

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- ☐ Imperial  
☐ Riverside/San Bernardino  
☒ Los Angeles  
☐ Orange  
☐ Sacramento  
☐ San Diego

**LINES OF BUSINESS:**

- ☐ Molina Medi-Cal Managed Care  
☐ Molina Medicare Options Plus  
☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)  
☐ Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- ☐ **Medical Group/ IPA/MSO**

**Primary Care**

- ☐ IPA/MSO  
☐ Directs

**Specialists**

- ☐ Directs  
☐ IPA

- ☐ **Hospitals**

**Ancillary**

- ☐ CBAS  
☒ SNF/LTC  
☐ DME  
☐ Home Health  
☐ Other

**FOR QUESTIONS CALL PROVIDER SERVICES:**

(855) 322-4075, Extension:

**Los Angeles/Orange Counties**

X111113 X123071  
X127657

**Riverside/San Bernardino Counties**

X127684 X120618  
X121805

**Sacramento County**

X121360

**San Diego County**

X123006 X121401  
X127709 X121413  
X121599

**Imperial County**

X125682 X125666

## Skilled Nursing Facility Flu Vaccination and Plan-Do-Study-Act Training

This is an advisory notification to Molina Healthcare of California (MHC) network providers. As a Molina Healthcare contracted skilled nursing facility, you play a critical role in our members' health and their decision to get vaccinated against influenza.

The Advisory Committee Immunization Practices (ACIP) recommends annual influenza vaccination for everyone 6 months and older to prevent influenza. **This is particularly important for people who are at high risk of serious complications from influenza, which includes residents of long term care facilities.**

**We are requesting your support in coordinating the efforts of administering the vaccine at your facility to our members, which includes:**

- **Member education**
- **Ordering of vaccines and supplies**
- **Facilitating communication between member and Primary Care Physician (PCP)**

We also ask that the attached Flu Vaccination Attestation be filled out and signed by the patient or patient's legal representative.

Please fax the completed Attestation to **Molina PDSA** at **(562) 499-6105**.

Below are additional materials for your reference and to distribute to your staff.

### **Reference Materials:**

"Key Facts about Seasonal Flu Vaccine." Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/protect/keyfacts.htm>.

"Frequently Asked Flu Questions: 2019-2020 Influenza Season." Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/season/flu-season-2019-2020.htm>.

## **CMS and DHCS Project Notice**

As a Cal MediConnect Medicare-Medicaid Plan, Molina Healthcare participates in a Plan-Do-Study-Act (PDSA) as part of a Centers for Medicare & Medicaid Services and Department of Health Care Services quality improvement strategy to reduce avoidable hospitalizations for nursing facility residents. The ultimate goal of the PDSA continues to be to reduce avoidable hospitalizations or re-hospitalization by treating the member-in-place when medically appropriate in lieu of an immediate referral to an emergency room or hospital.

Molina Healthcare has collaborated with CareConnectMD (formerly Gerinet Medical Associates) to address Molina's PDSA for Molina Duals patients assigned to CareConnectMD. A **refresher training** will be available on the following dates.

**Please note the following WebEx dates and information for the training:**

| <b><u>Dates</u></b> | <b><u>Times</u></b> | <b><u>WebEx Meeting Information</u></b>   |
|---------------------|---------------------|---|
| November 14, 2019   | 2:00 – 3:00 pm      | <a href="https://molina.webex.com/molina/j.php?MTID=m3b66b9b80709667e653e7edfcfd43c80">https://molina.webex.com/molina/j.php?MTID=m3b66b9b80709667e653e7edfcfd43c80</a><br>(866) 499-0396   801 834 209 |
| December 3, 2019    | 2:00 – 3:00 pm      | <a href="https://molina.webex.com/molina/j.php?MTID=m10dcef8b7d645a0ed7f4d9b0fac02156">https://molina.webex.com/molina/j.php?MTID=m10dcef8b7d645a0ed7f4d9b0fac02156</a><br>(866) 499-0396   807 947 214 |
| December 10, 2019   | 2:00 – 3:00 pm      | <a href="https://molina.webex.com/molina/j.php?MTID=m6d17c6c60ad95585c92b68e1419b36c9">https://molina.webex.com/molina/j.php?MTID=m6d17c6c60ad95585c92b68e1419b36c9</a><br>(866) 499-0396   805 769 347 |
| December 12, 2019   | 2:00 – 3:00 pm      | <a href="https://molina.webex.com/molina/j.php?MTID=mde89b9c9b59d6d9e05e59c0b8d8bfcc5">https://molina.webex.com/molina/j.php?MTID=mde89b9c9b59d6d9e05e59c0b8d8bfcc5</a><br>(866) 499-0396   805 218 187 |

If your Molina Duals patient is with CareConnectMD, contact CareConnectMD:

- Prior to a patient transferring to acute hospital.
- For any patient needs or change of condition.
- For admit to hospice care.
- When patient is discharging from SNF.

### **Contacting CareConnectMD:**

- Call at (888) 789-9585.
- MD/NP available 24 hours/7 days a week.
- Always mention patient is "Molina Duals."

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.



\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

## **Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan Flu Vaccination Attestation**

This signed form shows that

\_\_\_\_\_  
Patient Name or Legal Representative

has gotten the Vaccine Information Statement. The forms for flu vaccine were also given. There was a chance to have all questions answered.

☐ I ***accept*** this vaccination with informed consent.

☐ I ***decline*** this vaccination with informed consent.

If declined, why?

\_\_\_\_\_  
Patient or Legal Representative  
Signature

\_\_\_\_\_  
Printed Patient or Legal Representative  
Name

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Representative Printed Name

\_\_\_\_\_  
Facility Representative Signature



Your Extended Family.

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare of California (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, ancestry, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping. Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge, in a timely manner:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 665-4627; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 OceanGate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. If you need help, call 1-800-368-1019; TTY 800-537-7697.



Your Extended Family

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-665-4627 (TTY: 711).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4627 (TTY: 711).

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-665-4627 (TTY : 711)。

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4627 (TTY: 711).

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4627 (ATS : 711).

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-665-4627 (TTY: 711).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4627 (TTY: 711).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4627 (TTY: 711) 번으로 전화해 주십시오.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4627 (телетайп: 711).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-665-4627 (رقم هاتف الصم والبكم: 711).

### Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-665-4627 (TTY: 711) पर कॉल करें।

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-665-4627 (TTY: 711).

## Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4627 (TTY: 711).

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4627 (TTY: 711).

## Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4627 (TTY: 711).

## Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-665-4627（TTY: 711）まで、お電話にてご連絡ください。

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-665-4627 (TTY: 711).

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-665-4627 (TTY: 711 تماس بگیرید).

## Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-855-665-4627 (TTY (հեռատիպ) 711):

## Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-665-4627 (TTY: 711)។

## Panjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-665-4627 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-665-4627 (TTY: 711).