PROVIDER NEWSLETTER

A newsletter for the Molina Healthcare of Illinois (MHIL) Provider Network

Second Quarter 2022

In This Issue

New Clinical Policy Website

In February 2022, Molina launched a new online provider tool: MolinaClinicalPolicy.com. The site includes Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs). The policies are used by providers, as well as Molina Medical Directors and internal reviewers to make medical necessity determinations. The website will ensure providers have access to the most current MCPs and MCRs. Routine updates will be made following approval by the Molina Clinical Policy Committee. We are excited to share this new tool with our providers.

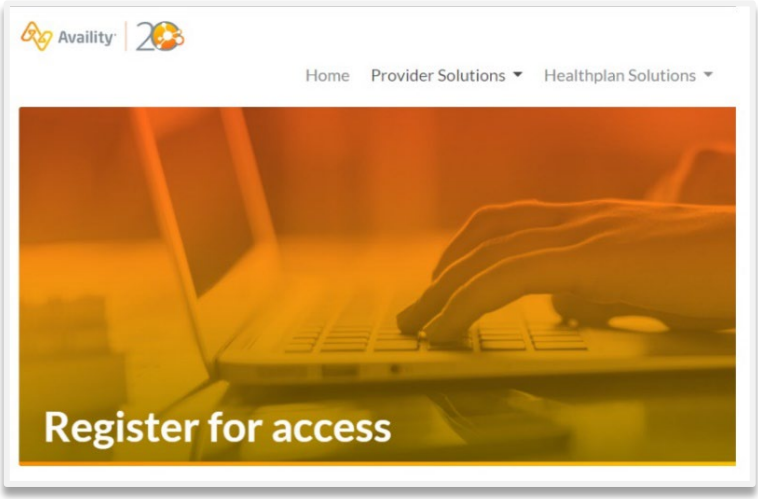
Meet Dr. Varsha Chandramouli

Molina Healthcare of Illinois has a new Chief Medical Officer! We are pleased to announce the appointment of Dr. Varsha Chandramouli (pronounced Chun-dra-mou-lee) as our health plan's CMO as of April 2022. As a member of the executive leadership team, Dr. Chandramouli plans to further the Molina mission and vision by partnering closely with providers.

We would like you to get to know her, her qualifications, and passion for medicine. Read her bio here.

Availity SSO Roadmap

Molina is getting closer to full Availity Portal functionality. Additional enhancements will be added throughout 2022. **Note: These enhancements will save time for you and your staff because you can do more in the Portal without having to use Molina's Call Center!**



All Provider Portal functionality—both new and existing—is available by signing into the Portal via Availity. SSO stands for **Single Sign On**, a term meaning you log in through Availity to access the functions still located in the Legacy Portal. **Remember that no new users can register for the Legacy Portal. Later this year, existing users will no longer be able to log in through the Legacy Portal**. Therefore, we urge you to begin using the Availity Portal now.

Upcoming Enhancements

A number of enhancements are scheduled to roll out over the next year, which will lead to the inevitable decommissioning of Molina's Legacy Portal. Here are a few upcoming improvements:

- Enhanced Eligibility and Benefits (E&B) module—
  It will be easier and quicker to find the new E&B interface benefit information you need.
- Forms and templates—Quick entry forms and templates for claims.
- Claim attachments—An expanded view of claim activity with better messaging and the ability to submit attachments electronically.
- Real-time authorization approvals—Real-time approvals on authorization requests for certain services.
- Automatic PA requirement checks—Verify instantly if PA is required.

More enhancements are outlined in this **Availity Functionality Roadmap** information sheet.

Periscope DME Assessments

Periscope (previously DME Consulting Group) is a third-party company that assists Molina in the collection of additional information for Durable Medical Equipment (DME) requests via in-home assessments. Periscope's therapists identify appropriate home modifications and general safety interventions for Molina members, and share that information with Molina. They identify the appropriate equipment members need to maintain function, minimize risk, and remain independent. The goal of a Periscope assessment is to provide us with the information we need to make accurate medical decisions for the member's DME.

Some examples of DME that would qualify for a Periscope evaluation are:

- Wheelchairs whose total cost equals over $3,000.
- Speech-generating devices with common codes E2510 or E2511.
- Other mobility equipment that totals over $3,000 (i.e., bath chairs, scooters, activity seats).

DME that does **not** apply includes life vests, insulin pumps, pneumatic compression devices, prosthetics, wheelchair repairs less than $3,000, and cochlear implant devices.

The Process

When Molina's UM team receives the DME request, we check whether it qualifies for a Periscope evaluation. If it does, the Molina team coordinates with Periscope, and a Periscope therapist reaches out to the member within 24 hours to schedule a convenient time to perform the in-home evaluation.

Within 24 hours of completion of the evaluation, the therapist sends Molina UM a detailed report, and the UM team makes a case for PA review. If the request is not appropriate for the member, it is sent to our Medical Directors to determine if the denial should be upheld. UM also reaches out to Case Management to support our members with the equipment and process.

Oral Health for Overall Health

To all providers: June is National Oral Health Month. Oral Health Month is supported by the American Dental Association and serves as a reminder of the importance of good oral hygiene.

In addition to regular brushing and flossing, please encourage your patients to schedule a dental checkup today! MHIL's dental vendor is Avesis.

If members/patients need assistance, they can use the Member Portal at MyMolina.com or call Member Services at (855) 687-7861 for Medicaid or (877) 901-8181 for MMP/Duals.

Updating Your Information

It is critical for Molina to have accurate and current information about each provider. Up-to-date provider information allows Molina to accurately generate provider directories, process claims, and communicate with our providers. Providers **must** notify Molina in writing at least 30 days in advance of changes, such as:

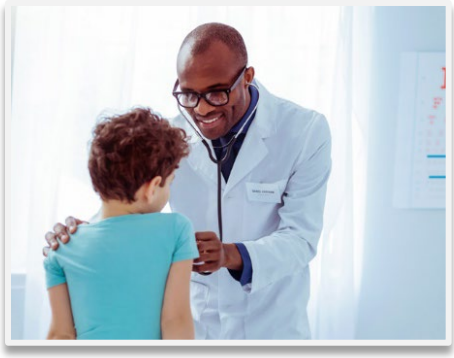
- Change in practice ownership, federal Tax ID number, or NPI
- Practice name change
- A change in practice location(s), hours, phone, fax, or email
- When a provider joins or leaves the practice
- If the practice opens or closes to new patients (PCPs only)

Changes should be submitted on the Provider Information Update Form located on the Forms page at MolinaHealthcare.com under Contracting & Provider Forms. Send changes to your Provider Network Manager or to MHILProviderNetworkManagement@MolinaHealthcare.com.

Practitioner Credentialing Rights: What You Need to Know

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

Molina also has a responsibility to you—our provider partners. As a Molina provider, you have the right to:



- Strict confidentiality of all information submitted during the credentialing process.
- Nondiscrimination during the credentialing process.
- Be notified 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, except for 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.
- Receive notification of the credentialing decision within 60 days of the committee decision, or shorter time frames as contractually required.
- Receive 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 your rights as a Molina provider, please review the Provider Manual at MolinaHealthcare.com, choose the line of business, and click the Manual tab.

Utilization Management at Molina

One of the goals of Molina's Utilization Management (UM) department is to render appropriate UM decisions consistent with objective clinical evidence. To achieve this goal, Molina 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 (age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable) and the local delivery system into account 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 Directory; 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; and other nationally recognized criteria, including technology assessments and well-controlled studies that meet industry standards and Molina policy; and when appropriate, third-party 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 also have access to the MCG Cite for Care Guideline Transparency tool in our Availity Provider Portal. To obtain a copy of the UM criteria used in the decision-making process, call our UM team at (855) 866-5462.
- 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 team at (855) 866-5462.

Important Notes

- UM decision-making is based only on the appropriateness of care and service, and the existence of coverage.
- Molina does not 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.
- Medicaid members have the right to a second opinion from a qualified practitioner. Molina provides for a second opinion from a qualified in-network 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 than if the services were obtained in-network. If an appropriate practitioner is not available in-network, Prior Authorization is required to obtain the second opinion of an out-of-network provider. Claims for out-of-network providers that do not have a prior authorization will be denied, unless regulation dictates otherwise. All diagnostic testing,

consultations, treatment, and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered. 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.

- Some of the most common reasons for a delay or denial of a request include:
  - Insufficient/missing clinical information to provide the basis for making the decision.
  - Lack of or missing progress notes or illegible documentation.

Molina's UM 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, call (855) 866-5462. Our Medical Directors are available by appointment for more complex medical decision questions and explanations of medical necessity denials.

We offer the ability to quickly and conveniently submit and check the status of Prior Authorizations (PA) through our Provider Portal: Availity Provider Portal. **The Portal is always the preferred method.**

If providers are unable to use the Portal, these PA **fax** numbers are available:

- Medicaid: (866) 617-4971
- MMP Inpatient: (844) 834-2152
- MMP Outpatient: (844) 251-1451
- Advanced Imaging: (877) 731-7218
- Marketplace, Medical and BH: (866) 617-4971
- Marketplace, Pharmacy: (855) 365-8112
- Marketplace, Radiology: (877) 731-7218
- Marketplace, Transplant: (877) 813-1206

For information about Molina's formulary PA and the exception process, please refer to the Drug Formulary and Pharmaceutical Procedures article (page 7).

Molina's business hours are 8 a.m. to 5 p.m. Central Time, Monday through Friday (excluding holidays). Voice mail messages and faxes received after regular business hours will be returned the following business day. Molina offers language assistance and TDD/TTY services for members with language barriers, members who are deaf or hard of hearing, and members with speech disabilities.

Drug Formulary and Pharmaceutical Procedures

At Molina, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee. This committee meets on a quarterly basis or more frequently, if needed.

The committee's goal is to provide a safe, effective, and comprehensive Drug Formulary/PDL. The P&T Committee is responsible for developing and updating drug formularies that promote safety, effectiveness, and affordability which includes, but is not limited to, therapeutic class reviews, classes preferred or covered at any level, lists of preferred pharmaceuticals or formularies, considerations for limiting access to drugs in certain classes, Prior Authorization (PA) criteria, generic substitution, therapeutic interchange, step therapy, or other management methods. Drug formularies include, but are not limited to, pharmacy benefit as well as prescriber-administered specialty medications.

In addition, the committee reviews clinical appropriateness and approves drug utilization management activities, which include pharmaceuticals preferred or covered at any level are identified, that an exception process is made available to members, substitutions can be made with permission of the prescribing practitioner, evidence that preferred status pharmaceuticals can produce similar or better results for a majority of the population than other pharmaceuticals in the same class, and other requirements, such as restrictions, limitations, or incentives that apply to the use of certain pharmaceuticals.

The P&T 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, and also new clinical guidelines and practice trends that may impact previous formulary placement decisions.

The Drug Formulary/PDL also includes an explanation of quantity limits, age restrictions, therapeutic class preferences, and step therapy protocols.

Providers may request a formulary exception to prescribe drugs not listed in the Drug Formulary/PDL. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary, or to request to have a utilization management requirement 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, sometimes called precertification or prior approval.

The Drug Formulary/PDL is available online at MolinaHealthcare.com under the tab called Drug Formulary.

The Formulary/PDL, processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are reviewed and updated at least annually, more frequently if appropriate. These changes and all current documents are also posted on the Molina website under the Drug Formulary tab.

In the event of a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are 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.

Case Management

Molina offers you and your patients the opportunity to participate in our Complex Case Management Program. Patients appropriate for this voluntary program are those who have the most complex service needs. This 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.

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.

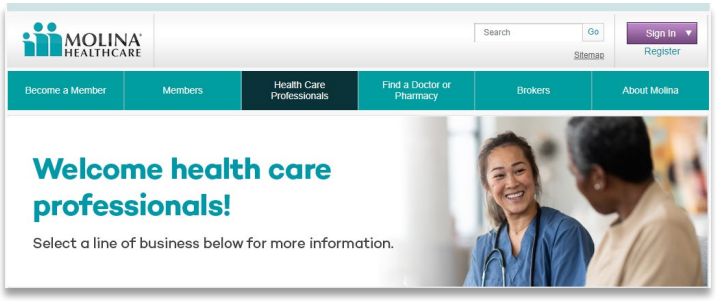
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner.
- Provide a comprehensive and ongoing care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family.

To learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program, please call (855) 866-5462.

Resources Available on Molina's Provider Website

Featured at MolinaHealthcare.com:

- Clinical Practice and Preventive Health Guidelines
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Provider Manual
- Current Formulary
- Cultural Competency Trainings



If you would like to receive any of the information posted on our website in hard copy, please call (855) 866-5462.

Patient Safety

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

Safe Clinical Practice

The Molina 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 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 (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)

Translation Services

Molina can provide information in our members' primary 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 call our Contact Center at (855) 687-7861. You can also call TTD/TTY:711 if a member has a hearing or speech disability.

Care for Older Adults—MMP

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

- **Advance Care Planning**—Discussion regarding treatment preferences, such as advance directives, should start early, before the patient is seriously ill.
- **Medication Review**—Review all medications the patient is taking, including prescriptions, over-the-counter medications, and herbal therapies.
- **Functional Status Assessment**—This can include assessments such as functional independence or loss of independent performance.
- **Pain 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 often go unrecognized, thereby improving their quality of life.

Hours of Operation

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

Nondiscrimination

All providers who join the Molina provider network **must** comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS), the Office for Civil Rights (OCR), state law, and federal program rules which prohibit discrimination. Please refer to:

- MHIL Medicaid Member Handbook
- MHIL MLTSS Member Handbook
- MHIL MMP/Duals Member Handbook
- MHIL Marketplace Member Agreement and Individual Policy

Additionally, participating providers or contracted medical groups/IPAs may **not** limit their practices because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high-cost care.

Member Rights and Responsibilities

Molina reminds providers about some of the rights and responsibilities of Molina members.

Molina Healthcare 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 it provides.
- Make recommendations regarding Molina's member rights and responsibilities policy.

Molina Healthcare 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 for your state on our website, MolinaHealthcare.com. Written copies and more information can be obtained by contacting Provider Network Management at (866) 855-5462.

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 help us identify members who may benefit from these programs. Members can request to be enrolled or disenrolled in these programs, which 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-Gynecologists (OB-GYN) case management
- Transition of Care (ToC)

You can find more information about many of our programs at MolinaHealthcare.com. Please call Provider Network Management at (866) 855-5462 with questions.

MHIL Healthy Pregnancy Incentive Program

Molina is committed to the provision of high-quality care and services for our members, and we remind providers of an Incentive Program for new mothers and mothers-to-be.

Prenatal Care Quality Incentive Program

The percentage of live birth deliveries increases when women attend prenatal care visits with an OB-GYN, other prenatal care practitioner, or PCP in the first trimester. To qualify for the $50 bonus, the practitioner must submit claims in accordance with the administrative billing codes for HEDIS® measure PPC Timeliness of Prenatal Care, or provide clinical documentation that includes the date of the first qualifying prenatal visit and specific care provided.

Postpartum Care Quality Incentive Program

The delivering hospital should encourage the member to schedule a postpartum visit with her OB-GYN practitioner or PCP between seven (7) and 84 days after delivery. To qualify for the $75 bonus, the practitioner who completes the postpartum visit must either bill in accordance with the administrative specification for HEDIS® measure PPC Postpartum Care, or provide medical record documentation that includes the date the postpartum visit occurred and specific care provided.

Details and Codes

Reference this 2022 Healthy Pregnancy Quality Program flier for complete details on both PPC Quality Incentive programs. It is critical for the OB-GYN or PCP to use the correct procedural and diagnosis codes when filing the claim in order to receive the incentives.

MHIL Behavioral Health Incentive Program

Molina is committed to the provision of high-quality care and services for our members, and we are pleased to introduce an Incentive Program to aid members dealing with Behavioral Health issues.

Follow-Up After Hospitalization for Mental Illness

Discharged members (6+ years of age) who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health provider. Providers earn a bonus of up to $250 for a timely follow-up visit.

Follow-Up After Emergency Room Visit for Mental Illness

Members (6+ years of age) who were discharged from the Emergency Department with a principal diagnosis of mental illness or intentional self-harm and had a follow-up visit with any practitioner. Providers earn a bonus of up to $250 for a timely follow-up visit.

Follow-Up After Emergency Room Visit for Substance Use

Members 18 years of age and older who were discharged from the Emergency Department with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence (AOD) and had a follow-up visit with any practitioner. Providers earn a bonus of up to $250 for a timely follow-up visit.

Details and Codes

Reference this 2022 Behavioral Health Quality Program flier for complete details on all three of these Quality Incentive programs. It is critical for the provider to use the correct procedural and diagnosis codes when filing the claim in order to receive the incentives.

Quality Improvement Program

Molina's Quality Improvement 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 Quality Improvement Committee 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, 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, including 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 Quality Improvement 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 Quality Improvement Program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multidisciplinary 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 health care experience 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.

Molina 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 website, please contact the Quality Improvement team at (855) 866-5462.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, visit MolinaHealthcare.com and access the Quality Improvement section under the Health Resources tab. For a paper copy of our documents, please call the Quality team at (855) 866-5462.

Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina has established standards for medical record documentation. Medical record standards promote quality care through communication, coordination, 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 Quality team at (855) 866-5462.

Behavioral Health

Primary care providers (PCPs) 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. If you or the member need assistance with obtaining behavioral health services, contact Member Services at (855) 687-7861.

Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of 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. 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 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, in the Health Resources tab. To request a copy of any guideline, contact Provider Network Management at (855) 866-5462.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to providers and their 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.

You can also view all guidelines at MolinaHealthcare.com by accessing the Health Resources tab. To request printed copies of Preventive Health Guidelines, please contact Provider Network Management at (855) 866-5462.

Advance Directives

Helping your patients prepare Advance Directives is not as hard as you think. Any person 18 years or older can create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.

A living will is written instruction that explains your patient's wishes regarding health care in the event of a terminal illness or medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he/she becomes unable to do so. For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

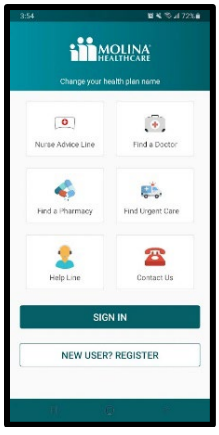
Access free forms and information to help create an Advance Directive:

CaringInfo.org
MedlinePlus.gov

A patient's Advance Directives 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 recommended to have materials available for patients to take and review at their convenience. A copy of the completed form must be placed in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know that advance care planning is a part of good health care.

Health Risk Assessment and Self-Management Tools



Molina provides a Health Risk Assessment (health appraisal) for members via the MyMolina member portal. Our members are asked questions about their health and health behaviors, and receive a report about possible health risks.

A self-management tool is also available to offer guidance for weight management, depression, financial wellness, and other topics. Molina members can access these tools on MyMolina.com and the MyMolina app.

Care Coordination & Transitions

Coordination of Care During Planned and Unplanned 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.

To ease the challenge of coordinating patient care, Molina has resources to assist you. Our staff, including nurses, are available to 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:

- The 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 sent to Molina's UM team at:

- Phone: (855) 866-5462
- Fax: (866) 617-4971
- Email: CMescalationIL@MolinaHealthcare.com

MHIL In the Community

Saturday, May 7, Molina Healthcare of Illinois—with the help of a few local organizations—hosted Health Is Wealth Mother's Day Luncheon at the Riverfront Museum Park in Rockford. Guests received health and nutrition education presented by guests Nancy Todora, a diabetes educator; Ann Shirk, a health educator and nutritionist; and Dr. Collene Taylor, a mental health expert.

Moms were served an amazing lunch and entertained with live music. Vendors provided free raffle gifts, such as Avon products, free workout classes, jewelry with sand vases, hats, and restaurant gift cards. The event hosted 50 guests, invited by local agencies in Rockford. The eldest mother in in the room was 93 years young!