Provider Newsletter

For Molina Healthcare of Florida, Inc. providers

Second quarter 2026

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare of Florida, Inc. members.

Electronic funds transfer: ECHO Health

Note: There is no cost to the provider for EFT enrollment, and providers are not required to be in network to enroll. Providers who enroll in EFT payments will automatically receive ERAs as well. Access to the SSI Group is free to Molina providers.

Molina contracts with our payment vendor, the SSI Group, who partnered with ECHO Health, Inc. (ECHO) for electronic funds transfer (EFT) and electronic remittance advice (ERA).

EFT/ERA services give providers the ability to:

- Reduce paperwork
- Search ERAs, as well as historical explanation of payment (EOPs) by claim number, member number, etc.
- Receive payment and ERA access faster
- View, print, download and save a PDF version of the EOP

On this platform, the provider may receive payment via EFT, automatic clearing house (ACH), physical check or virtual card.

Virtual card:

- If no payment preferences have been specified on the ECHO platform, the payments will be made via a virtual card. This method may include a fee established in the agreement between the provider and the merchant and is not charged by Molina or ECHO.
- If a provider would like to opt out of receiving virtual cards, they should contact Molina and request to opt out of virtual cards before their first payment.
- To opt out of virtual cards after the first payment, providers can request that payment be reissued by following the instructions on the EOP and contacting ECHO Customer Service at **(888) 834-3511** or **edi@echohealthinc.com**.

Once the provider has enrolled in electronic payments they will receive the associated ERAs from ECHO with the SSI group payer ID. Providers should ensure that their practice management system is updated to accept the Molina payer ID. All generated ERAs will be accessible to download from the ECHO Provider Portal at **providerpayments.com**.

Find additional information on our provider website:

- **ERA/EFT enrollment information**
- **Frequently asked questions**

Close care gaps and boost member engagement with Molina Care Connections

Molina Care Connections is transforming care delivery for Molina members by focusing on key Healthcare Effectiveness Data and Information Set (HEDIS) quality results, improving health outcomes, enhancing member satisfaction and closing care gaps through shared decision making and collaboration. Care Connections provides a reliable safety net for members, helping them access essential care when they cannot see their primary care provider (PCP) or additional support is needed.

Population health outreach and care coordination

Our nurse practitioners (NPs) deliver high-quality clinical care and coordination through in-person visits[1] and telehealth visits, ensuring members receive timely, evidence-based interventions that improve their health outcomes.

How we drive meaningful results:

- **Perform comprehensive health evaluations** including physical exams, medication reconciliation and health risk assessments (HRAs) to identify gaps and prevent complications.
- **Deliver preventive care and education**, including screenings, lifestyle counseling and disease-specific interventions tailored to each member's health history and current diagnoses.
- **Complete point-of-care testing** such as HbA1c, blood pressure, kidney function and other diagnostics to monitor chronic conditions and guide immediate clinical decisions.
- **Prescribe and refill medications**[2] when clinically appropriate, ensuring continuity for members awaiting PCP appointments or transitioning to new providers.
- **Coordinate directly with PCPs** by scheduling appointments on behalf of members and sharing visit notes to maintain transparency and seamless care.
- **Arrange NP follow-up visits** for members with uncontrolled conditions (e.g., diabetes or hypertension) to provide ongoing support and work toward better control.
- **Facilitate referrals** to care management and order durable medical equipment (DME) when needed to support recovery and independence.
- **Address social determinants of health (SDoH)** by connecting members to community resources for housing, food, transportation and other unmet needs.

This hands-on, proactive approach strengthens provider partnerships by reducing missed follow-ups, improving engagement and closing care gaps.

Member access and experience

Open scheduling is now live across all 22 states where Molina serves members. This strategic initiative empowers providers and care management partners to schedule complementary visits on behalf of members for preventive visits, chronic condition follow-ups and other care needs at no cost. Members can also self-schedule.

Schedule a Care Connections visit for members who are:

- Homebound
- Managing uncontrolled chronic conditions
- Experiencing frequent avoidable emergency department or hospital admissions
- Unable to secure appointments due to provider availability or accessibility
- Facing unmet SDoH or DME needs
- Unengaged with ongoing gaps in care
- Recently discharged from the hospital and need a transition of care (TOC) visit

Schedule now using this link: MyChart – Schedule an Appointment

Remember, Care Connections continues to remove barriers to care by offering in-person visits and telehealth options with interpreter services on a case-by-case basis and in keeping with state regulations.

Care quality improvement and behavioral health integration

Care Connections influences key quality measures, including diabetes management, blood pressure control, kidney health evaluation and colorectal cancer screenings. Behavioral health integration is also embedded in our model. We offer bridge therapy visits and crisis support to members until they are able to be connected with behavioral health providers.

Together, we can ensure every member stays connected to a PCP while receiving additional support that drives meaningful outcomes and member satisfaction. Care Connections is your clinic without walls, committed to collaboration and measurable impact.

Electronic records access

Care Connections visit records are available through EpicCare Link—a HIPAA-secure web portal provided by Molina.
Access the EpicCare Link portal here: **CCLink.MolinaHealthcare.com**
For support, please email **ClinicalSupport@molinahealthcare.com**.

1. Molina Care Connections services and workflows comply with state-specific regulations and may vary by location and state.
2. Care Connections visits are always $0 visits; there is no cost to the member. Some labs or medications provided during the visit may be subject to standard cost-sharing amounts based on the member's plan benefits.

Maternity billing codes

Update regarding global maternity billing: Any services rendered after March 1, 2026, billed with global codes as follows: Postpartum Bundled Services CPT codes -59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, Prenatal Bundled Services CPT codes -59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005, will be rejected/denied on your remittance advice with code 272 "Coverage/program guidelines were not met."

This change in policy is made to comprehensively gather all individual services rendered as well as be in alignment with ACOG anticipated guidelines.

Medicaid Providers must bill for maternity services claims using individual service codes rather than global maternity codes that bundle multiple services.

Florida Medicaid individual maternity codes	Code description
Delivery	
59409	Vaginal delivery only (with or without episiotomy and/or forceps) without postpartum care.
59260	Cesarean Delivery Only After Attempted VBAC (Delivery-Only Global)
59612	Vaginal delivery only after previous cesarean delivery.
59514	Cesarean delivery only without postpartum care.
Prenatal Care	
CPT: 99202-99205, 99211-99215, 99242-99245, 99457, 99458, 99483, H1000, and H1001	Prenatal Visits
Postpartum Care	
CPT: 57170, 58300, 59430, 99202-99205, 99211-99215, 99231 -99233	Postpartum Care

Pregnancy Notification Incentive Program

Early identification of pregnant members is essential to ensuring timely prenatal care, reducing pregnancy risks and supporting healthy birth outcomes. Molina Healthcare of Florida identifies pregnant members through the Provider Panel Roster and through submitted Pregnancy Notification Forms.

Molina's Pregnancy Notification Incentive Program provides a **$50.00 bonus to the reporting provider** for every completed form received.

Program participation requirements

Eligible providers: Primary care providers (PCPs) and obstetricians and gynecologists (OBGYNs)

To qualify for the incentive, please ensure that the Pregnancy Notification Form:

- Is submitted within **5 days** of the member's first office visit when pregnancy is identified
- Includes the member's **current contact information**
- Clearly states the member's **expected due date**
- Is the **most current version** of the Pregnancy Notification Form

To find the current version of the Pregnancy Notification Form, visit **MolinaHealthcare.com/Providers/FL/Medicaid/Forms/FUF.aspx**.

Submit completed forms by fax or email:
Fax: (239) 236-8409
Email: **MFLBaby@MolinaHealthcare.com**

If you have questions, please contact Molina Healthcare at (855) 322-4076.

Resource Guides and communications

Did you know that Molina posts regular communications, news, billing guides and other resources on our website? We appreciate the time and effort that goes into your operations, and we are here to support you. Check our website regularly as our resources are often updated and available to providers. Visit **MolinaHealthcare.com** for more information.

Important digital-first announcement

Molina has sent out notices lately pertaining to prior authorization (PA) requests that will no longer be accepted through faxing and will need to be submitted through Availity Essentials. This change will improve processing speed, enhance security and allow for real-time status tracking.

However, there are some facilities (i.e., hospital, skilled nursing, inpatient rehabilitation and long-term acute care facilities) that have unique PA needs that will still need to be faxed, which will fall under Facility Exceptions.

Facility Exceptions (i.e., hospital, skilled nursing, inpatient rehabilitation and long-term acute care facilities)

The cases in which PAs may still be faxed include:

1. Continued stay review, including requests for ongoing admissions
2. Discharge notification and/or discharge summaries
3. Skilled nursing transition to custodial care, when member exhausts day in skilled care

Feedback request

At Molina, we are committed to making it easier for our provider partners to do business with us. Your feedback is a critical component of this process. We encourage you to communicate any questions and concerns to our feedback channels, including the Availity Essentials portal and your dedicated Provider Services Representative. Your feedback will be addressed promptly.

Molina's utilization management

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

- Our highly trained UM staff evaluates medical information received by our providers against nationally recognized objective and evidence-based criteria. We also consider individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation and home environment, when applicable) and the local delivery system when determining the medical appropriateness of requested health care services.
- Molina's clinical criteria include:
  - MCG criteria that are 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 Directories
  - 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®
  - Other nationally recognized criteria, including technology assessments and well-controlled studies that meet industry standards, 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 can also access the MCG Cite for Care Guideline Transparency tool through our Availity Essentials provider portal - **Portal**. To obtain a copy of the UM criteria, call our UM department at **(855) 322-4076**.
- As the requesting practitioner, you 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) 322-4076**.

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 specifically 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 patients about their treatment, regardless of benefit coverage.

Molina's utilization management (continued)

- 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. Molina provides for a second opinion from a qualified in-network practitioner. Members from all Molina lines of business and programs should refer to their benefit documents (such as schedule of benefits and/or evidence of coverage) for second-opinion coverage benefit details, limitations and cost-share information. If an appropriate practitioner is unavailable in-network, prior authorization (PA) is required to obtain the second opinion of an out-of-network provider. Claims for out-of-network providers without a PA will be denied, unless regulation dictates otherwise. All diagnostic testings, consultations, treatments, 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) 322-4076**. You may also fax a question about an UM issue to Molina. The medical director is available to answer more complex medical decision questions and explain medical necessity denials.

Molina offers the ability to quickly and conveniently submit and check PA status through the Availity provider portal at **Portal**.

Molina PA fax numbers include:

- **Advanced imaging: (877) 731-7218**
- **Medicaid: (866) 440-9791**
- **Marketplace: (866) 440-9791**
- **MMP physical & behavioral health: (844) 251-1541**
- **Medicare physical & behavioral health: (844) 251-1540**
- **Medicare and MMP inpatient: (844) 834) 2152**
- **Medicare Part D pharmacy: (866) 290-1309**

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

Molina's regular business hours are Monday-Friday (excluding holidays) 8 a.m.-7 p.m. 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 with language barriers, members who are deaf or hard of hearing, and those with speech disabilities.

Case management

Molina offers you and your patients the opportunity to participate in our complex case management program. Members must have the most complex service needs for this voluntary program. This may include members with multiple medical conditions, high levels of dependence, conditions that require care from multiple specialties and/or additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Molina complex case management program is to:

- Conduct a needs assessment of the patient, patient's family and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients 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 the provider, the provider's staff, the member and the member's family

If you would like to learn more about this program, speak with a complex case manager, and/or refer a patient for an evaluation by calling toll-free **(866) 472-4585**.

Important message – Updating provider information

Molina Healthcare of Florida needs 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 provider network. Providers must notify Molina in writing at least 30 days in advance, when possible, of changes, such as:

- Change in practice ownership or Federal Tax 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 to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the Provider Change Information Form, which is located online at **MolinaHealthcare.com/Providers/FL/Medicaid/Forms/Fuf.aspx**.

Send changes to:

Email: **MFLProviderNetworkManagement@MolinaHealthcare.com**

Contact your Provider Services representative if you have questions.

Drug Formulary and pharmaceutical procedures

At Molina, the Preferred Drug List (PDL) and pharmacy services procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee. This committee meets quarterly or more frequently if needed. For Molina Medicaid, the PDL and P&T are operated by the Florida Agency for Healthcare Administration.

The P&T Committee is responsible for developing and updating drug formularies that promote safety, effectiveness and affordability where state regulations allow. The 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, 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 drug utilization evaluations and intervention recommendations for Molina health plans. Drug formulary activities are inclusive of prescriber-administered specialty medications as a medical benefit and pharmacy benefit services.

The drug formularies reviewed and approved by the P&T Committee are updated quarterly and include an explanation of quantity limits, age restrictions, therapeutic class preferences and step therapy protocols. These changes and all current documents are also posted on our website at: **AHCA.Myflorida.com/Medicaid/Prescribed-Drugs/Medicaid-Pharmaceutical-therapeutics-committee/Florida-Medicaid-Preferred-Drug-List-PDL**.

Drug Formulary and pharmaceutical procedures (continued)

Providers may request a formulary exception for coverage of a drug outside of the drug formulary restrictions. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary or to request that a UM requirement be 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. PA is a requirement that a prescriber obtains advance approval from Molina before a specific drug is delivered to the member to qualify for payment coverage. The drug formulary/PDL is available online at:

Medicaid: **AHCA.Myflorida.com/Medicaid/Prescribed-Drugs/Medicaid-Pharmaceutical-therapeutics-committee/Florida-Medicaid-Preferred-Drug-List-PDL**

Marketplace: **MolinaMarketplace.com/marketplace/fl/en-us/Providers/Drug-List**

The P&T Committee also promotes 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 will be 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.

Resources available on Molina's provider website

Featured online at **MolinaHealthcare.com/Providers/FL/Medicaid/Home.aspx**:

- Clinical practice and preventive health guidelines
- Health management programs
- Quality improvement programs
- Member rights and responsibilities
- Privacy notices
- Provider Manual
- Current preferred drug list
- Cultural competency provider trainings

Patient safety

Patient safety activities encompass appropriate safety projects and error avoidance for Molina members in collaboration with their PCPs.

The Molina patient safety activities address the following:

- Continued information about safe office practices
- Member education about members taking an active role in reducing 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 ensure 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 patient safety:

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

Care for older adults

Many adults over 65 have comorbidities that often affect their quality of life. As this demographic ages, decreased physical function, cognitive ability and increased pain are common. Regular assessment of these additional health aspects can help ensure this population's needs are appropriately met.

- Advance care planning – Discussions regarding treatment preferences, such as advance directives, should start before the member is seriously ill.
- Medication review – All medications the member takes, including prescription and over-the-counter medications or herbal therapies, should be reviewed.
- Functional status assessment – which includes those for functional independence or loss of independent performance.
- Pain screening consists of notating the presence or absence of pain.

Providers should include these components in their standard well-care practice for older adults to help identify unrecognized ailments and increase their quality of life.

Advance directives

Providers can assist Molina members in preparing an advance directive. Anyone 18 or older can have an advance directive, including a living will document and a durable power of attorney.

A living will is written instruction explaining the wishes of a Molina member regarding health care in the case of a terminal illness or any medical procedures that can prolong life. A durable power of attorney names a person to make decisions for our members if they cannot.

The following links provide free forms and information to help create an advance directive:

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

Members will need two witnesses for the living will and valid notarization for a durable power of attorney.

An 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 they may have to a directive prior to service whenever possible. Providers cannot refuse treatment or otherwise discriminate against members because they 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.

Providers should have materials on advance directives for members to review. They should also put a copy of a completed advance directive 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. Providers should inform members that advance care planning is a part of good health care.

Member rights and responsibilities

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

Molina members have the right to:

- Receive information about Molina, its services, its 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 or appeals about Molina or the care provided
- Make recommendations regarding Molina member rights and responsibilities policy

Molina members have the responsibility to:

- Supply information (to the extent possible) that Molina and its 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 Molina Member Rights and Responsibilities Statement on our website at **MolinaHealthcare.com/Members/FL/EN-US/Mem/Medicaid/Overvw/Quality/Rights.aspx**.

Written copies and more information can be obtained by contacting Provider Services at **(855) 322-4076**.

Population health (health education, disease management, care management and complex case management)

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

Molina offers programs to help our members and their families manage a diagnosed health condition. As a provider, you also help us identify members who may benefit from these programs. Members can request to be enrolled or disenrolled 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-gynecologist (OB/ GYN) case management
- Transition of care (ToC)

You can find more information about our programs at **MolinaHealthcare.com/members/fl/en-us/mem/medicaid/overvw/coverd/coverd.aspx**.

If you have additional questions about our programs, please call **Provider Services** at **(855) 322-4076**.

Quality improvement program

Molina's quality improvement (QI) 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 QI committee assists the organization in achieving these goals. It is an evolving program that is responsive to the changing needs of the health plan's members and the standards established by the medical community and 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 provided 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 thresholds
- 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: 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 QI 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 QI 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 case management

Quality improvement program (continued)

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 QI department at **(855) 322-4076**.

If you would like more information about our QI program or initiatives and the progress toward meeting quality goals, you can visit our website at **MolinaHealthcare.com/Providers/FL/Medicaid/Home.aspx** and access the Health Resources area on our provider website pages. If you would like to request a paper copy of our documents, please call the QI department at **(855) 322-4076**.

Standards for medical record documentation

Molina has established medical record documentation standards to help assure our members' highest quality of care. Medical record standards promote quality care through communication, coordination and 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 patient 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 QI department at **(855) 322-4076**.

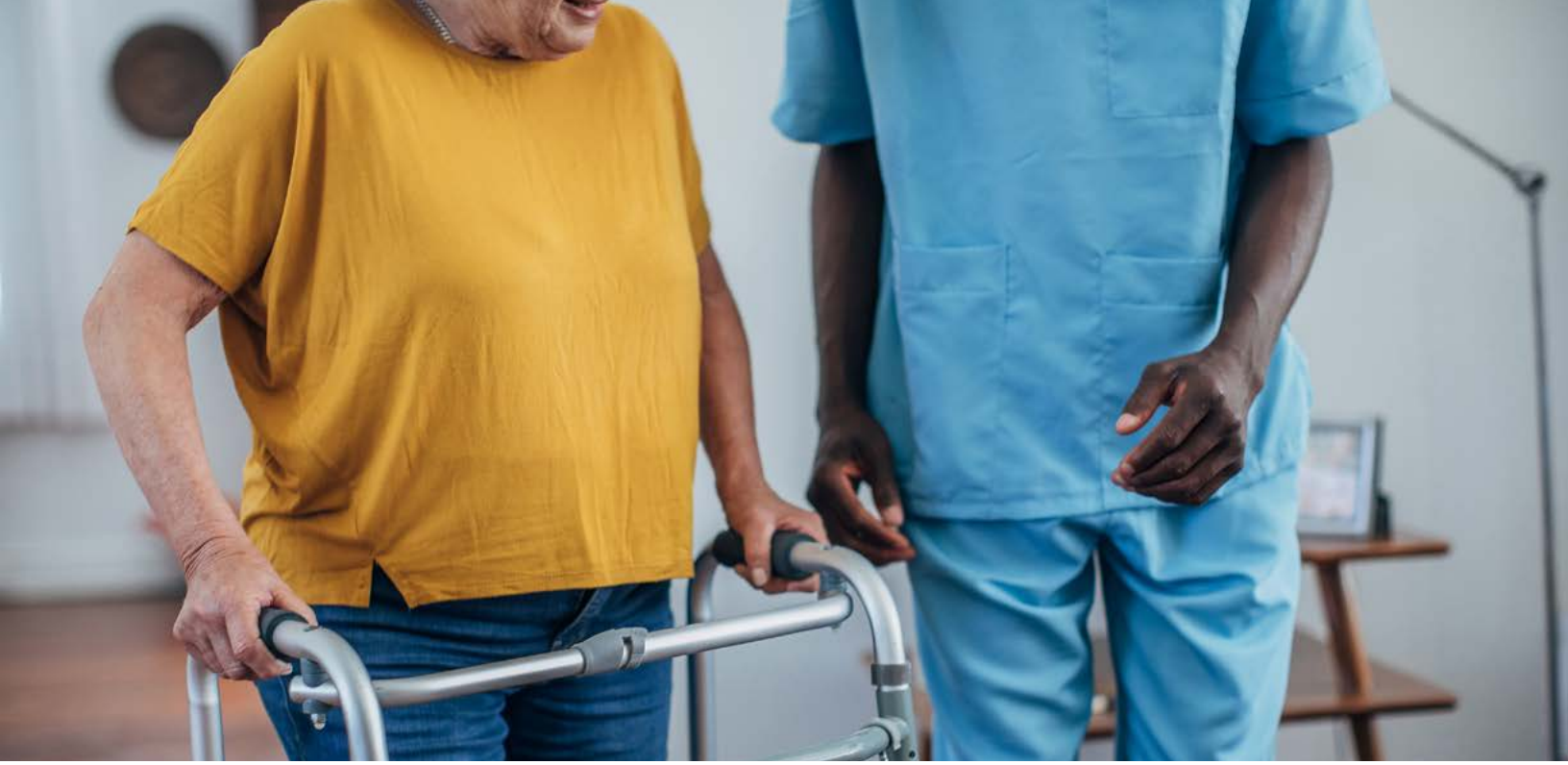
Clinical practice guidelines

Clinical practice guidelines are based on scientific evidence, a 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. Providers and our members must work together to develop individual treatment plans tailored to the member's specific needs and circumstances.

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

You can also view all guidelines at **MolinaHealthcare.com/Providers/FL/Medicaid/Resource/Guide_Clinical.aspx** in the Health Resources section on the provider web pages. To request a copy of any guidelines, please contact Provider Services at **(855) 322-4076**.



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 to avoid potential adverse outcomes.

Molina has resources to assist you in easing the challenge of coordinating care. Our staff, including nurses, can 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

This information should be faxed to Molina at:

- UM department: **(866) 440-9791**