PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Second Quarter 2020

Important Message – Updating Provider Information

It is important for Molina Healthcare of California (Molina Healthcare) to keep our provider network information up to date. Up to date provider information allows Molina Healthcare to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Molina Healthcare 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
➢ <u>Primary Care Providers Only</u>: If your practice is open or closed to new patients
➢ When a provider joins or leaves the practice

Changes should be submitted on the Provider Information Form or Membership Panel Form located on the Molina Healthcare website at www.MolinaHealthcare.com under the Frequently Used Forms section.
Send changes to:

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

Los Angeles/Orange
200 Oceangate, Suite 100
Long Beach, CA 90802
Fax: (855) 278-0312
Riverside/San Bernardino
550 E. Hospitality Lane, Suite 100
San Bernardino, CA 92408
Fax: (909) 890-4403
San Diego
9275 Sky Park Court, Suite 400
San Diego, CA 92123
Fax: (858) 503-1210
Sacramento
2180 Harvard St, Suite 500
Sacramento, CA 95815
Fax: (760) 679-5705
Imperial
1607 W. Main St.
El Centro, CA 92243
Fax: (760) 679-5705

Practitioner Credentialing Rights: What You Need to Know

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

Molina Healthcare also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina Healthcare provider, you have the right to:

- Confidentiality of all information submitted during the credentialing process
- Non-discrimination during the credentialing process
- Notification of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, with the exception of references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department at (800) 526-8196, Ext. 120117
- Notification of the credentialing decision within 60 days of the committee decision
- Notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Molina Healthcare provider, please review your Provider Manual. You may also review the provider manual on our website at www.MolinaHealthcare.com or call your Provider Services Representative for more details.

Molina Healthcare's Utilization Management

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

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation, home environment, when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services
- Molina Healthcare's clinical criteria includes Change Healthcare InterQual® criteria, Hayes Directory, Medicare National and Local Coverage Determinations, applicable Medicaid Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina Healthcare physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers
- Molina Healthcare ensures that all criteria used for UM decision-making are available to practitioners upon request. **To obtain a copy of the UM criteria used in the decision-making process, call our UM Department (855) 322-4075, Option #4**
- As the requesting practitioner, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare physician that made the decision. If you need assistance contacting a medical reviewer to schedule a peer to peer medical review about a case, please call the UM Department at (844) 557-8434

It is important to remember that:

1. UM decision making is based only on appropriateness of care and service and existence of coverage
2. Molina Healthcare does not specifically reward practitioners or other individuals for issuing denials of coverage or care
3. UM decision makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization
4. Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage
5. Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Molina Healthcare will arrange for a member to obtain the second opinion out of network at no additional cost to the member than if the services were obtained in-network
6. 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
   - Request for an urgent review when there is no medical urgency

Molina Healthcare'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) 322-4075. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials. For information about pre-authorization and the exception process for medications, please refer to the Drug Formulary and Pharmaceutical Procedures article.

Molina Healthcare's regular business hours are Monday – Friday (excluding holidays) 8:30 a.m. – 5:30 p.m. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina Healthcare has language assistance and TDD/TTY services for members with language barriers or with hearing and/or speech problems.

Drug Formulary and Pharmaceutical Procedures

At Molina Healthcare, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) is maintained by the National Pharmacy and Therapeutics (NP&T) Committee. Pharmaceutical procedures are maintained by the Quality Improvement Committee (QIC). The NP&T committee meets on a quarterly basis and is composed of your peers – practicing physicians (both primary care physicians and specialists) and pharmacists from areas Molina Healthcare practitioners are located. The committee's goal is to provide a safe, effective and comprehensive Drug Formulary/PDL. The NP&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the NP&T and the QIC reviews prior authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer's guidelines and FDA-approved indications. The NP&T Committee also evaluates and addresses new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for Molina Healthcare members must be listed in the Drug Formulary/PDL. The Drug Formulary/PDL also includes an explanation of limits or quotas, any restrictions and medication preferences, and the process for generic substitution, therapeutic interchange and step-therapy protocols. Select medications listed in the Drug Formulary/PDL may require prior authorization, as well as any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form. The Drug Formulary/PDL is available online at www.MolinaHealthcare.com and printed copies may be obtained by calling the Provider Services Department.

The drug formulary/drug listing, processes for requesting an exception request and generic substitutions, therapeutic interchange and step-therapy protocols are distributed to our network providers through fax and/or mail once updates are made. These changes and all current documents are posted on the Molina Healthcare website at www.MolinaHealthcare.com.

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Molina Healthcare within 30 calendar days of the Food and Drug Administration 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.

Case Management

Molina Healthcare offers Case Management to members in all our lines of business. Molina Healthcare strives for full integration of physical health, behavioral health, long term care services and support and social support services to eliminate fragmentation of care and provide a single, individualized plan of care for members. Case Managers based in each of our service areas work directly with members and providers to conduct assessments of medical, behavioral and psycho-social needs, coordinate care and develop member-centric care plans.

For our MMOP Medicare members, Molina Healthcare has a Model of Care designed to meet the needs of the dual eligible populations we serve. This membership has higher burden of chronic illnesses (including behavioral health), disability and complex needs. Molina Healthcare staff outreaches to our SPD Medi-Cal, MMOP and Cal Medi Connect members upon enrollment and at least annually to conduct a comprehensive risk assessment as well as develop and update individualized care plans.

For Medi-Cal the state of California requires that Primary Care Providers (PCPs) and Molina Healthcare provide Comprehensive Medical Case Management to each Medi-Cal member. There are two main categories of Case Management:

- **Basic Case Management** services are provided by the primary care provider in collaboration with Molina Healthcare and include:
  - Initial Health Assessment (IHA)
  - Initial Health Education Behavioral Assessment (IHEBA)
  - Staying Healthy Assessment (SHA)
  - Identification of appropriate providers and facilities to meet member care needs (such as medical, rehabilitation, and support services)
  - Direct communication between the provider and member/family
  - Member and family education, including healthy lifestyle changes when warranted
  - Coordination of carved out and linked services, and referral to appropriate community resources and other agencies, including but not limited to California Children's Services (CCS), Regional Centers, In Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), etc.
- **Complex Case Management** services are provided by the primary care provider, in collaboration with Molina Healthcare, and include:
  - Basic Case Management Services
  - Management of acute or chronic illness, including emotional and social support issues by a multidisciplinary case management team
  - Intense coordination of resources to ensure member regains optimal health or improved functionality
  - With Member and PCP input, development of care plans specific to individual needs, and updating of these plans at least annually and shared with the member's assigned PCP
  - Services for Seniors and Persons with Disabilities (SPD) beneficiaries which must include the concepts of Person-Centered Planning

On a continuous basis, Molina Healthcare identifies members who may benefit from Case Management services, using utilization data, clinical data, and any other available data, as well as physician referrals and member self-referrals. Members appropriate for Case Management are those who have complex service needs and may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

Molina Healthcare Case Management staff support your efforts in the above requirements with the following activities on identified members:
- 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
- Educate and empower our members to optimize their health and level of functioning

- Facilitate access to preventative and medically necessary services and ensure that they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive, interdisciplinary and on-going care plan in coordination with you, your staff, your patient, and the patient's family

If you would like to learn more about this program, speak with a Case Manager and/or refer a patient to this program, please call toll-free (800) 526-8196, Ext. 127604.

Website

Featured at www.MolinaHealthcare.com:
- Clinical Practice and Preventive Health Guidelines
- Health Management Programs
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff & Medical Reviewer
- New Technology
- Provider Resources for Behavioral Health, Culturally and Linguistically Appropriate Services, Diabetes and Opioid Prevention
- Cultural Competency Provider Trainings
- How to Access Language Services

If you would like to receive any of the information posted on our website in hard copy, please call (888) 665-4621.

Translation and Interpretation Services

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

Patient Safety

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

Safe Clinical Practice
The Molina Healthcare Patient Safety activities address the following:
- Continued information about safe office practices

- Member education; providing support for members to take an active role to reduce the risk of errors in their own care
- Member education about safe medication practices
- Cultural competency training
- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

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

- Leapfrog Quality Index Ratings (www.leapfroggroup.org)
- California Healthcare Foundation (www.calhospital.org/hospital-compare)
- The Joint Commission Quality Check® (www.qualitycheck.org)

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

- The Leapfrog Group (www.leapfroggroup.org)
- The Joint Commission (www.jointcommision.org)

Care for Older Adults

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

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

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

Applied Behavior Analysis-Behavioral Health Therapy

Molina Healthcare of California's Behavioral Health Therapy Program is a program that has been designed to help eligible Medi-Cal and Market place members achieve an optimal quality of life and access to appropriate resources and treatment. Behavioral Health Therapy is typically used to correct or ameliorate behavioral problems and improve developmental deficits. Molina provides and authorizes Behavioral Health Therapy treatment for all members, which meet eligibility criteria as outlined in APL 19-014 "Responsibilities for behavioral health treatment coverage for members under the age of 21". Molina achieves this by executing a program that is designed to provide member's with:
Coordination of care
Identification of external resources

Complex Case management
Behavioral Health Therapy
Access to comprehensive screenings

The main goal of this program is to promote quality, cost-effective and medically appropriate services that are offered across a continuum of care while meeting the member's individual needs. The program will also assist the member by providing coordination of care amongst the PCP, specialized treatment providers, Regional Centers and the school system to ensure that appropriate care is being provided and to avoid duplication of services.

Palliative Care Medi-Cal Benefit

Beginning January 1, 2018, Molina Healthcare of California implemented the Department of Health Care Services (DHCS) Palliative Care initiative which conformed to the requirements in SB-1004.

The Molina My Care program is a community based Palliative Care program focused on Medi-Cal patients with life threatening illness. Molina considers any member with advanced, complex, and life-threatening disease who meets the general eligibility criteria, candidates for this My Care. The services can take place anywhere but are focused primarily in the home. Palliative care services are provided by a team of providers who will work with patients, families and their treating physicians to alleviate symptoms related to their disease. Patients may continue to receive their ongoing treatment while in the program. There is no additional cost for the program.
General Eligibility Criteria

1. Your patient has advanced illness
2. You are seeing increased use of ER and Inpatient hospital services related to your patient's disease
3. Death within the next year would not be unexpected
4. Other therapies are either no longer effective or the patient does not wish for further treatment
5. The patient is no longer in an acutely reversible state of decompensation
6. The patient/advocate agree to attempt home or outpatient disease management
7. The patient is willing to consider advance care planning discussions (e.g. Five Wishes, POLST)

Services Provided Under Molina My Care:

1. Initial care assessment and consultation
2. Development of a plan for support care services at home
3. Advance care planning discussion(s)
4. Services provided by a care support team; Physician, NP, RN, LVN, social worker and chaplain
5. The patient will receive at least four visits per month (face-to-face and/or telephonic)
6. Care coordination with the treating physician & Molina (facilitate authorizations for DME, etc.)
7. Provision of symptom management (pain, difficulty breathing, etc.)
8. Identification of need for mental health and medical social services support
9. A 24/7 nurse advice line to support the member. This includes calling an ER with clinical information if the patient needs ER services as a result of the call

Hours of Operation

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

Non-Discrimination

As a Molina Healthcare provider, you have a responsibility to not differentiate or discriminate in providing covered services to members because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, socioeconomic status, or participation in publicly financed health care programs. Providers are to render covered services to Members in the same location, in the same manner, in accordance with the same standards and within the same time availability regardless of payer.

Member Rights and Responsibilities

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

Molina Healthcare members have the right to:
- Receive information about Molina Healthcare, 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
- 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 Healthcare or the care it provides
- Make recommendations regarding Molina Healthcare's member rights and responsibilities policy

Molina Healthcare members have the responsibility to:
- Supply information (to the extent possible) that Molina Healthcare and its practitioners and providers need in order 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 Healthcare Member Rights and Responsibilities statement for your state at our website (**www.MolinaHealthcare.com**). Written copies and more information can be obtained by contacting the Provider Services Department at (888) 665-4621.

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 as necessary to meet the needs of our members.

Molina offers programs to help our members and their families manage a diagnosed health condition. You as a Provider also can help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs. Our programs include:
- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management

For more information about our programs, please call: Provider Services Department at (888) 665-4621 (TTY/TDD at 711 Relay).

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

Quality Improvement Program

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

The key quality processes include but are not limited to:
- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for 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 Healthcare threshold
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services

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

The effectiveness of QIP 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 QI work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey
- Reviewing member satisfaction with their experience with behavioral health services through a focused survey and evaluation of behavioral health specific complaints and appeals

Molina Healthcare would like to help you to 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 Healthcare website, please contact the Quality Improvement Department at (800) 526-8196, Ext. 126137.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals or would like to request a paper copy of our documents, please call the Quality Improvement Department at (800) 526-8196, Ext. 126137. You can also visit our website at www.MolinaHealthcare.com to obtain more information.

Standards for Medical Record Documentation

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

Molina Healthcare'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
- Past Medical, Family and Social History
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the Facility Site Review at (800) 526-8196, Ext. 120118.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to the provider and his/her patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as

cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

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

To request printed copies of Preventive Health Guidelines, please contact the Quality Improvement

Department at (800) 526-8196, Ext. 126317. You can also view all guidelines at www.MolinaHealthcare.com.

Clinical Practice Guidelines

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

Molina Healthcare has adopted the following Clinical Practice Guidelines which include but are not limited to:
- Asthma
- Attention Deficit Hyperactivity Disorder
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Sickle Cell Disease
- Substance Abuse Treatment

To request a copy of any guideline, please contact Molina Healthcare's Provider Services Department at (888) 665-4621. You can also view all guidelines at:
https://www.molinahealthcare.com/providers/ca/medicaid/resource/Pages/guide_clinical.aspx.

Advance Directives

Helping your patients prepare an Advanced Directive helps to ensure a patient's wishes are respected in difficult medical situations. Any person 18 or older can create an Advanced Directive.

The two most common types of **Advance Directives** are the **Living Will** and the **Durable Power of Attorney for Health Care**, which is sometimes called the **Health Care Power of Attorney** or **Health Care Proxy**.

A living will is a legal document with written instructions explaining a patient's wishes on medical treatments or procedures, should a patient be unable to communicate their wishes. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so. California also recognizes Physician Order for Life Sustaining Treatment (POLST). These are decisions made between a patient and caregiver, that when signed an authorized become a legal order. These include decisions on resuscitation, medical interventions and nutritional support. The following links provide you and your patients with free forms to help create an Advance Directive:

http://www.nlm.nih.gov/medlineplus/advancedirectives.html.
http://aging.utah.edu/programs/utah-coa/directives/
www.caringinfo.org
https://capolst.org/

Molina offers our members the Five Wishes®. If your patient wishes to obtain a copy of the Five Wishes® , please call Member Services. Five Wishes® is a registered trademark of Aging With Dignity, Inc.

A patient's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the patient desires guidance or assistance, including any objections they may have to a patient directive prior to service whenever possible. In no event may any provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an Advance Directive. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for patients to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive.

Behavioral Health

Primary Care Providers provide outpatient behavioral health services, within the scope of their practice, and are responsible for coordinating members' physical and behavioral health care, including making referrals to Behavioral Health providers when necessary. A member can also self-refer directly to a Behavioral Health provider without a referral from the primary care physician. If you need assistance with the referral process for Behavioral Health services, please contact the Utilization Management or Member Services Department at (800) 526-8196.

Care Coordination & Transitions

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

Access2Care is the Non-Emergency Medical Transportation (NEMT) Services Provider / Vendor for the Medicare Line of Business effective 01/01/2020.

Secure Transportation is the Non-Emergency Medical Transportation (NEMT) Services Provider / Vendor for the MMP Line of Business.
- California MMP Secure Transportation: (844) 644-6357

To assist with the discharge planning of Molina members, please note the following important phone numbers:
- Medicare Member Services & Pharmacy: (800) 665-0898
- Behavioral health services and substance abuse treatment for Molina Medicare members can be arranged by contacting: (877) 436-3604 (CompCare)
- Transportation services for Molina Medicare members may be arranged by calling LogistiCare at: (866) 475-5423
- The Nurse Advice Line is available to members 24 hours a day, 7 days a week at: (888) 275-8750

Verifying NPPES Data

The Centers for Medicare & Medicaid Services (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/Health-Plans/ManagedCareMarketing/index.

Coronavirus Information

Molina Healthcare is monitoring COVID-19 developments on a daily basis. Our Corporate Chief Medical Officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers. We have implemented the following to support our members and providers during this time:

- Waive-copays/cost share for diagnostic lab testing for applicable product lines (i.e. Marketplace)
- Expanded to offer telehealth services via Teladoc vendor
- Offer zero co-pay/cost-share for telehealth visits from PAR providers
- Waive-copays/cost share for diagnostic lab testing for office visits, urgent care and ED visits where the diagnosis is related to COVID-19
- Relax refill timing on all prescriptions
- Allow 90-day prescription fills
- Visits for our members to primary care provider offices or the ER do not require prior authorization
- Our inpatient prior authorization process remains the same

We encourage you to monitor the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/index.html) for additional clinical information.

We will update you of any changes as things change with this rapidly developing public health matter.

Provider Portal Corner

We improved the way you can report a data change to us. The new feature allows a Provider or Member to submit demographic corrections directly to Molina.

Online Correction Locations:

To access the Provider Portal, please go to the CA site:
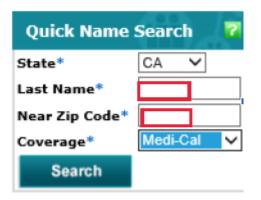https://www.molinahealthcare.com/providers/ca/medicaid/Pages/home.aspx.

Click on find a provider:

Put in the provider information:

Quick Name Search

State*: CA

Last Name*:

Near Zip Code*:

Coverage*: Medi-Cal

Search

Then select the provider:

Distance Miles	Provider Name	Address	Phone	Specialty	Language	Gender
	✓ View Provider Details ☐ Compare					

Now you will see this information:

Provider Details

Back

Name: Title: Gender: Language: Primary Specialty: Certification Board:

Secondary Specialty: Certification Board:

Search your doctor board certification

Special Skills and Experience: NPI: License ID: License Type: Email Address: Licensing Board:

Available by Referral Only

Report data change in the Provider Directory
Not a Molina Provider: Submit Here
Molina Provider: Submit Here
*Medical Doctors are Licensed and Regulated by State Medical board.

Service Locations / Programs

Address: Phone: Fax:

If you have any questions regarding this, please contact your Provider Service Representatives at (888) 562-5442 (refer to the extensions below):

Los Angeles/Orange Counites – 123017
Riverside/San Bernardino Counties – 120613
Sacramento County – 121599
San Diego County – 121735
Imperial County – 125682

Or email your Provider Service Representatives Inbox Emails at:
San Diego County: MHCSanDiegoProviderServices@MolinaHealthCare.Com
LA/OC Counties: MHC_LAProviderServices@MolinaHealthCare.Com
Inland Empire County: MHCIEProviderServices@MolinaHealthCare.Com
Imperial County: MHCImperialProviderServices@MolinaHealthCare.Com
Sacramento County: MHCSacramentoProviderServices@MolinaHealthCare.Com

Additional COVID-19 Resources:

The COVID-19 pandemic is rapidly evolving. Molina providers are encouraged to monitor updates and guidance from key regulatory agencies central to the COVID-19 response. Links to these agencies are highlighted below.

MHC COVID-19 (Coronavirus) Response:
https://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/COVID-19.aspx
Centers for Disease Control and Prevention (CDC):
https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html
California Department of Public Health (CDPH):
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx
Centers for Medicare & Medicaid Services (CMS):
https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit
Department of Health Care Services (DHCS):
https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx
CA.GOV California Coronavirus (COVID-19) Response:
https://covid19.ca.gov/manage-stress-for-health/
California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19:
https://covid19.ca.gov/pdf/caregivers_and_kids_california_surgeon_general_stress_busting_playbook_draft_v2_clean_ada_04072020v2.pdf