Provider Newsletter

A newsletter for Molina Healthcare Provider Networks

4th Quarter 2020

2020 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid and Medicare Services (CMS), Molina requires PCPs and key high-volume specialists to receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC). The SNPs Model of Care is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training. This means you may be asked to complete multiple trainings by different health plans.

Select the link here to view the 2020 Model of Care Provider Training. Once you have completed the training, complete the 2020 Model of Care Training Attestation form located here.

Training must be completed by Dec. 31, 2020.

In this issue

For questions, or if you need assistance with Model of Care Training, contact your Molina Healthcare Provider Network Manager at: WIProviderNetworkManagement@MolinaHealthCare.Com.

The Provider Newsletter is a newsletter available to all network providers serving Molina Healthcare Members.

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2020 Open Enrollment: Medicare, Marketplace Dates

You and your clinic are a trusted voice to your patients. Now more than ever, it is important to remind patients about 2000 Marketplace and Medicare Open Enrollment.

The 2020 Medicare Open Enrollment dates are Oct. 15–Dec. 7, 2020. The Marketplace Open Enrollment dates are Nov. 1-Dec. 15, 2000.

Molina Marketplace and Medicare* health insurance is available to residents in the following **Wisconsin counties. *(bolded county names do not offer Molina Medicare)**

Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Langdale, **Lincoln,** Manitowoc, **Marathon,** Marinette, Milwaukee, Oconto, **Oneida,** Outagamie, Waukesha, Waupaca, Waushara, Winnebago.

Please share this information (see attached PDF) with your navigators, financial counselors and billing offices.

Marketplace Open Enrollment health insurance offers your patients cost-sharing assistance and premium tax credits to reduce the cost of coverage. For Molina specific material to share with patients and office staff, email Janet.Nowak@MolinaHealthcare.com.

Provider Portal Moving to Availity for all Lines of Business

Molina is excited to choose Availity for its new Provider Portal platform. Coming in 2021, Molina's current Provider Portal features, functionality and resources will transition to Availity. We will implement a phased transition. You will have access to both the current Molina Provider Portal and the Molina Availity Portal.

Providers who are currently registered with Availity for other Managed Care Plans will have access to Molina on Availity on Nov. 14, 2020. For providers who do not currently utilize Availity, Molina will send out additional information and training opportunities in the future to support the transition.

New Prior Authorization (PA) LookUp Tool – Set to Launch Nov. 2, 2020

Molina Healthcare of Wisconsin is introducing a new interactive tool to assist Providers in determining prior authorization requirements including whether a code:

- Requires a Prior Authorization
- Does Not Require a Prior Authorization
- Is Not a Covered Benefit
- Is Delegated to eviCore

The tool is configured to match the current Prior Authorization Code Matrix (including all state exceptions) located on the Molina website, molinahealthcare.com, under Forms-Frequently used Forms.

How to Access the PA LookUp Tool:

Go to molinahealthcare.com and choose the appropriate state from the dropdown.

Option 1:

1) Hover over **"Health Care Professionals"** and select **"Prior Auth Look Up Tool"** from the drop-down menu for quick access to the tool.

Option 2:

1) Hover over **"Health Care Professionals"** and select **"Provider Portal"** from the drop-down menu for quick access to the tool (this will open in a new browser tab).
2) Login to the Provider Portal using your Provider Login (User ID & Password).
3) Upon successful login, select **Code LookUp Tool** in the center of the screen.

Option 3:

1) Follow steps 1-3 in Option 2 section above.
2) Expand the Service Request/Authorization tab on the left, then select **Authorization Lookup Tool**.

Option 4:

1) Follow steps 1-3 in Option 2 section above.
2) Expand the Service Request/Authorization tab on the left, then select **Create Service Request/Authorization**.
3) Select **Lookup CPT Code** at the top of the Service Request/Authorization form.

If you have questions, concerns, or would like additional training, contact your Provider Network Manager at: WIProviderNetworkManagement@MolinaHealthCare.Com.

ACIP Recommendations, Promotion of Seasonal Influenza with Vaccines

The State of Wisconsin requests all HMOs, circulate the 2020-2021 Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of seasonal influenza with vaccines. Access the document at: 2020–2021 ACIP recommendations.

The full ACIP recommendations include the promotion of Influenza vaccination and the safe delivery of the vaccine.

The communication is from James H. Conway, MD, FAAP, Wisconsin Chapter of the American Academy of Pediatrics; Jonathan L. Temte, MD, PhD, Chair, Wisconsin Council on Immunization Practices; Ryan Westergaard, MD, PhD, MPH, State Epidemiologist for Communicable Diseases.

2020-2021 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older and who does not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19.

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2020-21 season. Most available influenza vaccines will be quadrivalent except MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.

Important 2020-2021 Updates:

1. The composition of the 2020-21 U.S. influenza vaccines includes updates to the influenza A(H1N1) pdm09, influenza A(H3N2), and influenza B/Victoria lineage components. These updated components will be included in both trivalent and quadrivalent vaccines. Quadrivalent vaccines will include an additional influenza B virus component from the B/Yamagata lineage, which is unchanged from that included in quadrivalent influenza vaccines used during the 2019–20 season. For the 2020-21 season, U.S. egg-based influenza vaccines (i.e., vaccines other than ccIIV4 and RIV4) will contain hemagglutinin (HA) derived from an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/2671/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and (for quadrivalent egg-based vaccines) an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus. U.S. cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/45/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

2. Two new influenza vaccine licensures:
   - Fluzone High-Dose Quadrivalent is approved for use in persons aged ≥65 years. For the 2020-21 season, Fluzone High-Dose Quadrivalent is expected to replace the previously available trivalent formulation of Fluzone High-Dose (HD-IIV3). The dose volume for Fluzone High-Dose Quadrivalent (0.7 mL) is slightly higher than that of trivalent Fluzone High-Dose (0.5 mL). Fluzone High-Dose Quadrivalent, like Fluzone High-Dose, contains 4 times the amount of HA per vaccine virus in each dose compared with standard-dose inactivated influenza vaccines (60µg per virus, versus 15µg in standard-dose IIVs).
   - Fluad Quadrivalent is approved for use in persons aged ≥65 years. For the 2020-21 season, both Fluad Quadrivalent and the previously licensed trivalent formulation of Fluad (aIIV3) are expected to be available. Fluad Quadrivalent, like Fluad, contains the adjuvant MF59.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2020-2021 flu season, visit the Centers for Disease Control and Prevention at www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.

Telemedicine: Provider Fraud and Abuse Protocols

All Molina in-network-providers are required to have protocols to prevent fraud and abuse related to delivery of services via telemedicine. These protocols must address:

- Authentication and authorization of users
- Authentication of the origin of the information
- The prevention of unauthorized access to the system or information
- System security, including the integrity of information that is collected, program integrity and system integrity
- Maintenance of documentation about system and information usage.

Reporting Fraud, Waste and Abuse

If you suspect cases of fraud, waste, or abuse, you must report it by contacting the Molina AlertLine. AlertLine is an external telephone and web-based reporting system hosted by NAVEX Global, a leading provider of compliance and ethics hotline services. AlertLine telephone and web-based reporting is available twenty-four (24) hours a day, seven (7) days a week, three-hundred-sixty-five (365) days a year.

When you make a report, you can choose to remain confidential or anonymous. If you choose to call AlertLine, a trained professional at NAVEX Global will note your concerns and provide them to the Molina Compliance department for follow-up.

If you elect to use the web-based reporting process, you will be asked a series of questions concluding with the submission of your report. Reports to AlertLine can be made from anywhere within the United States with telephone or internet access.

Molina AlertLine can be reached toll-free at (866) 606-3889 or you may use the service's website to make a report at any time at https://MolinaHealthcare.alertline.com.

Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates that at least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

You and the SIU

The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse along with concerns involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such

as providing requested medical records and other supporting documentation. Should you have questions, contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Associate Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at (866) 606-3889 24 hours per day, 7 days per week. In addition, you may use the service's website to make a report at any time at: https://MolinaHealthcare.Alertline.com.

Molina Provider Appeal Process

Molina in-network providers have a right to appeal a claim but must submit their appeal within 90 calendar days from Molina's original remittance date, regardless of the type of denial (service denial, incorrect payment, administrative, etc.)

Three ways to submit a provider appeal:

- Provider Portal (Preferred Method) https://provider.molinahealthcare.com/provider/login
- Email: MWIAppeals@MolinaHealthCare.com
- Fax: (844) 251-1446

IMPORTANT — Paper appeals will be rejected and not processed.

In order to receive a payment (even when Molina processed the claim incorrectly), providers must file an appeal. If there is no appeal, Molina cannot make payment.

Bulk appeals (10 claims or more for same issue) must be emailed to MWIAppeals@MolinaHealthCare.Com. Bulk appeals must include the completed appeal form, supporting documentation, and an excel spreadsheet which includes all the following:

- Claim ID Number
- Billed Amount
- Member Full Name
- Member DOB
- Date of Service
- Pay-to Provider Name

Corrected Claim Requirements

Molina Healthcare considers corrected claims as new claims for processing purposes. Corrected claims **must be submitted electronically** with the appropriate fields on the 837I or 837P completed.

Molina's Provider Portal includes functionality to submit corrected Institutional and Professional claims. Corrected claims must include the correct coding and clearly document if the claim is Replacement of Prior Claim or Corrected Claim for an 837I, or the correct re-submission code for an 837P.

When submitting corrected claims to Molina, follow these billing requirements:

- Always submit through the Web Portal or electronically.
- Include the original claim number, or the claim will be denied.
  Corrected claims are NOT considered an appeal or dispute and will be rejected.
- Always include the entire original claim with the corrections made.

Filing a Member Appeal/Grievance Molina Healthcare Quick Reference Grid					
Issue Definition	**When to File**	**Who Files**	**How to File**	**Timing for Resolution**	**Need More Information**
Member Grievance - a Member's expression of dissatisfaction about anything about the Health Plan that is not related to an Adverse Benefit Determination.	Anytime	The Member; Member's guardian; an authorized representative with Member's signed consent	***Submit by phone or in writing.***	***Within 30 days*** of receipt of the grievance	Medicaid Click Here Marketplace – Click Here
Member Appeal - a request from the Member or their rep to review a Molina adverse benefit determination. ***Occurs Before Service is Rendered***	***Within 60 calendar days*** of the Averse Decision for Medicaid. ***Within 180 days*** of an Adverse Decision for Marketplace.	The Member; Member's guardian; an authorized representative with Member's signed consent	***Only in writing.*** When filed by someone other than Member, a consent form ***must*** be signed by the Member and included when submitting the written appeal.	Within ***30 calendar days*** for standard. Within ***72 hours for expedited***	Medicaid consent form Click Here Marketplace – Click Here
Provider Dispute - when a Provider feels Molina did not process a claim correctly for services provided to a Wisconsin Molina Member. ***Occurs After Service is Rendered***	***Within 90 days*** from remit date (when the claim was originally processed)	A Provider	***Submit via Provider Portal***	***45 calendar days*** from date of receipt for Medicaid ***60 calendar days*** for Marketplace and Medicare	Provider appeals form: Click Here

Issue Definition	When to File	Who Files	How to File	Timing for Resolution	Need More Information
Provider Appeal - when a Provider claims Molina did not approve services correctly and this action directly affects claims payment. Involves clinical review of the case. ***Occurs After Service is Rendered***	***Within 90 days*** from when the claim was originally processed	A Provider	***Submit via Provider Portal***	***45 calendar days*** from date of receipt for Medicaid ***60 calendar days*** for Marketplace and Medicare	Provider appeals form: Click Here

Molina 2020 Medicaid Member Handbook Online

The 2020 Molina Medicaid Handbook is an important resource for your Molina patients and provider team. Encourage Molina patients to read the Molina handbook for information about their health benefits. Your clinic's frontline staff may find it a valuable resource to have access to when Molina patients have questions regarding their Molina benefits when visiting your clinic.

The 2020 Molina Medicaid Handbook can be found at https://molinahealthcare.com/WIWellness.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Molina is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children; and
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed that are the legal obligation of Molina to the Provider. Examples of balance billing includes:

- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing.
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees.
- Charging Molina Members fees for covered services beyond copayments, deductibles or coinsurance.

Biosimilar Drugs

Effective July 1, 2020, Molina Healthcare has implemented a list of health care-administered preferred drugs. In the fourth quarter of 2019, the National Pharmacy and Therapeutics committee voted unanimously to approve the following biosimilar position statement:

A biosimilar is highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

Molina Healthcare, Inc. continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective and quality healthcare. This commitment includes potentially creating a preference for biosimilars when value can be added without compromising patient satisfaction and safety.

Currently, unless state regulations are contradictory, Molina Healthcare prefers all biosimilars prior to access to an originator product.

For further information and full listing, please see the provider website for the complete list of drug preferences.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Autoimmune	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda)
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi) Zarxio® (filgrastim-sndz)
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta® (pegfilgrastim)	Fulphila™ (pegfilgrastim-jmdb) Udenyca® (pegfilgrastim-cbqv) Ziextenzo® (pegfilgrastim-bmez)
Oncology- bevacizumab	Avastin (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
Rituximab	Rituxan® (rituximab)	Truxima® (rituximab-abbs) Rituxan Hycela® (rituximabhyaluronidase) Ruxience® (rituximab-pvvr)
Trastuzumab	Herceptin® (trastuzumab)	Herzuma® (trastuzumab-pkrb) Herceptin Hycela Kanjinti™(trastuzumab-anns) Trazimera™ (trastuzumab-qyyp) Ogivri™ (trastuzumab-dkst)

Chimeric Antigen Receptor (CAR) T-cell Therapy Now Covered Under Molina Medicare Advantage

Starting Jan. 1, 2021, if proven medically necessary CAR T-cell transfer immunotherapy for select patients with relapsed or refractory cancers will be covered under Medicare Advantage, with required prior authorization CAR T-cell Therapy will continue to be covered under Original Medicare fee-for-service through the remainder of the 2020 year.

What's Covered Under Medicare Advantage?

On or after Jan. 1, 2021, hospitals may submit claims to Medicare Advantage for payment as indicated under the CMS MLN Reference Number: SE19024.

More information about this benefit is available on the CMS website. Use the link below:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf

Outpatient Hospital Setting	**Medication:** Q2041 - Axicabtagene ciloleucel, up to 200 million t-cells per dose Q2042 - Tisagenlecleucel, up to 600 million t-cells, per dose **Administration:** 0540T w/ revenue code 0874 - CAR T-cell administration
Inpatient Hospital Setting	0537T w/ revenue code 0871 or 0891 - Harvesting blood-derived T cell 0538T w/ revenue code 0872 or 0891 - Preparation of blood-derived T cells for transportation 0539T w/ revenue code 0873 or 0891 - Preparation of T-cells for administration The above codes will appropriately receive Reason Code W7111

Revenue codes 087x (Cell/Gene Therapy) and 0891(pharmacy)

Requests are subject to prior authorization. Refer to www.MolinaHealthcare.com for the most current Prior Authorization Guide and Code Matrix. For questions, call Provider Services at (855) 326-5059.

Telehealth

The COVID-19 pandemic has changed the way health care companies and medical professionals approach delivery of care with telehealth playing a vital role. Molina is contracted with providers nationwide who are more actively using this mode of care through telecommunications.

The benefits of utilizing telehealth include increased access to coordinated care for those in rural communities, opportunities for providers to monitor members' progress while preempting inappropriate hospital admissions with early intervention, scheduling flexibility for members and reducing potential transportation issues.

We support our members receiving quality care through telehealth in a secure, private manner that also is convenient for them. Members can access these services across our various products for Medicaid, Medicare and Marketplace. Depending on the specialty and member's situation, telehealth can be used for diagnosis, consultation, or treatment.

Note: Benefits for telehealth vary depending on product guidelines and local regulations. Not all members are appropriate candidates for telehealth. With this new format for care, Molina will look to our providers to provide appropriate education and screening protocols to help our members have a positive productive experience with telehealth.

Molina wants to make it easy for providers to use telehealth to serve our members. Below are billing codes available for telehealth services:

Description	Codes		
Telehealth Modifier	95, GT	*WITH*	**POS: 02**
Telephone Visits	**CPT®:** 98966-98968, 99441-99443		
Online Assessments (E-visits or Virtual check-in)	**CPT®:** 98970-98972, 99421-99423, 99458 **HCPCS:** G2010, G2012, G2061-G2063		

Molina's Provider Online Directory now allows members to search for providers who offer telehealth. Molina has pre-populated the service indicator for providers who are submitting telehealth claims. **If you want the service indicator added for your practice, contact your Molina Provider Services Representative.**

We realize that providers are on a spectrum in terms of level of engagement and knowledge for telehealth. For practitioners and organizations with an interest, we recommend accessing support available through local Regional Telehealth Resource Centers and the American Telemedicine Association (ATA).

Telehealth is quickly evolving, including new legislation being considered and passed at both state and federal levels. Please stay tuned for more information from Molina. We recommend for providers to take time to review the latest on local market and clinical specialties regarding telehealth practices and guidelines.

We appreciate your collaboration in keeping Molina up to date on your telehealth services and offerings. **If you have questions or updates on your offerings, please contact your Molina Provider Services representative.**

Verifying NPPES Data

CMS recommends that Providers routinely verify and attest to the accuracy of their NPPES data.

The National Plan and Provider Enumeration System (NPPES) now allows providers to attest to the accuracy of their data. If the data is correct, the provider is able to attest and NPPES will reflect the attestation date. If the information is not correct, the provider is able to request a change to the record and attest to the changed data, resulting in an updated certification date.

Molina supports the CMS recommendations around NPPES data verification and encourages our provider network to verify provider data via https://nppes.cms.hhs.gov. Additional information regarding the use of NPPES is available in the Frequently Asked Questions (FAQs) document published at the following link: https://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/index.

Molina Healthcare of Wisconsin, Inc.

Marketplace Open Enrollment: Nov. 1-Dec. 15, 2020

Molina is committed to providing health insurance that connects your patients to health services that support healthy outcomes and quality health care metrics.

For your patients who need health insurance, the Marketplace Exchange offers a variety of insurance plans that provide affordable options.

Remind your clinic staff you are in network with Molina!

Molina Serves these Wisconsin Counties				
Brown	Jefferson	Marathon	Ozaukee	Washington
Calumet	Kenosha	Marinette	Portage	Waukesha
Dodge	Kewaunee	Milwaukee	Racine	Waupaca
Door	Langlade	Oconto	Shawano	Waushara
Fond du Lac	Lincoln	Oneida	Sheboygan	Winnebago
Green Lake	Manitowoc	Outagamie	Walworth	

An insured patient supports healthy outcomes

Individuals with health insurance are more likely to receive clinic visits and preventive services. This helps reduce people from having untreated chronic conditions which lead to more serious health conditions.

Additionally, an insured patient reduces reliance on hospital emergency rooms for health care, and charity care for payment.

For Molina material to share with patients, contact Janet.Nowak@MolinaHealthcare.com.

MolinaHealthcare.com

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