage Guidance Committee),
  - UpToDate, and
  - Other nationally recognized criteria including technology assessments and well-controlled studies that meet industry standards and Molina policy, and when appropriate, third party (outside) board-certified physician reviewers.
- Molina ensures all criteria used for UM decision-making are available to practitioners upon request. The Clinical Policy Website, MolinaClinicalPolicy.com provides access to MCP and MCR criteria. Providers also have access to the MCG Cite for Care Guideline Transparency tool through the Provider Portal. To obtain a copy of the UM criteria used in the decision-making process, call our UM Department at (855) 322-4079.
- The requesting practitioner will receive written notification of all UM denial decisions. If you need assistance contacting a medical reviewer about a case, please call the UM Department at (855) 322-4079.

It is important to remember:

- UM decision-making is based only on the appropriateness of care and service, and the existence of coverage.
- Molina does not reward practitioners or other individuals for issuing denials of coverage or care.
- UM decision-makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
- Practitioners may freely communicate with members about their treatment, regardless of benefit coverage.
- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Molina will arrange for a member to obtain a second opinion out-of-network at no additional cost to the member than if the services were obtained in-network. Members from all Molina lines of business and programs should refer to their benefit documents (e.g. Schedule of Benefits and/or Evidence of Coverage) for second opinion coverage benefit details, limitations, and cost-share information.
  - If an appropriate practitioner is not available in-network, Prior Authorization (PA) is required to obtain the second opinion of an out-of-network provider. Claims for out-of-network providers that do not have a PA will be denied unless regulation dictates otherwise. All diagnostic testing, consultations, treatment, and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered.
- Some of the most common reasons for a delay or denial of a request include:
  - Insufficient or missing clinical information to provide the basis for making the decision
  - Lack of or missing progress notes or illegible documentation

Molina's UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (855) 322-4079. You may also fax a question about a UM issue to Molina. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials. Please follow the standard process for requesting a Peer-to-Peer review.

Molina offers the ability to quickly and conveniently submit and status check PA requests through the Provider Portal, available at provider.molinahealthcare.com/provider/login.

Find a list of Molina PA fax numbers in the Prior Authorization Request Form on our Provider Website, on the "Forms" page.

Molina Pharmacy fax numbers include:

- Medicaid, MyCare Ohio, and Marketplace: (800) 961-5160
- Medicare Part D: (866) 290-1309

For information about Molina's formulary, medication, PA, and the exception process for prescription medication, please refer to the *Drug Formulary and Pharmaceutical Procedures* article.

Molina's regular business hours are Monday through Friday (excluding holidays) 8 a.m. – 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for all other lines of business. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina has language assistance and TDD/TTY services for members who speak a language other than English, members who are deaf or hard of hearing or unable to speak.

Drug Formulary and Pharmaceutical Procedures

At Molina, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee. This committee meets on a quarterly basis, or more frequently if needed.

The P&T Committee is responsible for developing and updating drug formularies that promote safety, effectiveness, and affordability, where state regulations allow. The P&T Committee objectively reviews new Food and Drug Administration (FDA) approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information, and new clinical guidelines and practice trends that may impact previous formulary placement decisions. Additional committee oversight includes PA, step therapy, quantity limits, generic substitutions, medical exception protocols to allow coverage for non-formulary drugs, other drug utilization management activities that affect access, and providing drug utilization evaluations and intervention recommendations to Molina. Drug formulary activities are inclusive of prescriber-administered specialty medications as a medical benefit as well as pharmacy benefit services.

The Drug Formulary/PDL reviewed and approved by the P&T committee is updated quarterly and includes an explanation of quantity limits, age restrictions, therapeutic class preferences, and step-therapy protocols. These changes and all current documents are posted on the Molina Provider Website on the Drug Formulary page, under the Rx info tab at MolinaHealthcare.com.

Providers may request a formulary exception for coverage of a drug outside the restrictions of the Drug Formulary/PDL. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary, or to request to have a UM requirement waived (e.g., step therapy, PA, quantity limit) for a formulary drug. Select medications on the drug formulary or drugs not listed on the formulary may require PA.

The P&T Committee is responsible for promoting member safety. In the event of a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Molina within 30 calendar days of the FDA notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

Care Management

Molina offers you and Molina members the opportunity to participate in our Complex Care Management Program. Members appropriate for this voluntary program are those who have the most complex health needs. This may include Molina members with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties, and/or have additional social,

psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime, and/or discharge plan.

The purpose of the Molina Complex Care Management Program is to:

- Conduct a needs assessment of the member, member's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower a Molina member to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and ongoing care plan for continuity of care in coordination with you, your staff, the Molina member, and the member's family

If you would like to learn more about this program, speak with a Complex Care Manager, and/or refer a member for an evaluation for this program, please call toll-free (855) 322-4079.

Resources Available on Molina's Provider Website

Featured at MolinaHealthcare.com:

- Clinical Practice and Preventive Health Guidelines
- Quality Improvement Programs
- Member Rights and Responsibilities
- Privacy Notices
- Provider Manuals
- Current Formulary
- Cultural Competency Provider Trainings
- Frequently Used Forms
- PA Code List
- PA Lookup Tool
- Payment Policies

If you would like to receive any of the information posted on our Provider Website in hard copy, please call (855) 322-4079.

Translation Services

We can provide information in our members' primary languages. When members call Molina, we can arrange for an interpreter to help in almost any language. We also provide written materials in different languages and formats. If you need written materials in a language other than English, please contact your Provider Services Team. You can also call TTD/TTY:711 if a member has a hearing or speech disability.

Member Safety

Member Safety activities encompass appropriate safety projects and error avoidance for Molina members in collaboration with their primary care providers.

Safe Clinical Practice

The Molina Member Safety activities address the following:

- Continued information about safe office practices
- Member education; providing support for members to take an active role to reduce the risk of errors in their care
- Member education about safe medication practices
- Cultural competency training

- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

Molina also monitors nationally recognized quality index ratings for facilities from:

- Leapfrog Quality Index Ratings (leapfroggroup.org)
- The Joint Commission Quality Check® (qualitycheck.org)

Providers can also access the following links for additional information on member safety:

- The Leapfrog Group (leapfroggroup.org)
- The Joint Commission (jointcommission.org)

Care for Older Adults

Many adults over the age of 65 have comorbidities that often affect their quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability and an increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.

- Advance care planning – Discussion regarding treatment preferences, such as advance directives, should start early before the member is seriously ill.
- Medication review – All medications the member is taking should be reviewed, including prescription and over-the-counter medications or herbal therapies.
- Functional status assessment – This can include functional independence or loss of independent performance assessments.
- Pain screening - A screening may be comprised of notation of the presence or absence of pain.

Including these components in your standard well care practice for older adults can help to identify ailments that can often go unrecognized and thereby increase their quality of life.

Hours of Operation

Molina requires that providers offer Molina members hours of operation no less than hours offered to commercial members.

Nondiscrimination

All providers who join the Molina provider network must comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS), the Office for Civil Rights (OCR), state law, and federal program rules which prohibit discrimination. For additional information please refer to:

- **Medicaid and MyCare Ohio Provider Manual**, located at MolinaHealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/oh/medicaid/manual/oh-combined-provider-manual-january-2022.pdf
- **Medicare Provider Manual**, located at MolinaHealthcare.com/~/media/Molina/PublicWebsite/PDF/Providers/common/medicare/provider-manual-oh.pdf
- **Marketplace Provider Manual**, located at MolinaMarketplace.com/marketplace/oh/en-us/Providers/-/media/Molina/PublicWebsite/PDF/providers/oh/Marketplace/forms/2022-OH-Marketplace-Provider-Manual.pdf

Additionally, participating providers or contracted Medical Groups/Independent Physician Associations (IPAs) may not limit their practices because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high-cost care.

Member Rights and Responsibilities

Molina wants to inform our providers about some of the rights and responsibilities of Molina members.

Molina members have the right to:

- Receive information about Molina, our services, our practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and their right to privacy
- Help make decisions about their health care
- Participate with practitioners in making decisions about their health care
- A candid discussion of appropriate or medically-necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints about Molina or the care it provides or file appeals
- Make recommendations regarding Molina member rights and responsibilities policies

Molina members have the responsibility to:

- Supply information (to the extent possible) that Molina and our practitioners and providers need to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals; to the degree possible
- Keep appointments and be on time (If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner.)

You can find the complete Ohio Molina Member Rights and Responsibilities Statement on our website, MolinaHealthcare.com. Written copies and more information can be obtained by contacting your Provider Services Team at (855) 322-4079.

Population Health (Health Education, Disease Management, Care Management, and Complex Care Management)

The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.

Molina offers programs to help our members and their families manage a diagnosed health condition. You also help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management
- High-Risk Obstetrician-Gynecologists (OB-GYN) care management
- Transition of Care (ToC)

You can find more information about many of our programs on the Molina website at MolinaHealthcare.com.

If you have additional questions about our programs, please call your Provider Services Team at (855) 322-4079 (TTY/TDD at 711 Relay).

Quality Improvement Program

Molina's Quality Improvement Program provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. The Quality Improvement Committee assists the organization to achieve these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory, and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools, and design meaningful measurement methodologies for providing care and service
- Evaluation of the effectiveness of programs, interventions, and process improvements and determination of further actions
- Design of effective and value-added interventions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting organizations, and internal Molina threshold
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of functions that may be delegated such as Claims, UM, and/or Credentialing
- Confirmation of the quality and adequacy of the provider and Health Delivery Organization network through appropriate contracting and credentialing processes

The Quality Improvement Program promotes and fosters accountability of employees, network, and affiliated health personnel for the quality and safety of care and services provided to Molina members.

The effectiveness of Quality Improvement Program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results
- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the Quality work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- Reviewing member satisfaction with their experience with behavioral health services through survey questions and/or evaluation of behavioral health-specific complaints and appeals
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral, and care management

Molina would like to help you promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Molina website, please contact the Quality Improvement Department at (855) 322-4079.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals visit the Molina Provider Website at MolinaHealthcare.com and

access the Quality Improvement page located under the Health Resources tab. If you would like to request a paper copy of our documents, please call the Quality Department at (855) 322-4079.

Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina has established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care through communication, coordination, continuity of care, and efficient and effective treatment.

Molina's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential member information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records and must be included in each medical record:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the Quality Department at (855) 322-4079.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to providers and Molina members. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the member.

You can also view all guidelines at MolinaHealthcare.com by accessing the Preventive Health Guidelines page, under the Health Resources tab on the Provider Website. To request printed copies of Preventive Health Guidelines, please contact Provider Services at (855) 322-4079.

Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The care recommendations are suggested as guides for making clinical decisions. Clinicians and Molina members must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each member.

Molina has adopted the following Clinical Practice and Behavioral Health Guidelines, which include, but are not limited to:

- Acute Stress and Post-Traumatic Stress Disorder (PTSD)
- Anxiety/Panic Disorder
- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Children with Special Health Care Needs
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure in Adults
- Homelessness - Special Health Care Needs
- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Schizophrenia
- Sickle Cell Disease
- Substance Abuse Treatment
- Suicide Risk
- Trauma-Informed Primary Care

View all guidelines at MolinaHealthcare.com, on the Clinical Practice Guidelines page, under the Health Resources tab of the Provider Website. To request a copy of any guideline, please contact Molina's Provider Services Team at (855) 322-4079.

Advance Directives

Helping a Molina member prepare for Advance Directives may not be as difficult as you think. Any person 18 years or older can create an Advance Directive.

Molina complies with Ohio Advance Directives requirements to ensure members receive advance directives information, and that contracted providers and facilities uphold executed documents. Advance Directives are a written choice for health care.

There are four types of Advance Directives in Ohio:

- Durable Power of Attorney for Health Care: allows an agent to be appointed to carry out health care decisions.
- Living Will: allows choices about withholding or withdrawing life support and accepting or refusing nutrition and/or hydration.
- Guardian Appointment: allows one to nominate someone to be appointed as Guardian if a court determines that a guardian is necessary.
- Declaration for Mental Health Treatment: allows a member to appoint a representative to make decisions while they lack the capacity to do so.

The following links provide you and the member with free forms and information to help create an Advance Directive:

- caringinfo.org
- nlm.nih.gov/medlineplus/advancedirectives.html

For the living will document, the member will need two witnesses. For a durable power of attorney document, the member will need valid notarization.

A member's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the member desires guidance or assistance, including any objections the provider may have to a member's directive prior to service whenever possible. Per Ohio law, if a provider cannot follow an Advance Directive because it goes against their conscience, they must assist the member in finding a provider who will carry out the directive of the member. In no event may any provider refuse to treat a member or otherwise discriminate against a member because the member has completed an Advance Directive. Members have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for members to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a member chooses not to execute an Advance Directive. Let your members know advance care planning is a part of good health care.

Behavioral Health

Primary care providers (PCPs) provide outpatient behavioral health services within the scope of their practice and are responsible for coordinating members' physical and behavioral health care, including making referrals to behavioral health providers when necessary. If you or the member need assistance with obtaining behavioral health services, please contact UM Department at (855) 322-4079.

Care Coordination and Transitions

Coordination of Care during Planned and Unplanned Transitions for Molina Members

Molina is dedicated to providing quality care for our members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina member is discharged from a hospital. By working together with providers, Molina makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To ease the challenge of coordinating patient care, Molina has resources to assist you. Our staff, including nurses, are available to work with all parties to ensure appropriate care.

To appropriately coordinate care, Molina will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

Find a list of Molina PA fax numbers in the Prior Authorization Request Form on our Provider Website, on the "Forms" page.

Health Risk Assessment and Self-Management Tools

Molina provides a Health Risk Assessment (Health Appraisal) for members on the My Molina member portal. Our members are asked questions about their health and health behaviors and receive a report about possible health risks. A Self-Management Tool is also available to offer guidance for weight management, depression, financial wellness, and various other topics. Molina members can access these tools on MyMolina.com.