

## **Section 4. Benefits and Covered Services**

Molina Healthcare covers the services described in the Summary of Benefits and Evidence of Coverage (EOC) documentation for each Molina Marketplace plan type. If there are questions as to whether a service is covered or requires prior authorization, please contact Molina Healthcare at (855) 322-4079 between 7:00 a.m.-7:00 p.m. ET.

### **Member Cost Sharing:**

Cost Sharing is the Deductible, Copayment, or Coinsurance that members must pay for Covered Services provided under their Molina Marketplace plan. The Cost Sharing amount members will be required to pay for each type of Covered Service is summarized on the member's ID card. Additional detail regarding cost sharing is listed in the Benefits and Coverage Guide located in the EOC. Cost Sharing applies to all covered services except for preventive services included in the Essential Health Benefits (as required by the Affordable Care Act). Cost Sharing towards Essential Health Benefits may be reduced or eliminated for certain eligible members, and determined by Marketplace's rules.

It is the provider's responsibility to collect the copayment and other member Cost Share from the member to receive full reimbursement for a service. The amount of the copayment and other Cost Sharing will be deducted from the Molina Healthcare payment for all claims involving Cost Sharing.

### **Links to Summaries of Benefits:**

The following web link provides access to the Summary of Benefits guides for the 2014 Molina Marketplace products offered in Ohio.

## **Molina Healthcare of Ohio Marketplace Plans**

### **Links to Evidence of Coverage:**

Detailed information about benefits and services can be found in the 2014 Evidence of Coverage booklets made available to registered Molina Marketplace members and providers.

Providers may access the Evidence of Coverage booklets for the 2014 Molina Marketplace products offered in Ohio via the Molina Provider Web Portal.

### **[Molina Healthcare Web Portal Services](#)**

### **Obtaining Access to Certain Covered Services:**

#### **Prescription drugs**

Prescription drugs are covered by Molina Healthcare via our pharmacy vendor CVS Caremark. A list of in-network pharmacies is available on the website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com), or by contacting Molina Healthcare.

Members must use their Molina Healthcare ID card to get prescriptions filled. Additional information regarding the pharmacy benefits, and its limitations, is available by contacting Molina Healthcare at (855) 322-4079 or at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

#### **Injectable and Infusion Services**

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. More information about our Prior Authorization process, including a PA request form, is available in Section 7 of this manual.

Family planning services related to the injection or insertion of a contraceptive drug or device are covered.

### **Access to Behavioral Health Services**

Members in need of Behavioral Health Services can be referred by their PCPs for services or members can self-refer by calling Molina Healthcare of Ohio Member Services Department at **1-800-642-4168**. Molina Healthcare is available 24 hours a day, 7 days a week for behavioral health needs. Members experiencing a crisis can call our 24/7 Nurse Advice Line where staff are trained to assist members in stressful times. The services members receive will be confidential. Additional detail regarding covered services and any limitations can be obtained by contacting Molina Healthcare.

### **Emergency Behavioral Health Services**

Members are directed to call “911” or go to the nearest emergency room if they need emergency behavioral health services. Examples of emergency behavioral health problems are:

- Danger to self or others
- Not being able to carry out daily activities
- Things that will likely cause death or serious bodily harm

### **Out of Area Emergencies**

Members having a behavioral health emergency who cannot get to a Molina Healthcare approved providers are directed to do the following:

- Go to the nearest hospital or facility
- Call the number on ID card
- Call member’s PCP and follow-up within (24) to (48) hours

For out-of-area emergency care, plans will be made to transfer Members to an in-network facility when member is stable.

### **Obtaining Behavioral Health Services**

Members and Providers should call Member Services or the Behavioral Health Department to find a behavioral health provider.

### **Emergency Transportation**

When a Member’s condition is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, emergency transportation is thus required. Emergency transportation includes, but is not limited to, ambulance, air or boat transports.

Examples of conditions considered for emergency transports include, but are not limited to, acute and severe illnesses, untreated fractures, loss of consciousness, semi-consciousness, having a seizure or receiving CPR during transport, acute or severe injuries from auto accidents, and extensive burns.

### **Non-Emergency Transportation**

Molina Healthcare provides coverage for non-emergency transportation for Molina Marketplace Silver plan members who meet certain requirements. **To find out if this is a covered service for your patient, please contact Molina Healthcare at (855) 322-4079.**

### **Non-Emergency Medical Transportation**

For Molina Marketplace members who have non-emergency medical transportation as a covered service, Molina Healthcare covers transportation to medical facilities when the member’s medical and physical condition does not

allow them to take regular means of public or private transportation (car, bus, air, etc.). This requires a written prescription from the member's doctor. Examples of non-Emergency medical transportation include, but are not limited to, litter vans and wheelchair accessible vans. Members must have Prior Authorization from Molina Healthcare for these services before the services are given. Additional information regarding the availability of this benefit is available by contacting Customer Service at (855) 322-4079.

### Non-Emergency Non-Medical Transportation

Non-Emergency non-medical transportation is available to members who have non-emergency transportation as a covered service and are recovering from serious injury or medical procedure that prevents them from driving to a medical appointment. The member must have no other form of transportation available. Prior Authorization is required to access these services, as well as a Physician (PCP or Specialist) confirmation that the member requires non-Emergency non-medical transportation to and from an appointment on a specified date. Additional information regarding the availability of this benefit is available by contacting Customer Services at (855) 322-4079.

Non-Emergency non-medical transportation for Members to medical services can be supplied by a passenger car, taxi cabs, or other forms of public/private transportation. Members are instructed to call transportation at least two to three working days before the appointment to arrange this transportation.

### Preventive Care

Molina Marketplace utilizes the following Preventive Health Guidelines for our members:

### Child (birth – 17 years) Preventive Health Guidelines

Immunizations/ Vaccines	Guidelines
<b>DTaP/Tdap</b> (Diphtheria, Tetanus Toxoids and acellular Pertussis)	<b>DTaP: 5 dose series</b> at ages 2 mo, 4 mo, 6 mo, 15-18 mo, and 4-6 years. May give dose #4 as early as age 12 months if 6 months have passed since dose #3. <b>Tdap (booster):</b> One time dose for children and adolescents ages 7 years and older who did not receive Tdap, then Td booster dose every 10 years thereafter. <b>California Law, Assembly Bill 354: Immunization Requirement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Required to receive 1 dose of Tdap vaccine on or after the 10<sup>th</sup> birthday.</li> <li><input type="checkbox"/> All students entering the 7<sup>th</sup> grade require a proof of a Tdap booster shot before entering school.</li> <li><input type="checkbox"/> Applies to all public and private schools.</li> </ul>
<b>HepA</b> (Hepatitis A)	<b>2 dose series</b> to children 1 year of age (between 12 to 23 months of age). Doses given at least 6 months apart and at minimum age of 12 months.
<b>HepB</b> (Hepatitis B)	<b>3 dose series</b> at birth, ages 1 to 2 and 6 to 18 months. If not vaccinated at birth, 3 dose series given at 0, 1, and 6 months.
<b>Hib</b> (Haemophilus influenza type b)	<b>4 dose series</b> at ages 2 mo, 4 mo, 6 mo, 12-15 mo (booster dose). <b>3 dose series</b> at ages 2 mo, 4 mo, 12-15 mo (booster dose). Catch-up vaccine is not recommended for age 5 years and older.

<b>HPV</b> (Human Papillomavirus)	<b>3 dose series</b> (either HPV4 or HPV2) to females at ages 11-12 years (dose #2 given, 2 months after the first dose and dose #3 given 6 months after the first dose). Minimum age to start the series is 9 years. Recommended for females aged 13-26 years of age who have not been previously vaccinated. 3 dose series (HPV4) is recommended for males aged 11-12 years; catch-up vaccinations at ages 13-21.
<b>IPV</b> (Inactivated Poliovirus)	<b>4 dose series</b> at ages 2 mo, 4 mo, 6-18 mo, and 4-6 years. Minimum age to start the series is 6 weeks. Final dose should be given on or after the 4 <sup>th</sup> birthday and at least 6 months from the previous one.
<b>Flu</b> (Influenza)	<b>Annually</b> during flu season for ages 6 months and older. For first-time vaccines: administer 2 doses for ages 6 months to 8 years (≥4 weeks apart between doses). Minimum age for inactivated influenza vaccine (IIV) is 6 months. Minimum age for live attenuated influenza vaccine (LAIV) is 2 years.
<b>MMR</b> (Measles, Mumps, Rubella)	<b>2 dose series</b> at ages 12-15 months and 4-6 years of age. Minimum age to start the series is 12 months of age. Dose #2 maybe given before age 4, if at least 4 weeks since dose #1. MMR recommended for infants ages 6 through 11 months who are travelling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6 years.
<b>MCV4</b> (Meningococcal)	One time dose of MCV4 given to adolescents ages 11 to 12 years or 13 to 18 years if not vaccinated and a booster dose at 16 years. Ages 6 weeks – 23 months- High risk- Infant series of Hib-MenCY at 2mo, 4 mo, 6 mo, and 12-15 mo or 2 dose series of MCV4-D (Menactra) at age 9 months and 12 months or at least 8 weeks apart. 2 dose series of MCV4 at least 8 weeks apart to high risk children aged 2 to 10 years (children with persistent complement component deficiency, anatomic or functional asplenia, and other high risk conditions).
<b>PCV</b> (Pneumococcal)	<b>4 dose series</b> of PCV13 at ages 2 mo, 4 mo, 6 mo, and 12-15 mo. PCV13 for all ages 2 – 59 months and children with medical conditions PPSV23 for children ages 2 years and older with medical conditions- 1 dose at least 8 weeks after the last dose of PCV. <del>For children who completed the 4 dose series with PCV7, 1 supplemental dose of PCV13 should</del>
<b>RV</b>	<b>3 dose series</b> (Rotateq®) at ages 2 mo, 4 mo, 6 mo <b>or</b>
<b>Immunizations/</b> <b>Vaccines</b> <b>Guidelines</b>	
(Rotavirus)	<b>2 dose series</b> (Rotarix®) at ages 2 mo, and 4 mo. Minimum age to start the series is 6 weeks. <b>Do not</b> start the series for infants older than 14 weeks and 6 days. The final dose of the series administered by age 32 weeks (8 months 0 days).

<b>Varicella</b> (Chickenpox )	<b>2 dose series</b> at ages 12-15 months and 4-6 years. Dose #2 may be given earlier if at least 3 months have passed since dose #1. For children ages 12 months – 12 years, 2 dose series should be given at least 3 months apart. For children 13 years of age and older, 2 dose series with at least 4 weeks apart between doses.
Screenings & Testing	Guidelines
<b>Well Child Visit</b> <b>Well Adolescent Visit</b>	<b>Wellness exam for all children and adolescents includes:</b> <ul style="list-style-type: none"> <li>• Medical History</li> <li>• Physical check-up</li> <li>• Anticipatory Guidance/Health Education               <div>At 0, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age,</div> </li> <li>• Length/Height/Weight               <div>followed by <b>annually thereafter</b>.</div> </li> <li>• Developmental/ Behavioral Assessment</li> <li>• Vision</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Head circumference               <div>At 0, 1, 2, 4, 6, 9, 12, 15, 18 and 24 months of age.</div> </li> <li>• Body Mass Index               <div>At 24 and 30 months of age, followed by <b>annually thereafter</b>.</div> </li> <li>• Blood Pressure               <div>At 3 years of age and <b>annually thereafter</b>.</div> </li> <li>• Dental/Oral health               <div>At 1 year of age at least annual referral to a dentist – every 6 months preferred. Children with special needs may be referred up to 4 times a year.</div> </li> <li>• Hearing               <div>At 0 months and 4, 5, 6, 8, 10 years of age.</div> </li> </ul> <p>Please visit the Molina website to obtain assessment forms and educational tip sheets:  <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a> </p>
<b>Anemia/Hematocrit/Hemoglobin</b>	Iron deficiency testing for children aged 12 months.
<b>Lead Screening</b>	At 12 and 24 months of age.
<b>Tuberculosis (TB) Screening</b>	For high-risk children and adolescents.
<b>Chlamydia Screening</b>	For all sexually active females 16 years of age and older. Use nucleic acid amplification technology urine tests for screening.
<b>STI Screening</b>	Screen sexually transmitted infections (chlamydia, gonorrhea, HIV, syphilis) and provide counseling for all sexually active adolescents.



Screenings & Testing	Guidelines
	sheets: <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>

Immunizations/ Vaccines	Guideline
<b>Tdap (Tetanus, diphtheria, pertussis)</b>	One time dose of Tdap given to adults 64 years and younger who have not previously received Tdap dose, then followed by 1 dose of Td booster every 10 years.
<b>Hepatitis A</b>	2 dose series for adults at increased risk. Second dose given 6 to 18 months after the first dose.
<b>Hepatitis B</b>	3 dose series for adults at increased risk, including diabetics under age 60.
<b>Human Papillomavirus (HPV)</b>	3 dose series (either HPV4 or HPV2) to all adult females 26 years of age and younger who have not completed the HPV series. Second dose should be given 1-2 months after the first dose and third dose given 6 months after the first dose. 3 dose series (HPV4) recommended for adult males 26 years of age and younger with HIV infection, immunosuppressed, or engaging in high risk sexual activity.
<b>Influenza</b>	1 dose annually during flu season for all adults. For additional influenza vaccination information, visit CDC website: <a href="http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm">http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm</a>
<b>MMR (Measles, Mumps, Rubella)</b>	1 or 2 doses for adults who lack evidence of immunity and are at increased risk. If dose #2 is recommended, give it no sooner than 4 weeks after dose #1.
<b>Meningococcal</b>	2 doses at least 2 months apart for adults with increased risk. For adults 55 years and younger, MCV4 is preferred over MPSV4 For adults 56 years and older, MPSV4 is preferred. Revaccination with MCV4 every 5 years to adults at increased risk Use MPSV4 if there is a permanent contraindication/precaution to MCV4.
<b>Pneumococcal</b>	1 dose of PPSV23 for adults at increased risk. One time revaccination 5 years after first dose for adults aged 19-64 at increased risk.
<b>Varicella (Chickenpox )</b>	2 dose series for all adults without previous immunization or evidence of immunity. Second dose should be administered 4 to 8 weeks after the first dose.
<b>Zoster (herpes zoster)</b>	1 dose for adults 60 years of age and older, regardless of a prior episode of herpes zoster.



## Pregnant Woman Preventive Health Guidelines



**Prenatal Visits:** all pregnant females should receive timely prenatal visit in the first trimester and throughout pregnancy.

- First Trimester (0 to 13 weeks of pregnancy)
- Second Trimester (14 to 27 weeks of pregnancy)
- Third Trimester (28 to 40 weeks of pregnancy)

**Postpartum Visits:** within 21 to 56 days (3 to 8 weeks) after delivery.

- Postpartum visit may be completed by a PCP or OB/GYN

Immunizations/ Vaccines	Guidelines
Td/Tdap (Tetanus, diphtheria, pertussis)	Administer 1 dose of Tdap during each pregnancy (preferred during 27-36 weeks gestation) regardless of number of years since prior Td or Tdap vaccination.
Hepatitis B	All pregnant females should be tested for HBsAg during first trimester. Pregnant women who are identified as being at risk for infection during pregnancy (e.g., having more than one sex partner during the previous 6 months, been evaluated or treated for an STD, recent or current injection drug use, or having had an HBsAg-positive sex partner) should be vaccinated.
Influenza (Flu)	Annually during flu season. Inactivated influenza vaccine (TIV) is recommended for pregnant women. For additional influenza vaccination information, visit CDC website: <a href="http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm">http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm</a>

Screenings & Testing	Guidelines
HIV Testing	For all pregnant women during first prenatal visit
Chlamydia, Gonorrhea, Syphilis Screenings	For all pregnant women during first prenatal visit.
Diabetes Screening	For pregnant women during 24 and 28 weeks of pregnancy.
Bacteriuria, Asymptomatic	Screen for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks of gestation or at the first prenatal visit.
Iron Deficiency Anemia	Routine screening for iron deficiency anemia in asymptomatic pregnant women.
Rh(D) Incompatibility	Rh(D) blood typing and antibody testing for all pregnant women during their first prenatal visit. Repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24-28 weeks of gestation.
Screening, Education and Counseling	Alcohol misuse and tobacco use screening and counseling during prenatal visits; Breastfeeding education during prenatal and postpartum visits

Molina's Preventive Health Guidelines are adopted from the American Academy of Pediatrics, CDC's Advisory Committee on Immunization Practices, the U.S. Preventive Services Task Force, the American Academy of Family Physicians and American College of Obstetricians and Gynecologists. Molina recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication; however they should be used with the clear understanding that continued research may result in new knowledge and recommendations. We recommend that the medical records contain appropriate documentation for clinical decisions. This Preventive Health Guideline is also available on the Molina website at: [www.molinahealthcare.com](http://www.molinahealthcare.com).

We need your help conducting these regular exams in order to meet the targeted state and federal standards. If you have questions or suggestions related to well child care, please call our Health Education line at (888) 296-7677 between 7:00 a.m. and 7:00 p.m., Monday through Friday.

### Emergency Care Services

Emergent and urgent care services are covered by Molina Healthcare without an authorization. This includes non-contracted providers outside of Molina Healthcare's service area.

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[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)





## **24- Hour Nurse Advice Line**

Members may call the Nurse Advice Line anytime they are experiencing symptoms or need health care information. Registered nurses are available (24) hours a day, seven (7) days a week, to assess symptoms and help make good health care decisions.

<b>HEALTHLINE (24-Hour Nurse Advice Line)</b>	
English Phone:	(888) 275-8750
Spanish Phone:	(866) 648-3537
TTY:	(866) 735-2929 (English) (866) 833-4703 (Spanish)

Molina Healthcare is committed to helping our members:

- Prudently use the services of your office
- Understand how to handle routine health problems at home
- Avoid making non-emergent visits to the emergency room (ER)

These registered nurses do not diagnose. They assess symptoms and guide the patient to the most appropriate level of care following specially designed algorithms unique to the Nurse Advice Line. The Nurse Advice Line may refer back to the PCP, a specialist, 911 or the ER. By educating patients, it reduces costs and over utilization on the health care system.

## **Health Management and Education Programs**

Molina Healthcare of Ohio wants you to be aware of health management programs offered to assist with care management. We have programs that can help you manage your patient's condition. These include programs, such as:

- Asthma
- Diabetes
- Cardiovascular Disease
- Congestive Heart Failure
- COPD

A Care Manager/Health Manager is on hand to teach your Patients about their diseases. He/she will manage the care with the member's assigned PCP and provide other resources. There are many ways a member is identified to enroll in these programs. One way is through medical or pharmacy claims. Another way is through Nurse Advice Line or doctor referral. Members can also ask Molina to enroll them. It is the member's choice to be in these programs. A member can choose to get out of the program at any time.

For more info about our programs, please call:

- Member Services Department at (800) 642-4168
- TTY Relay: 711
- Visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

## **Health Management Programs**

Molina Healthcare of Ohio Health Management programs provide patient education information to Members and facilitate provider access to these chronic disease programs and services.

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### **Program Eligibility Criteria and Referral Source**

Health Management Programs are designed for Molina members with a confirmed diagnosis. Members participate in programs for the duration of their eligibility with the plan's coverage or until the member opts out. Each identified member will receive specific educational materials and other resources in accordance with his or her assigned stratification level. Additionally, all identified members will receive regular educational newsletters. The program model provides an "opt-out" option for members who contact Molina Member Services and request to be removed from the program.

Multiple sources are used to identify the total eligible population. These may include the following:

- Pharmacy claims data for all classifications of medications;
- Encounter data or paid claim with a relevant CPT-4 or ICD-9 code;
- Member Services welcome calls made by staff to new member households and incoming member calls have the potential to identify eligible program participants. Eligible members are referred to the program registry;
- Practitioner/provider referral;
- Nurse Advice referral;
- Medical Case Management or Utilization Management; and
- Member self-referral due to general plan promotion of program through member newsletter, the Nurse Advice Line or other member communication.

### **Practitioner/Provider Participation**

Contracted practitioners/providers are automatically notified whenever their patients are enrolled in a health management program. Practitioner/provider resources and services may include:

- Annual practitioner/provider feedback letters containing a list of patients identified with the relevant disease;
- Clinical resources such as patient assessment forms and diagnostic tools;
- Patient education resources;
- Provider Newsletters promoting the health management programs, including how to enroll patients and outcomes of the programs;
- Clinical Practice Guidelines; and
- Preventive Health Guidelines;

Additional information on health management programs is available from Member Services by calling **1-800-642-4168**

### **Pregnancy Health Management Program**

We care about the health of our pregnant members and their babies. Molina's pregnancy program will make sure member and baby get the needed care during the pregnancy. You can speak with trained Nurses and Care Managers. They can give your office/member the support needed and answer questions you may have. You will be mailed a workbook and other resources which are also available to the member. The member will also learn ways to stay healthy after child birth. Special care is given to those who have a high-risk pregnancy. It is the member's choice to be in the program. They can choose to be removed from the program at any time. Molina Healthcare is requesting your office to complete the Pregnancy Notification form (refer to appendix B for form) and return it to us as soon as pregnancy is confirmed.

Although pregnancy itself is not considered a disease state, a significant percentage of pregnant females on Medicaid are found to be at moderate- to high-risk for a disease condition for the mother, the baby or

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both. The Motherhood Matters® pregnancy management program strives to reduce hospitalizations and improve birth outcome through early identification, trimester specific assessment and interventions appropriate to the potential risks and needs identified. The Motherhood Matters® program does not replace or interfere with the member's physician assessment and care. The program supports and assists physicians in the delivery of care to members.

### **Motherhood Matters® Program Activities**

Motherhood Matters® Pregnancy Health management program encompasses clinical case management, member outreach and member and provider communication and education. The Prenatal Case Management staff works closely with the provider community in identification, assessment, and implementation of appropriate intervention(s) for every member participating in the program. The program activities include early identification of pregnant members, early screening for potential risk factors, provision of telephonic and written trimester appropriate education to all pregnant members and families, referral of high-risk members to prenatal case management, and provision of assessment information to physicians.

- Prenatal Case Management – Members assessed to be high-risk are contacted via telephone for further intervention and education. A care plan is developed and shared with the physician to ensure that all educational and care needs are met. Prenatal case management registered nurses, in conjunction with the treating physician, coordinate health care services, including facilitation of specialty care referrals, coordination of home health care and DME service and referral to support groups or community social services. The case management data base generates reminders for call backs for specific assessments, prenatal visits, postpartum visits and well-baby checkups.
- Smoking Cessation – For information about the Molina Smoking Cessation Program or to enroll members, please contact our Health Management Unit.
- Member Outreach – Motherhood Matters® Program is promoted to members through various means including, program brochures in new member Welcome Packets, other member mailings, member newsletters, provider newsletters, posters and brochures placed in practitioner's offices and marketing materials and collaboration with national and local community-based entities.

## **Weight Management**

### **Weight Management Program Includes:**

Given the diversity of Molina Healthcare's membership, a health management program created around weight management is designed to improve the quality of life among our members and enhance clinical outcomes in the future. Helping our members reduce unhealthy behaviors will improve their ability to manage pre-existing illnesses or chronic conditions.

Molina's Weight Management program is comprised of telephonic outreach by a multi-disciplinary team of Health Managers, Health Educators, and providers to support the weight management needs of the member.

Molina's Health education program encompasses one-on-one telephonic education and coaching. The Health Education staff work closely with the member's provider to implement appropriate intervention(s) for members participating in the program. The program consists of multi-departmental coordination of services for participating members and uses various approved health education/information resources such as: Centers for Disease Control, National Institute of Health, and Clinical Care Advance system for



health information and assessment tools. Health education resources are intended to provide both general telephonic health education and targeted information based on the needs of the individual.

### **Goals of Weight Management Program:**

The goals of the Weight Management program are to:

1. Counsel on the health benefits of weight loss
  - One-on-one telephonic counseling
  - BMI Identification
  - Provider and community resource referral
2. Promote Healthy Eating Habits
  - Teach basic nutrition concepts
    - Healthy Plate Method
    - Meal spacing and portion control
    - Tips on grocery shopping
    - Label reading
    - Healthy cooking method tips
    - Eating out tips
3. Teach Behavior Modification techniques
  - Promote healthy lifestyle changes
  - Monitor eating behavior
  - Rewarding oneself for healthy changes and progress
4. Encourage Regular Exercise
  - Advise member to always talk to his or her provider before starting any exercise program
  - Promote increased physical activity that is realistic and achievable.
    - Walking
    - Dancing
    - Sit and Be Fit program on PBS
  - Actively involve practitioners, members, families, and other care providers in the planning, implementation, and evaluation of care.
  - Monitor program effectiveness through the evaluation of outcomes.

### **Program Benefits:**

1. Access to a Health Educator for telephonic counseling on weight management
2. Community class referrals in participating areas and self-help education materials if available
3. Referral to Online Programs; [www.sparkpeople.com](http://www.sparkpeople.com), [www.sparkteens.com](http://www.sparkteens.com), [www.choosemyplate.gov](http://www.choosemyplate.gov)

To find out more information about the health management programs, please call Member Services Department at 1-800-642-4168

### **Smoking Cessation**

Given the diversity of Molina Healthcare's membership, a health management program created around smoking cessation should improve the quality of life among our members and clinical outcomes in the future. Helping our members reduce unhealthy behaviors ( i.e., quit tobacco use) will improve their ability to manage pre-existing illnesses or chronic conditions.

Molina's smoking cessation program uses a combination of telephonic outreach by a multi-disciplinary team of Care Managers, provider, and pharmacy engagement to support the smoking cessation needs of the member. The team works closely with contracted providers and pharmacist to identify appropriate pharmacologic cessation aids when applicable.

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**The goals of the Smoking Cessation program:**

- Deal with the three aspects of smoking - Addiction, Habit, and Psychological Dependency
  - Use smoking cessation aids
  - Learning to Cope
  - Change beliefs
- Identify Stress Management & Coping Techniques
  - Practice relaxation & visualization techniques
  - Create support network
- Identify Pharmacologic Cessation Aids
- Prepare for Quit Day/Maintaining the Quit
  - Devise relapse prevention strategies
  - Review the Anticipate-Plan-Rehearse model
- Actively involve practitioners, members, families, and other care providers in the planning, provision, and evaluation of care.
- Improve the quality of information collection and statistical analysis in order to assess the effectiveness of the program and to project future needs.
- Monitor program effectiveness through the evaluation of outcomes

To find out more information about the health management programs, please call Member Services Department at 1-800-642-4168