Molina

Enhanced Care Management Provider Manual

CCA Users

Part 1

January 1, 2024

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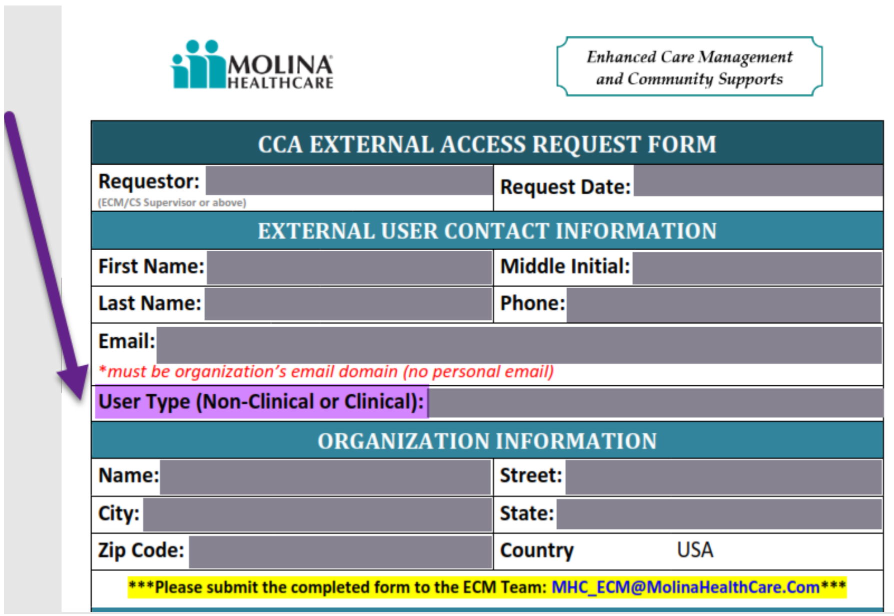
Clinical Care Advance

ECM Providers who choose to utilize Molina's care management platform will need to document all member activities in Clinical Care Advance (CCA). CCA documentation is considered the source of truth for all ECM-related member activities and is subject to regulatory/internal audits. When requesting access to CCA, a supervisor or above must complete the *ECM-CS CCA External Access Request Form* and submit it to Molina's ECM Team: MHC_ECM@MolinaHealthCare.Com . The ECM-CS CCA External Access Request Form must be completed in its entirety and accurately, especially the User Type section (Non-Clinical or Clinical), as this impacts our encounters submissions. We want to ensure we are correctly reporting encounters made by non-clinical staff versus clinical staff.



MOLINA HEALTHCARE

Enhanced Care Management and Community Supports

CCA EXTERNAL ACCESS REQUEST FORM			
Requestor: (ECM/CS Supervisor or above)		**Request Date:**	
EXTERNAL USER CONTACT INFORMATION			
First Name:		**Middle Initial:**	
Last Name:		**Phone:**	
Email: **must be organization's email domain (no personal email)*			
User Type (Non-Clinical or Clinical):			
ORGANIZATION INFORMATION			
Name:		**Street:**	
City:		**State:**	
Zip Code:		**Country**	USA
*****Please submit the completed form to the ECM Team: MHC_ECM@MolinaHealthCare.Com*****			

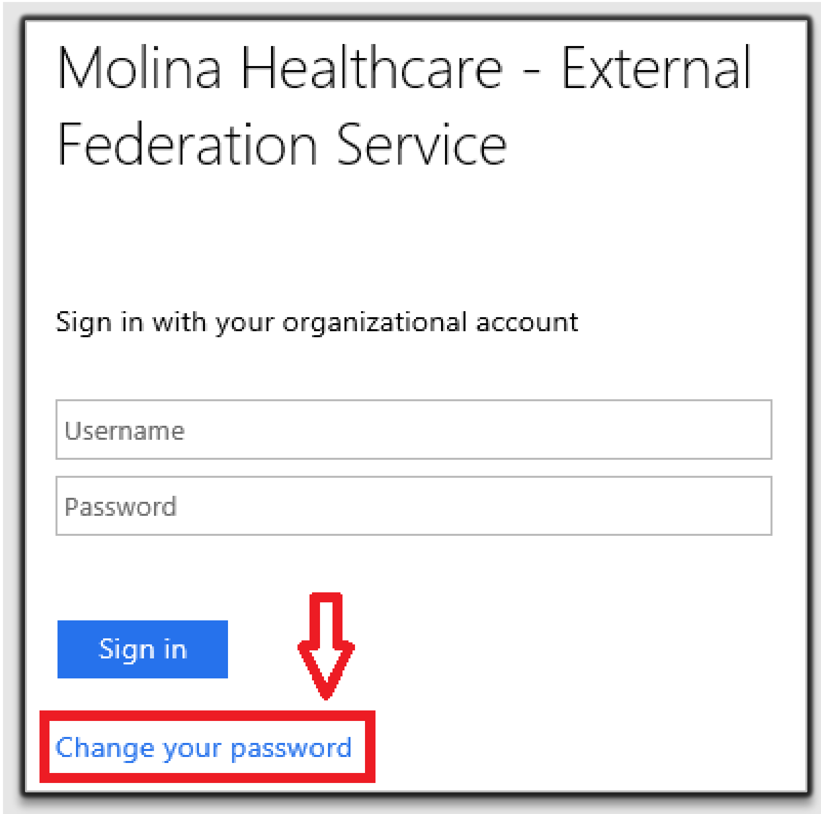
In the event that someone from your organization leaves or no longer needs access to CCA, your organization will need to inform Molina's ECM Team immediately to disable the user's access.

Logging into CCA

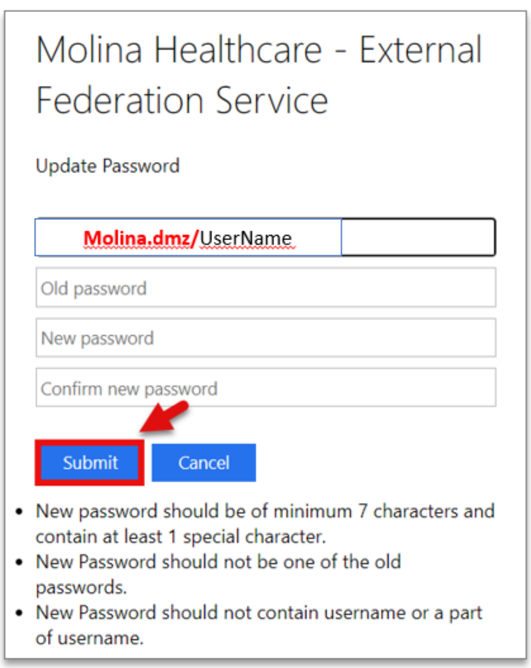
1. Pre-requisites
    a. **Supported Browser(s)**: Clinical Care Advance <u>only</u> works in Microsoft Edge and in Chrome

2. Paste the link below into the Microsoft Edge browser address bar to log into the Care Clinical Advance Production Environment. https://careadvance.molinahealthcare.com/

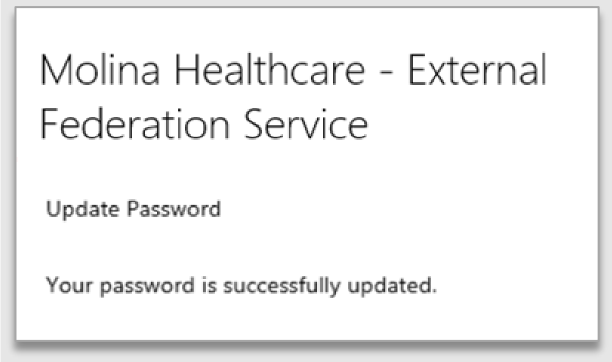
3. If you are a first-time user, you must change your password before Logging in to Clinical Care Advance. Please Click on **Change your Password** to change your password.



4. Please type in username prefixed with Molina\username and password received in your email. Type your new password in New password and Confirm the new password. Click on **Submit** to update your Password.



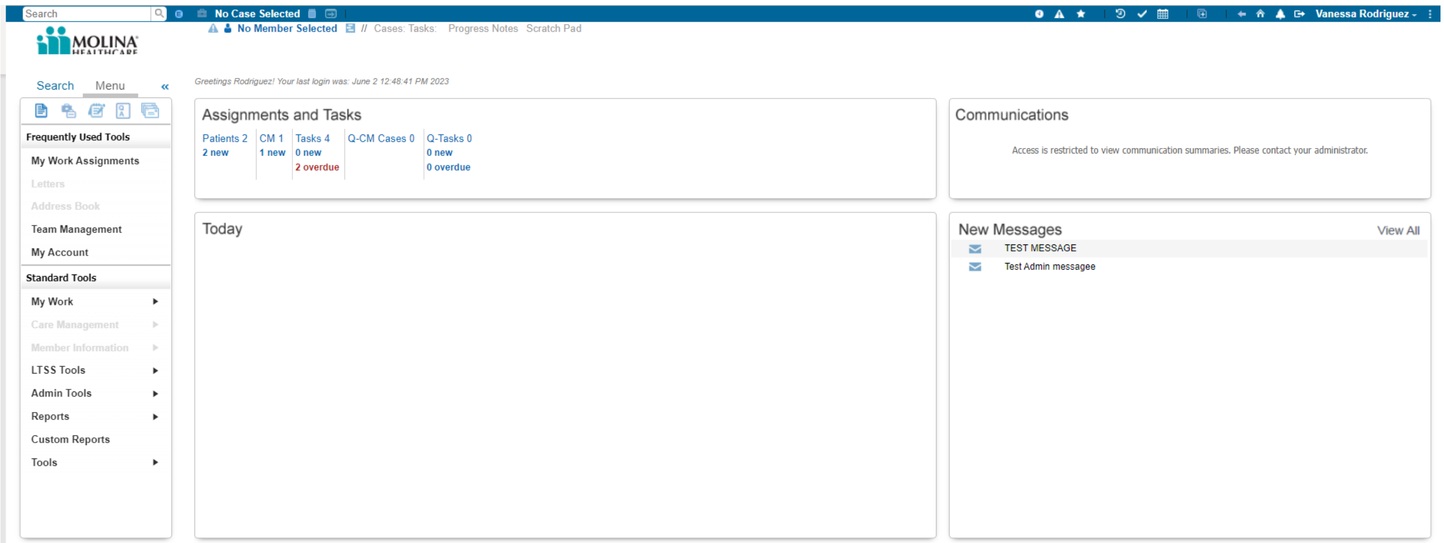
Note: Your username is not your email. In most cases, it will be the first four letters of your last name followed by the first four letters of your first name.



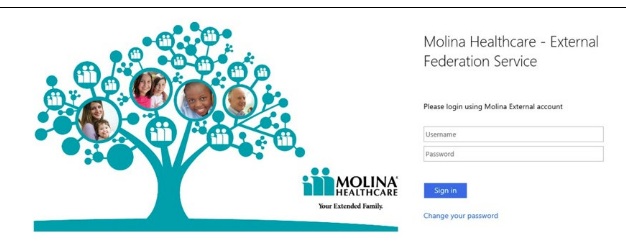
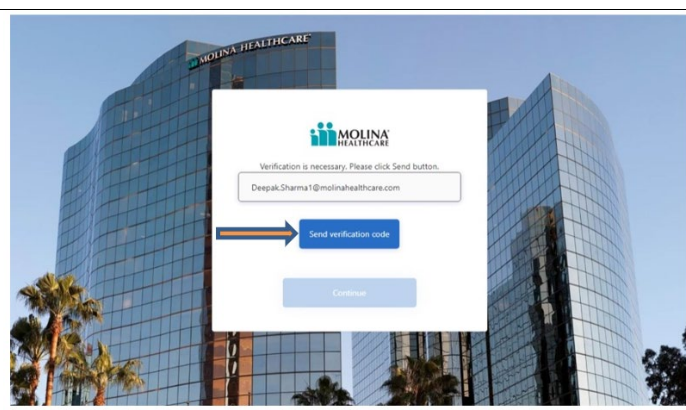
5. Copy and paste the link below into the Microsoft Edge browser address bar to return to the Login for the Care Clinical Advance Production Environment. https://careadvance.molinahealthcare.com/

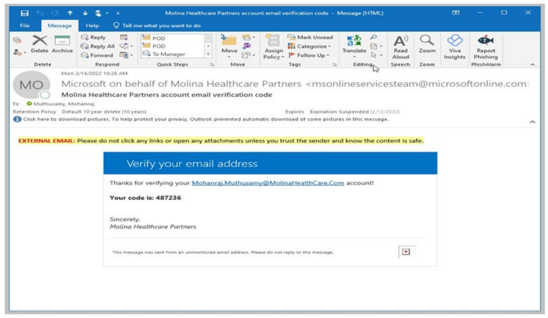
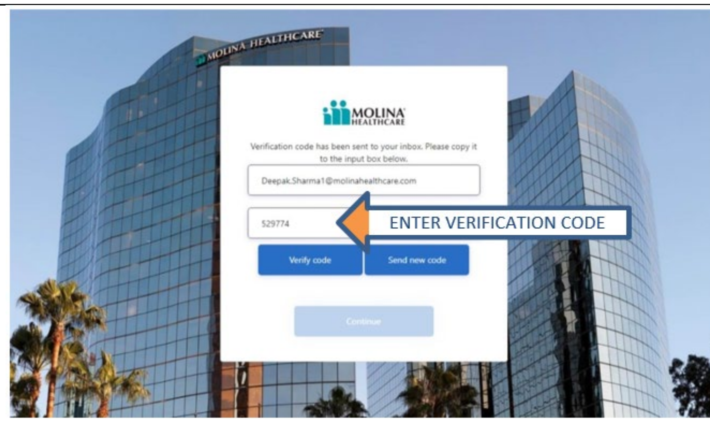
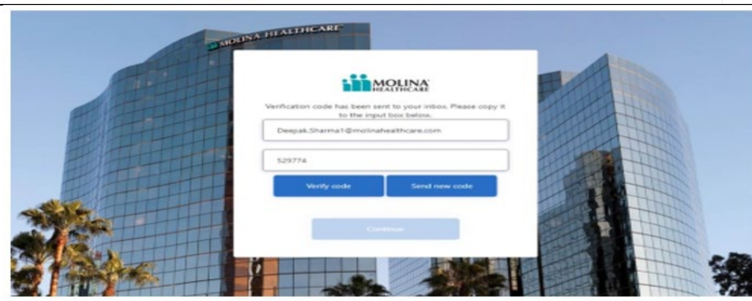
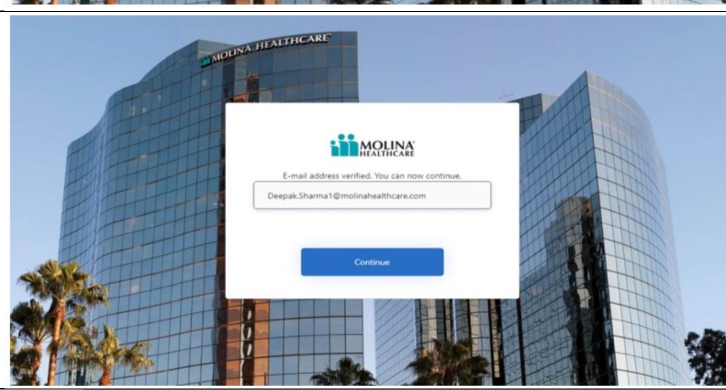
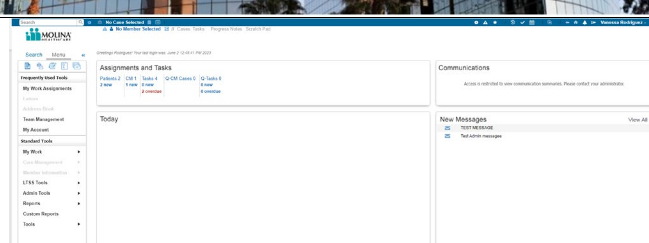
6. Please Type in your username ***without the prefix Molina***, then type in your new password. Click **Sign in** to Log in.

7. You are now in the CCA Production Environment. This is where all our live members live. Any completed action or process is all done here in the production environment.



CCA 2FA Steps

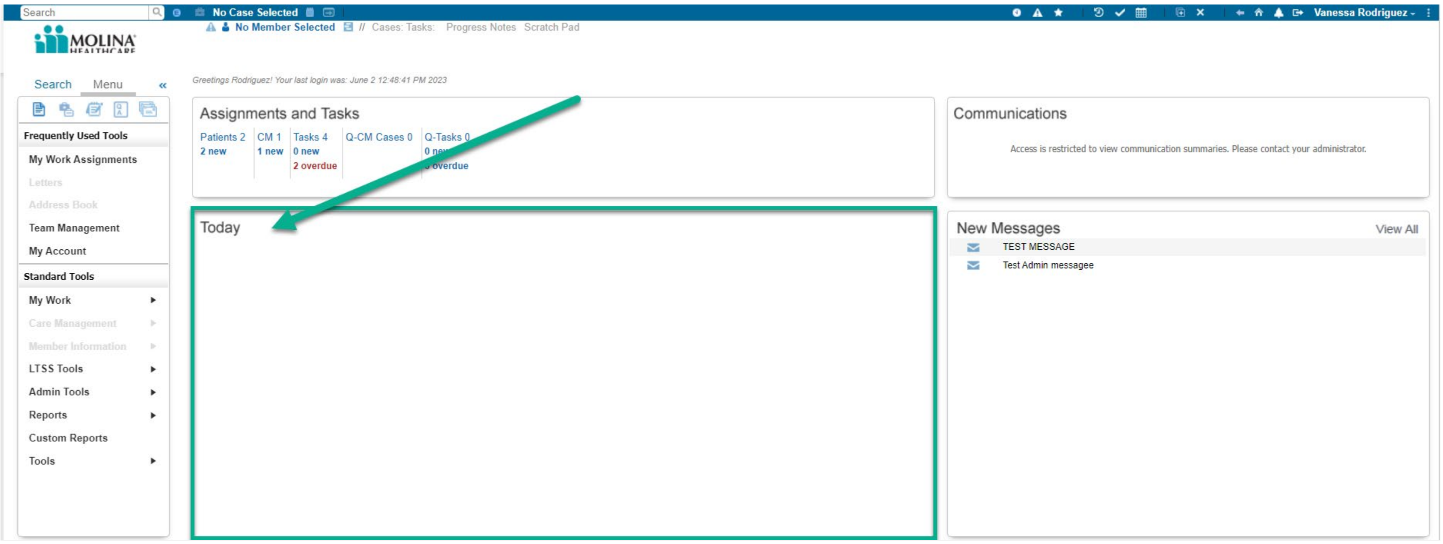
<table>
<tr><th>INSTRUCTION</th><th>SCREEN SHOT</th></tr>
<tr><td colspan="2">Step 1: Open Microsoft Edge or Chrome. Copy the link below to the browser URL to access CCA
https://careadvance.molinahealthcare.com</td></tr>
<tr><td>Step 2: The user is redirected to the Molina Login screen (SSO)</td><td>
</td></tr>
<tr><td>Step 2: Enter Molina user credentials
▪ Username: Enter Username (please refer to new user credentials email)
▪ Password: Enter Password (******)
▪ Click on the sign-in button</td><td>
</td></tr>
<tr><td>Step 3: The user will be prompted to send 2FA code to the user's registered work email:</td><td>
</td></tr>
</table>

<table>
<tr><th>INSTRUCTION</th><th>SCREEN SHOT</th></tr>
<tr><td>Step 4: After clicking on send verification code button, 2FA code will be sent to the user’s work email in 1-2 minutes (will be valid for 5 minutes)</td><td>If user does not receive email within 2 mins, check junk mail. If email is not received, reach out to internal IT team to ensure email is not blocked.

</td></tr>
<tr><td>Step 5: Enter 2FA code received from the email</td><td>
</td></tr>
<tr><td>Step 6: Click on Verify code</td><td>
</td></tr>
<tr><td>Step 7: A success message is shown after the email is verified. Click Continue to log into CCA</td><td>
</td></tr>
<tr><td>Step 8: Successful login to Clinical CareaAdvance (CCA) application</td><td>
</td></tr>
</table>

Basic Navigation of CCA

Today's Section in CCA

The Today section of the CCA home page displays company-wide announcements or messages regarding any new CCA system activities (i.e., campaigns, reports, new features, updates, etc.).



Assignments & Tasks

1. **Patients:** Displays user's Current Caseload, total # of members (patients) assigned to users & # of new members assigned (**bolded**)

2. **CM:** Allows the user to view their Current Case Management # of opened CM cases and new CM cases assigned (**bolded**)

3. **Tasks:** Shows # of tasks assigned to the user (both **new** and *overdue*); last two columns not used (not applicable to ECM).

Searching for and Selecting Members in CCA

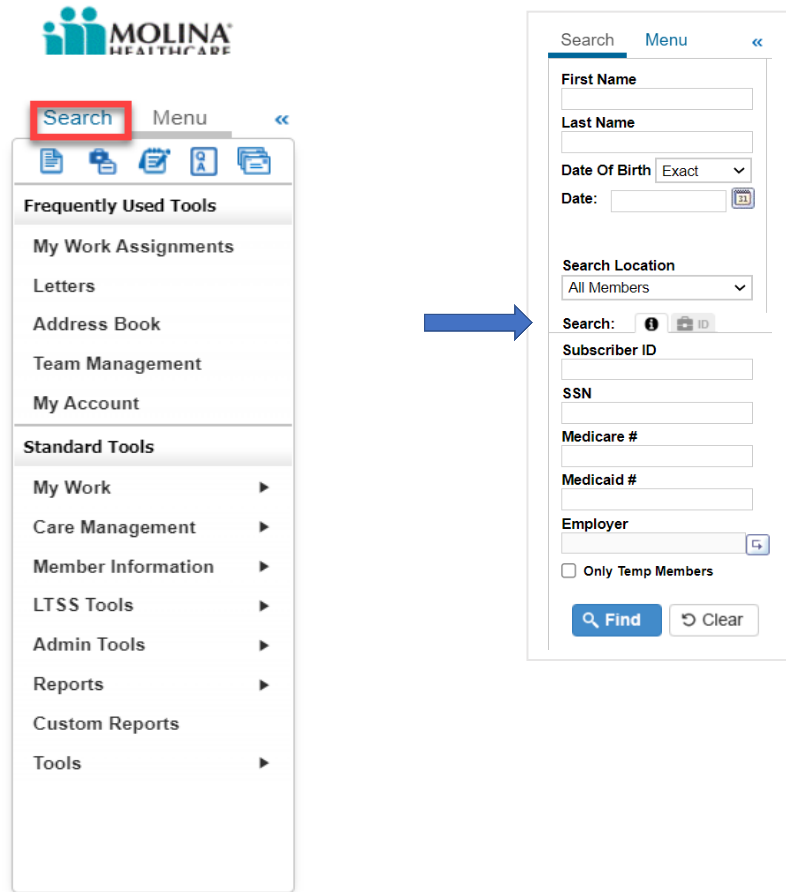
Many CCA functions work directly with a member's record, so you must find and select the member to "**bring them into focus**." In the Search tab, you need to enter the information you have for the member. This allows users to search for members not currently assigned to them.

<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>

Step 1:

Select **Search** from the Vertical Menu Bar to bring up the search menu.

</td><td>

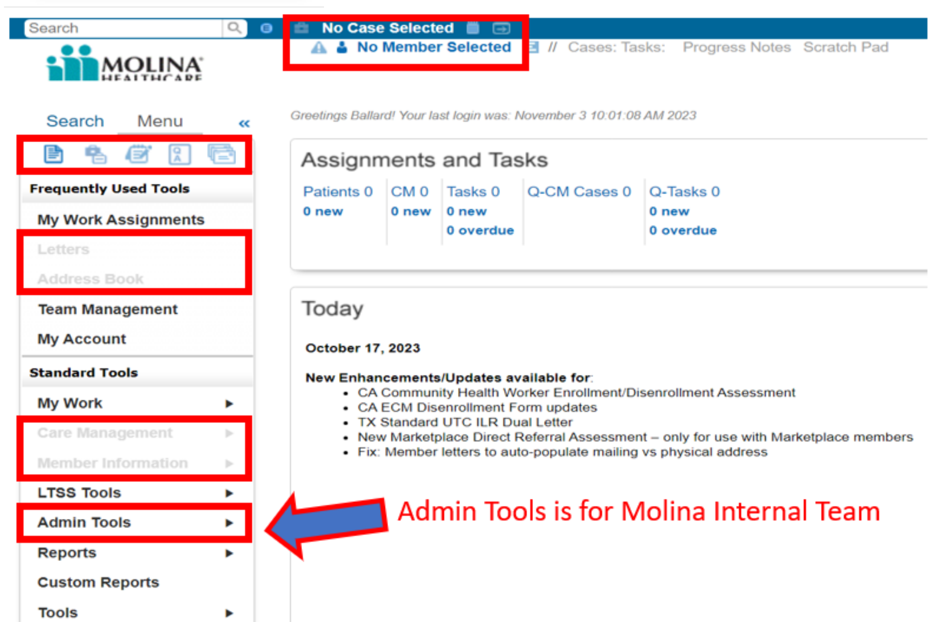


</td></tr>
<tr><td>

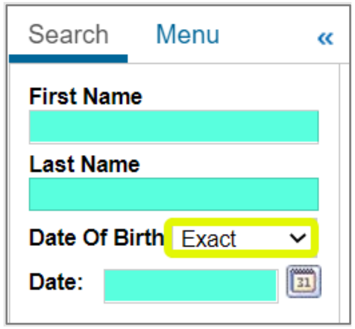
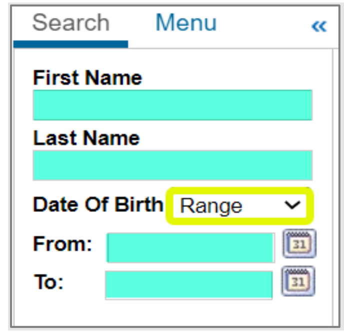
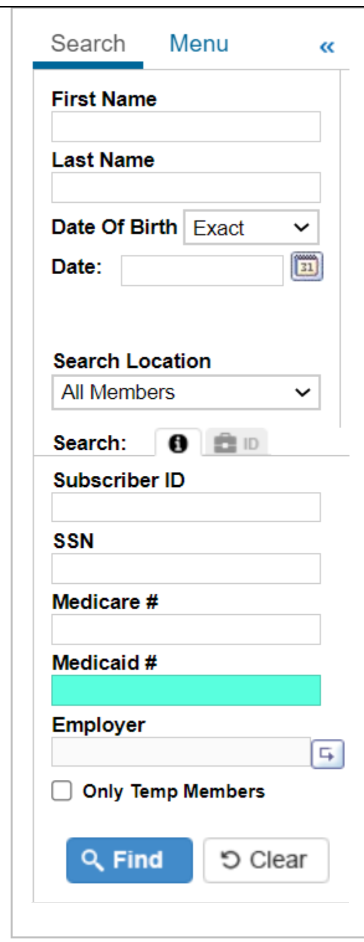
Note: If the member is not in Focus (as seen in the screenshot as "No Member Selected"), some of the menu options will be grayed out.

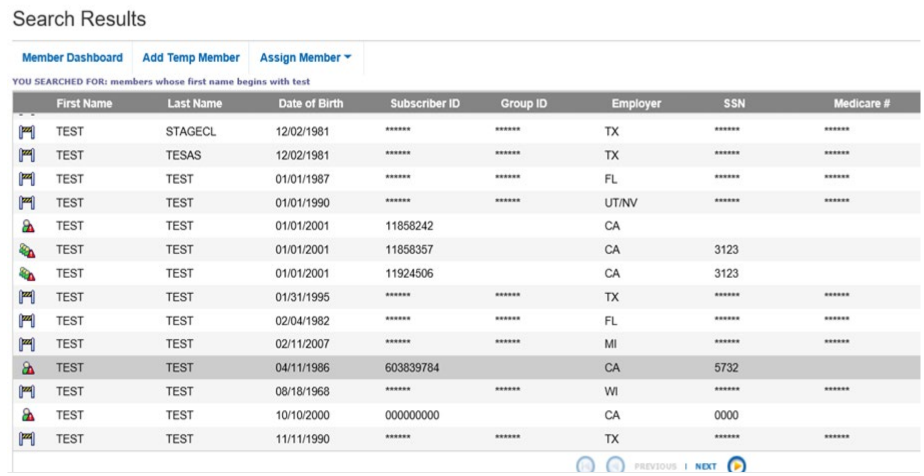
Note: The Admin Tools section is for the Molina internal teams. Please do not use this feature.

</td><td>



</td></tr>
</table>

INSTRUCTIONS	SCREENSHOT
Step 2: There are two (2) ways to search for members: Option #1 – The first way is to enter the member's first name, last name, and date of birth. Select the **Exact** Date of Birth from the dropdown if you have the member's birthdate. Select **Find**. or Select **Range** from the dropdown if you do not have the Date of Birth, but you have an approximate age range; enter those dates and select **Find**.	   When searching by first and last name, a minimum of two (2)
Cont. Step 2: Option #2 – The second way to search for a member is to enter their **Medicaid ID**, also referred to as the member's **CIN**. Select **Find**.	

INSTRUCTIONS	SCREENSHOT
Step 3: Once the list of members populates, click the **member's name** to bring the member "IN FOCUS." Note: If a member is restricted, you cannot access the member's CCA profile. Members might be restricted because they are no longer with our plan or might have a hold restriction. If this is the case, please check Availity (the new Provider Portal). Other reasons might be that the member was disenrolled from the ECM Program or missing a condition code to allow the ECM Provider to access the member. Reach out to Molina's ECM Team Inbox immediately if this occurs. Molina's ECM Team will troubleshoot the issue.	

Search Results

Member Dashboard | Add Temp Member | Assign Member

YOU SEARCHED FOR: members whose first name begins with test

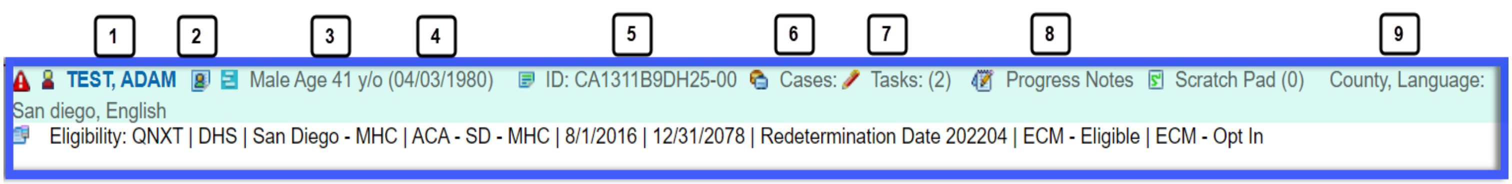
	First Name	Last Name	Date of Birth	Subscriber ID	Group ID	Employer	SSN	Medicare #
	TEST	STAGECL	12/02/1981	******	******	TX	******	******
	TEST	TESAS	12/02/1981	******	******	TX	******	******
	TEST	TEST	01/01/1987	******	******	FL	******	******
	TEST	TEST	01/01/1990	******	******	UT/NV	******	******
	TEST	TEST	01/01/2001	11858242		CA		
	TEST	TEST	01/01/2001	11858357		CA	3123	
	TEST	TEST	01/01/2001	11924506		CA	3123	
	TEST	TEST	01/31/1995	******	******	TX	******	******
	TEST	TEST	02/04/1982	******	******	FL	******	******
	TEST	TEST	02/11/2007	******	******	MI	******	******
	TEST	TEST	04/11/1986	603839784		CA	5732	
	TEST	TEST	08/18/1968	******	******	WI	******	******
	TEST	TEST	10/10/2000	000000000		CA	0000	
	TEST	TEST	11/11/1990	******	******	TX	******	******

PREVIOUS \| NEXT

Member Banner

When a member is '**in focus**,' the member's name appears at the top of the screen in the Member Banner. The Member Banner displays two lines of important information about the member.

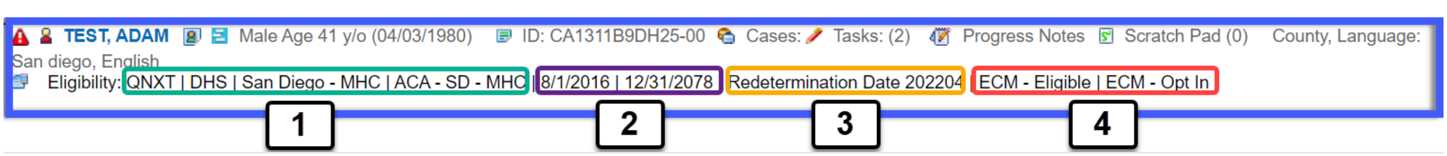
Top Line: Displays general information about the member in focus.



Member's name

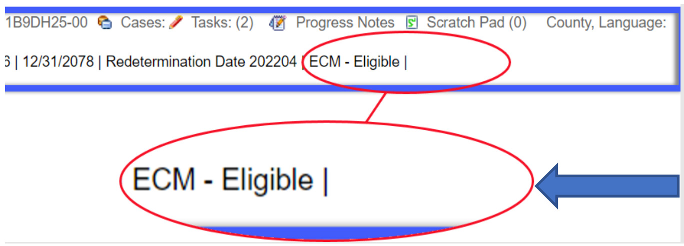
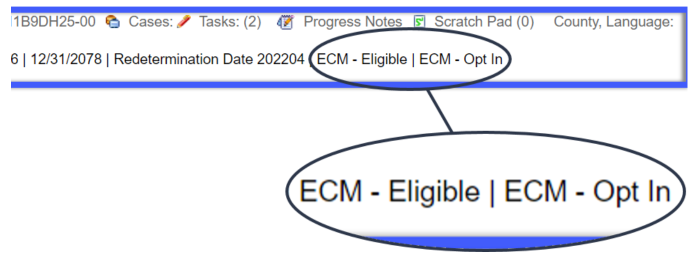
1. Member's Dashboard icon
2. Gender, Age
3. DOB
4. Molina ID#
5. Member's cases (*you can click here to view the member's case history*)
6. Tasks associated with the member (*you can click here to view all tasks associated with the member*)
7. Progress notes
8. Primary language

Bottom Line: Includes the member's Eligibility Information. You want to always look at the member banner when bringing a member into focus to see if the member is **eligible** for ECM and whether the member is **enrolled** (or **Opted In**).



1. **Line of Business** (LOB) or **Product Description.** Please note, member eligibility is ever-changing. If you see a member with county Los Angeles and Health Net under the Eligibility, don't be alarmed, these are members Health Net delegates to Molina.

2. **Enrollment** & **Termination** date with Molina (*12/31/2078 is the default if there is no active termination date*).
3. **The redetermination Date** is when the member's Medicaid eligibility must be renewed with the state.
4. **ECM Program Information – ECM Eligibility | ECM Enrollment Status**. Here is where you can find information on whether a member is eligible for ECM and if the member is or is not enrolled in ECM.

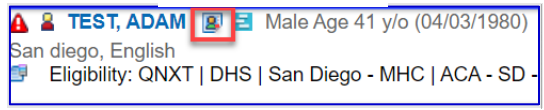
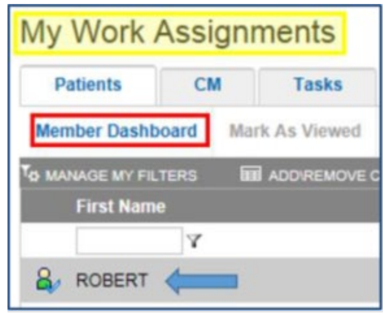
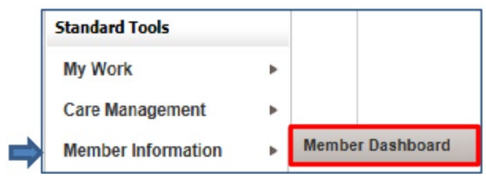
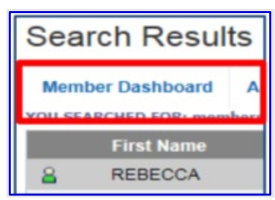
Member is NOT Enrolled in ECM (NOT Opted-In)	Member is Enrolled in ECM (Opted-In)
	

Member Dashboard

The Member Dashboard contains a summary of member data and quick access to detailed information for a specific topic. Molina sunset the Custom Report-Member 360 Report. ECM Providers should be reviewing the Member Dashboard as part of their pre-call review exercise (more information on this is below). In addition, if an ECM Provider cannot reach a member due to insufficient contact information, they should review the Member Dashboard for additional member contact information.

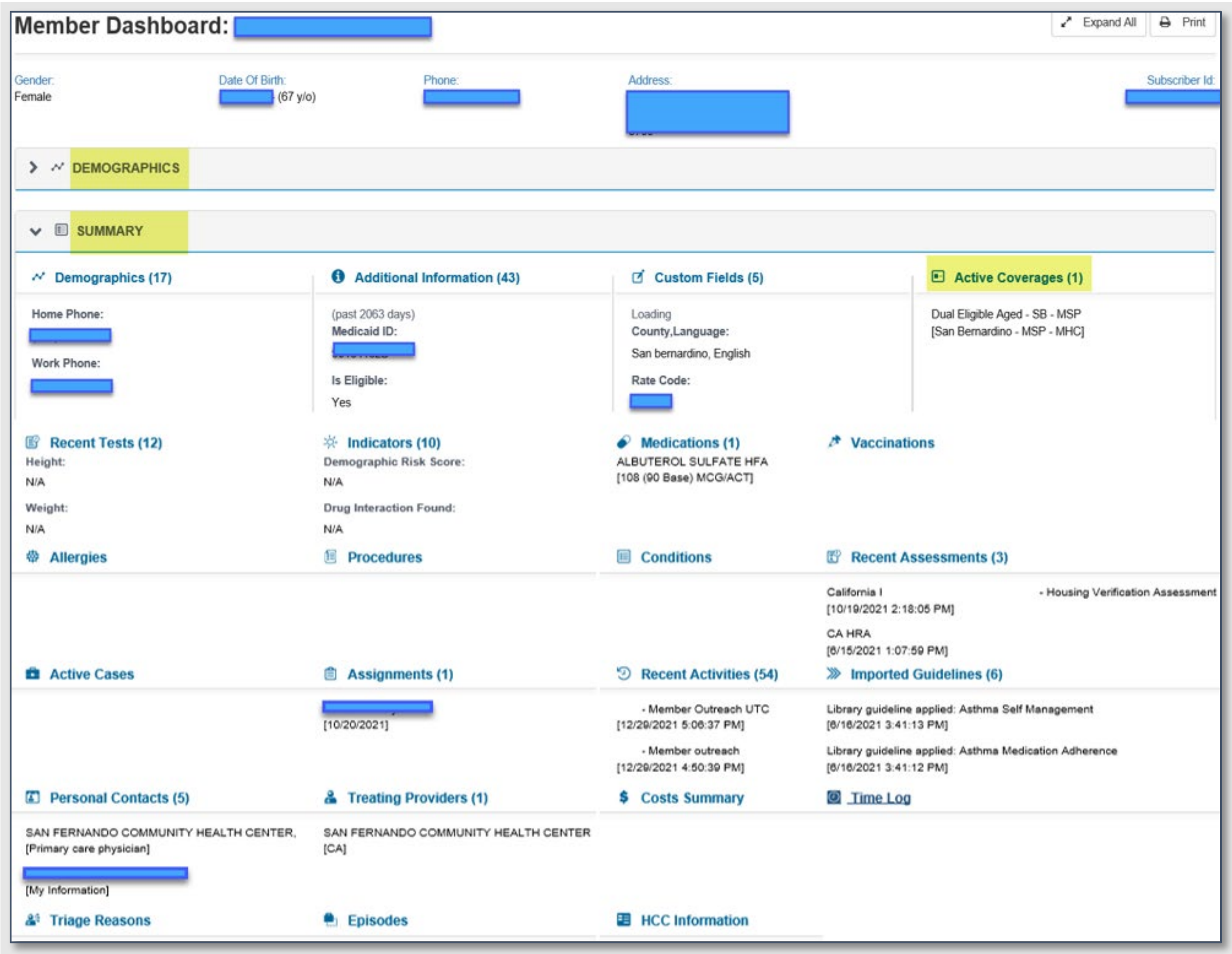
To access the Member Dashboard:

INSTRUCTIONS	SCREENSHOT
Step 1: Bring a member **in focus**.	

INSTRUCTIONS	SCREENSHOT
Step 2: There are four (4) ways to access the **Member Dashboard**. i. The **icon** by member's name (displays Member Dashboard in a separate pop-up window) *Recommended* ii. Member Dashboard tab under "My Work Assignments" (changes the main screen to Member Dashboard) iii. **Member Information -> Member Dashboard** (changes the *main screen* to Member Dashboard) iv. **Search Results-** *When searching for a member, this section lets users view the dashboard once the member is selected.*	***Recommended*** i.  ii.  iii.  iv. 

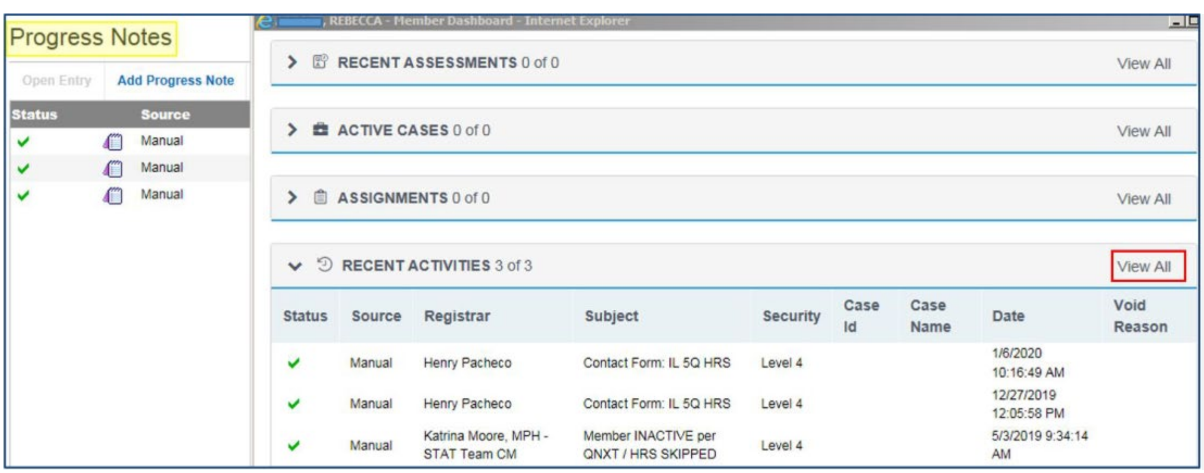
The Member Dashboard is organized into sections. ***Header, Demographics,*** and ***Summary*** are located at the top of the page to provide quick views of member information.

Example of the Demographics and Summary Sections of the Member Dashboard



Note: The Member Dashboard information is ***VIEW ONLY.***

- When viewing a category in the Member Dashboard (e.g., Recent Activities), you can only view a maximum of five (5) entries. To view *all* entries, click on <u>View All.</u>



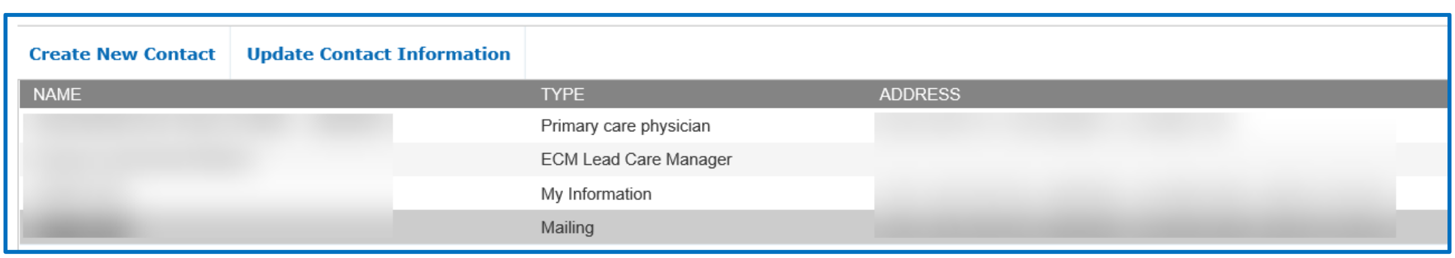
Note: If you click on <u>View All</u>, the *main* screen in the background or on another monitor will change to show that section you wish to view to allow you to view all entries.

Member Dashboard Sections		
Active Cases	HCC Information	Member Claim – Details
Active Coverages	Imported Guidelines	Personal Contacts
Additional Information	Indicators	Procedures
Allergies	Medications	Recent Activities
Assignments	Member Care Data - Alert Summary	Recent Assessments
Conditions	Member Care Data - Authorization	Recent Tests
Costs Summary	Member Care Data - Behavioral Summary	Summary
Custom Fields	Member Care Data - ED Summary	Time Log
Demographics	Member Care Data - Inpatient Summary	Treating Provider
Eligibility-Additional Attributes	Member Care Data - Office Visit Summary	Triage Reasons
Eligibility-Relationship	Member Care Data - Other Claims Summary	Utilization Active Authorization
Eligibility-Restriction	Member Care Data- Communication Summary	Utilization Inactive Authorization
Episodes	Member Care Data- Immunization Summary	Vaccinations
Care Gaps		

Address Book

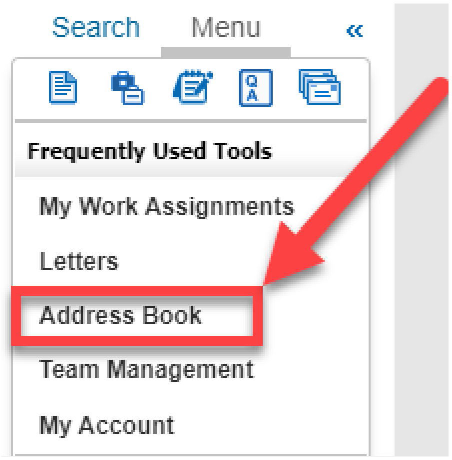
ECM Providers can find their assigned member's contact information (referred to as *My Information* in CCA), as well as the member's mailing information and the member's Primary Care Physician contact information. If a member has secondary insurance with Molina, this information might not be available in CCA, please ask the member to provide you with their PCP's information and add them to the Address Book. However, if a member needs to update their contact information and/or PCP information, in that case, the ECM LCM needs to assist the member with changing this information by calling Molina's Member Services.

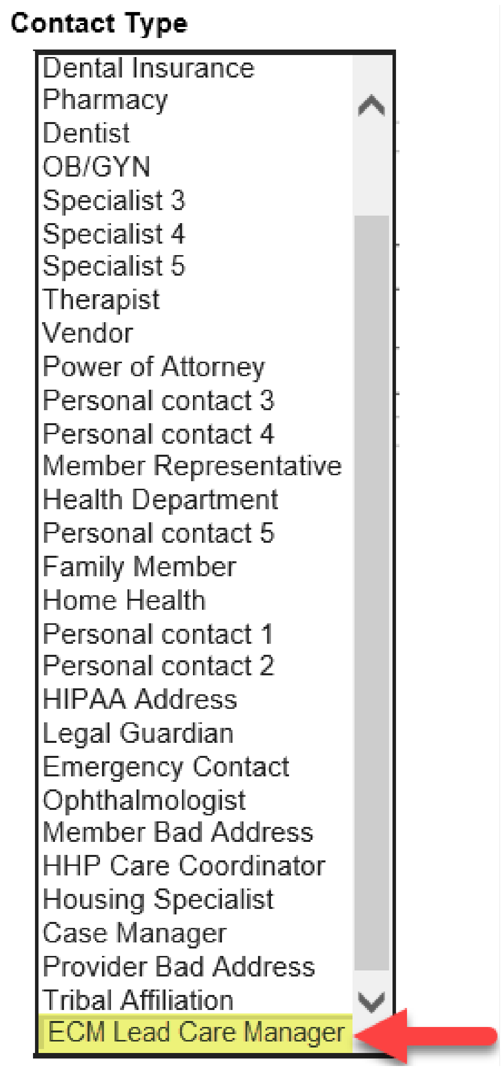
Address Book in CCA

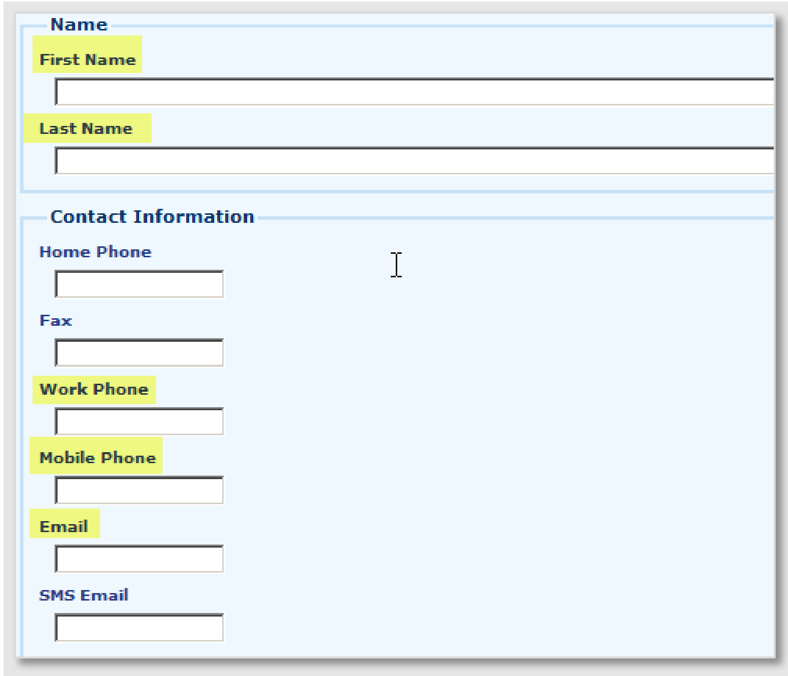


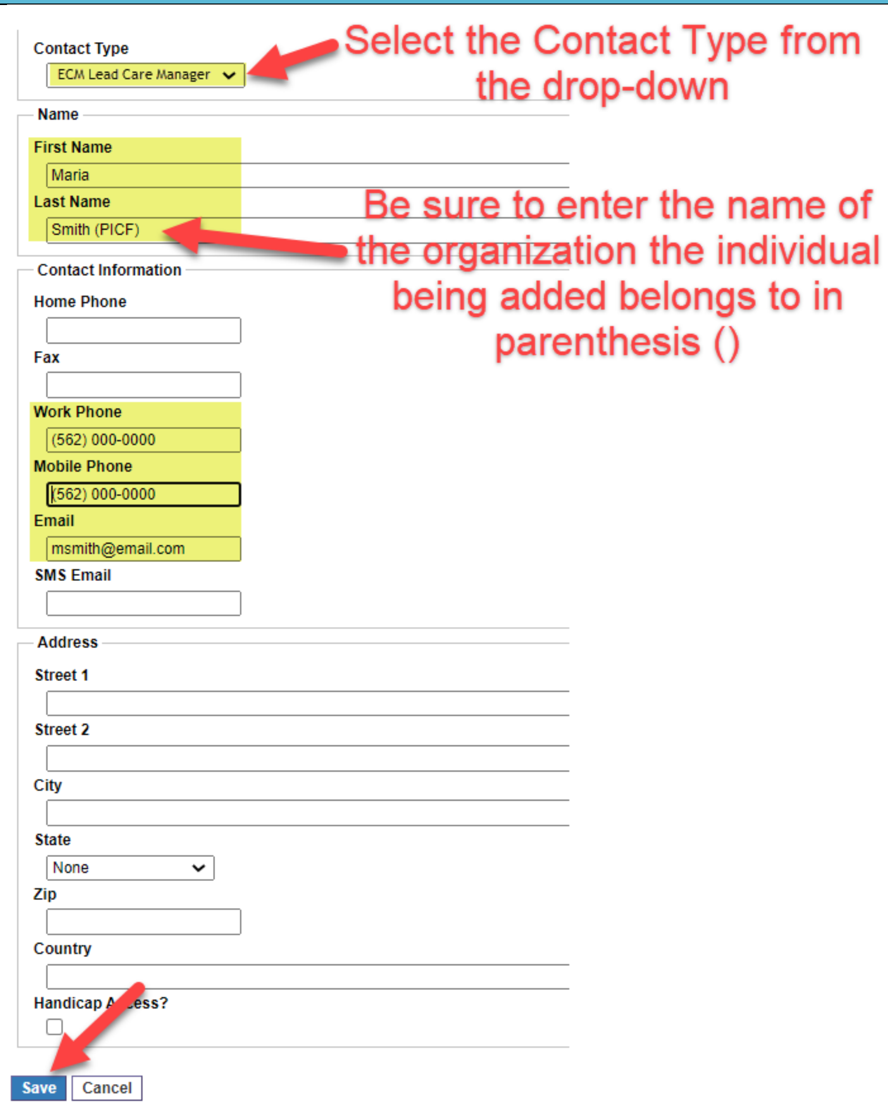
The assigned ECM LCM must enter their contact information within <u>five business days</u> of enrolling the member in the Address Book. We encourage the ECM LCM to enter any pertinent contact information in the Address Book, such as ICT members.

Follow the steps below to add the ECM LCMs contact information to the Address Book, however, follow same steps to add additional contacts:

INSTRUCTIONS	SCREENSHOT
Step 1: Access Module There are multiple ways to access Address Book; the shortcut is displayed. Click on **Address Book**	
Step 2: Click on **Create New Contact**	

INSTRUCTIONS	SCREENSHOT
Step 3: Choose Contact Type from the drop-down list: Select **ECM Lead Care Manager** • For member contacts, select **Personal Contact.** • For PCP and specialists, select **Specialist.** • Select **Other** for the other options that are not listed.	

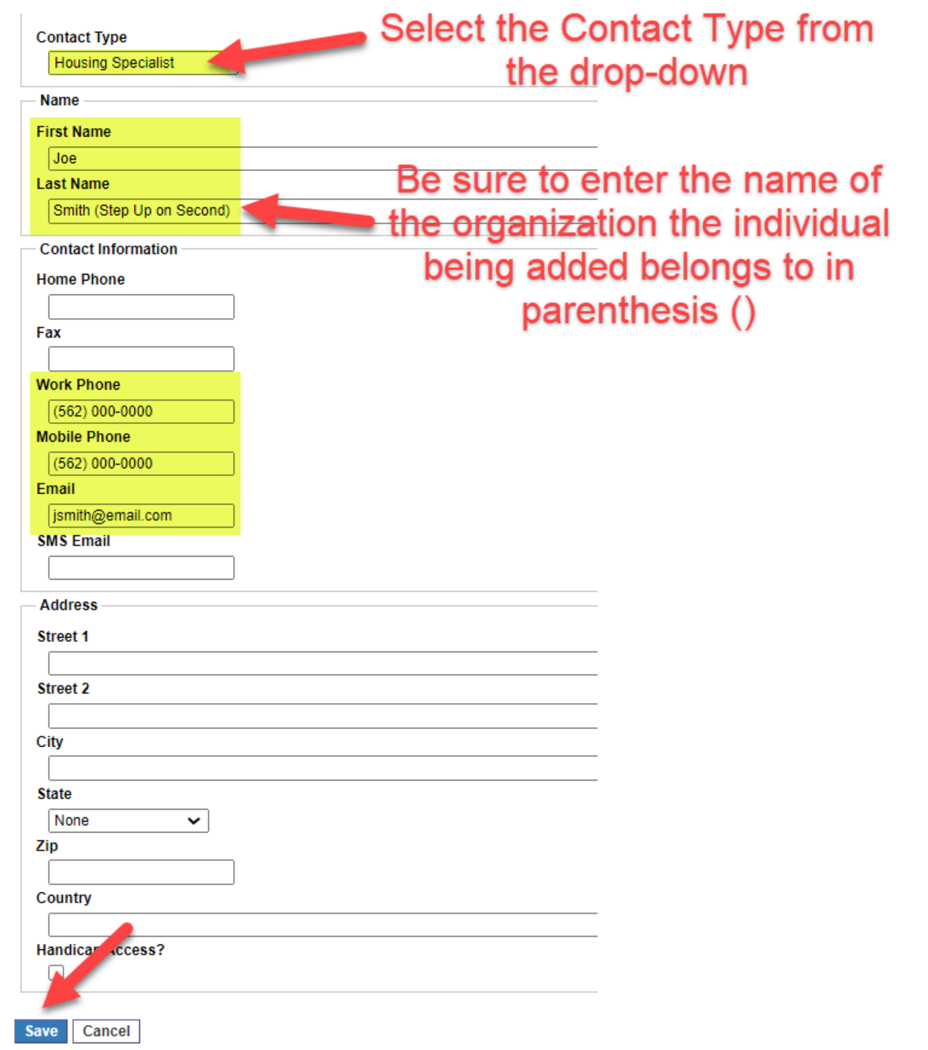
INSTRUCTIONS	SCREENSHOT
Cont. Step 3: Fill out the rest of the form as appropriate <u>IMPORTANT</u>: In the last name field, place the name of the organization the individual being added belongs to in parenthesis. Example: Smith (PICF) To finish, click **Save**.	

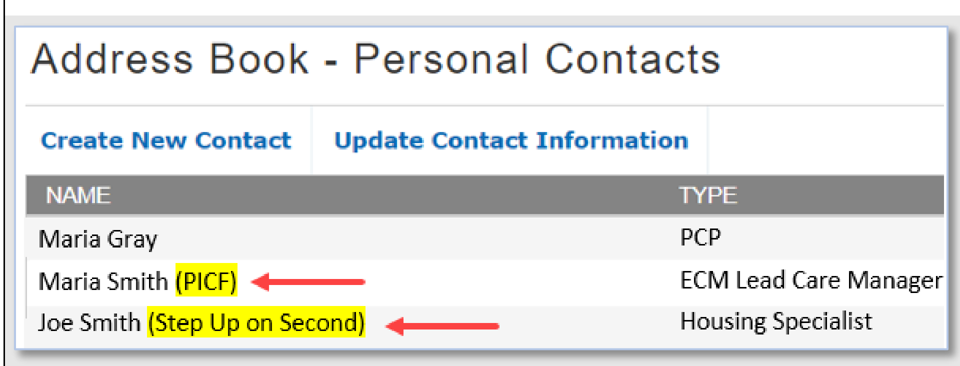
<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td></td><td>
</td></tr>
</table>

<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr>
<td>

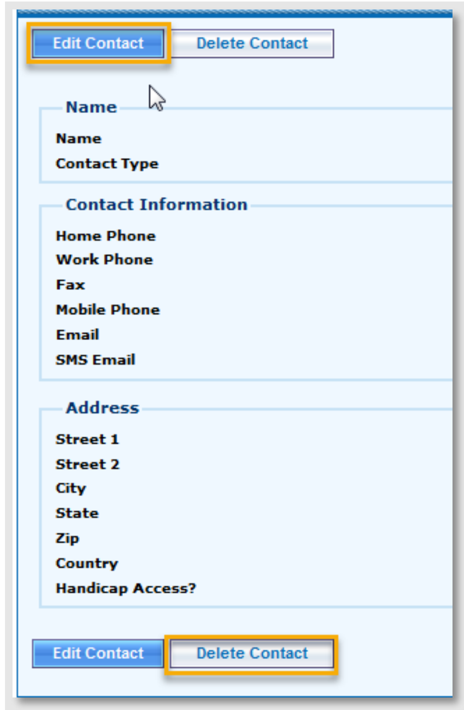
Once completed, the new contact(s) will be displayed in the **Address Book – Personal Contacts** window.

</td>
<td>





</td>
</tr>
</table>

INSTRUCTIONS	SCREENSHOT
Please note: Only manually entered contacts in the Address Book can be **edited** or **deleted**.	

ECM Lead Care Manager Caseload

Molina allows a maximum caseload of 50 members per ECM Lead Care Manager at any given time. This means a 50:1 ratio of members to ECM Lead Care Manager. Molina defers to the ECM Provider to decide on the minimum caseload. If any of your ECM Lead Care Managers have a caseload larger than 50 members, Molina will stop assigning members to your organization. Please monitor your caseload on a regular basis as part of your oversight and monitoring.

Assigning an ECM Lead Care Manager to an Enrolled Member

As mentioned above, once a member has been enrolled into ECM, the ECM Provider must assign an ECM Lead Care Manager (LCM) within 5 business days from the enrollment date. If the assigned ECM LCM leaves the organization, the ECM Provider must immediately reassign the member to another ECM LCM. ECM Providers must enter the ECM LCM's contact information in the Address book in CCA and assign the ECM LCM as the Primary CM under the Assignments in CCA; the ECM LCM entered in both sections needs to match. If your organization reassigns any of our members to a different ECM LCM in the future, those updates need to be reflected in CCA immediately.

Before disenrolling a member, the ECM LCM needs to remove their contact information from the Address Book and remove themselves from the Assignments in CCA.

Adding and Removing Assignments in CCA

Follow the steps below to assign a member to your caseload or another ECM staff:

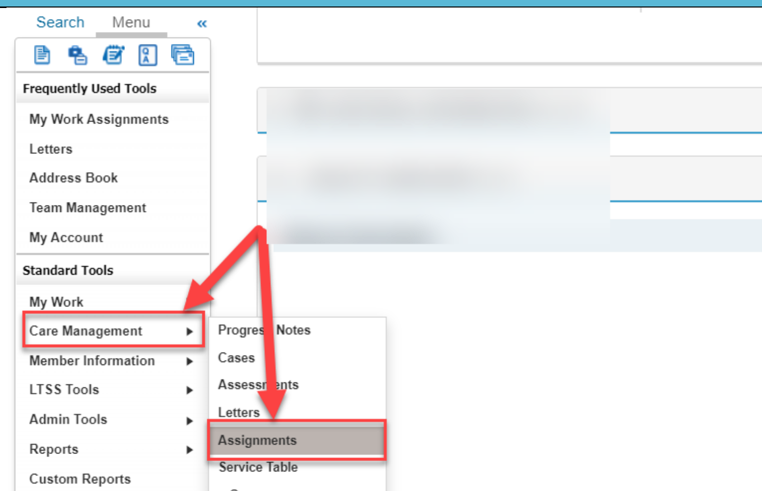
<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>

Step 1: Once the member is selected and in focus, go to the **Care Management** tab under Standard Tools to assign the member to a CM staff or yourself.

a. Click Care Management

b. Click Assignments

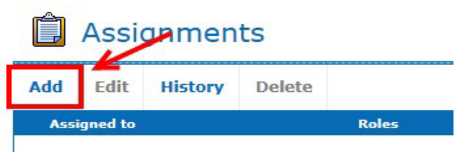
</td><td>



</td></tr>
<tr><td>

Step 2: Click **ADD**.

</td><td>



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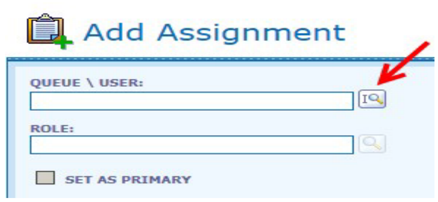
<tr><td>

Step 3: Under **QUEUE\USER**, click on the magnifying glass.

</td><td>



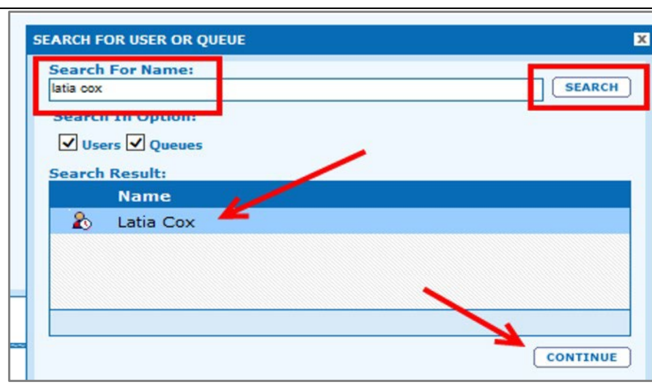
</td></tr>
<tr><td>

Step 4: Enter the staff name and select **SEARCH**.

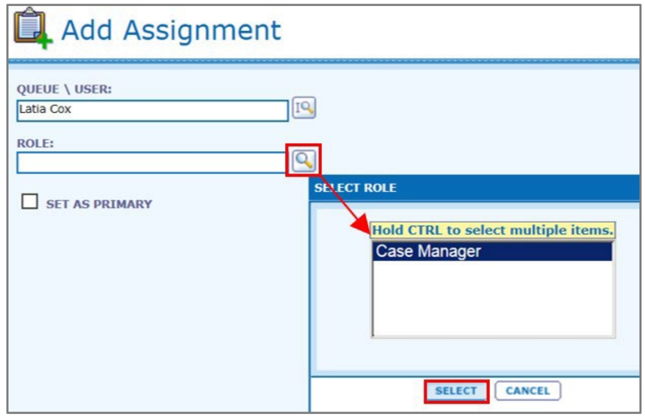
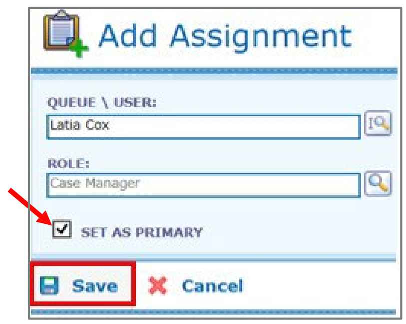
Search results will populate staff names.

Select the appropriate staff name and then click **CONTINUE**.

</td><td>

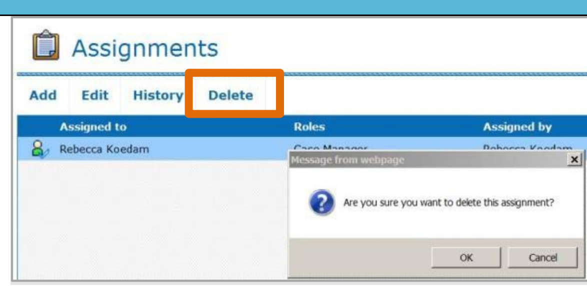


</td></tr>
</table>

INSTRUCTIONS	SCREENSHOT
Step 5: Under **ROLE**, click the magnifying glass and select the appropriate role. If the staff is the primary case manager, check the box **SET AS PRIMARY**; otherwise, leave the box empty. <u>The ECM LCM is required to select SET AS PRIMARY.</u> Click **Save**	 

Deleting Assignments in CCA

Follow the steps below to delete yourself or someone else from the member's Assignment in CCA. ECM LCMs are required to do this before disenrolling a member & when reassigning a new ECM LCM to a member:

INSTRUCTIONS	SCREENSHOT
You can remove a member from your caseload by going to Case Management – Assignments. Select your name and click [**DELETE**] -> [**OK**].	 *NOTE: Cannot remove assignment if there is an open case.

Deleting Campaigns in CCA

Molina uses "campaigns" to ensure members receive the correct level of care. Campaign assignment is based upon responses to the CA HRA. For example: Based on the data within the HRA, the member could be assigned to categories Maternity – CA HRA, Level 1 – CA HRA, Level 2 – CA HRA, or Level 3 – CA HRA.

The campaign will generate the following business day of HRA completion; the ECM LCM is required to task themselves to remove the campaign post-HRA completion. If the campaign is not removed post-HRA completion, the member could be redirected to another Molina business unit.

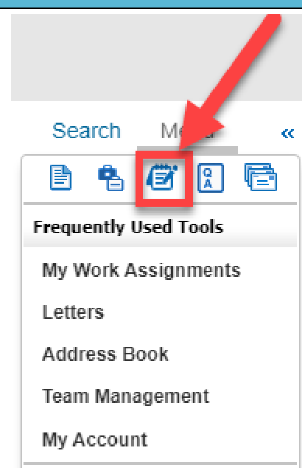
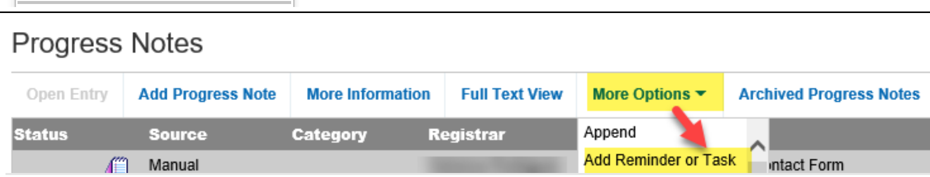
Follow the steps below to delete a campaign under Assignments:

INSTRUCTIONS	SCREENSHOT
ECM LCM is required to delete campaigns from the Assignments in CCA. You can delete these campaigns by going to Case Management – Assignments. If you see the following campaigns under the Assignments, please delete them: **Maternity, Level I, Level II, or Level III.** Select *campaign* (Level II in this example) Click [DELETE] -> [OK].	

Task Function

Tasks are reminders for the external user to complete or follow up on certain action items (i.e., UTC follow-up attempts, assessments to be completed, follow-up calls to members/providers, sending correspondence or educational materials, scheduling case conferences, ECM care plan updates, as applicable housing voucher renewal application, etc.). ECM Providers documenting in CCA are required to use the task function for all action items, including but limited to the CA-HRA Reassessment and if the member requested the Advance Directives booklet in another language as discussed during the completion of the CA-HRA. Before disenrolling a member, the ECM LCM is required to close all pending tasks.

Below are the steps for creating a task and how to view tasks in CCA:

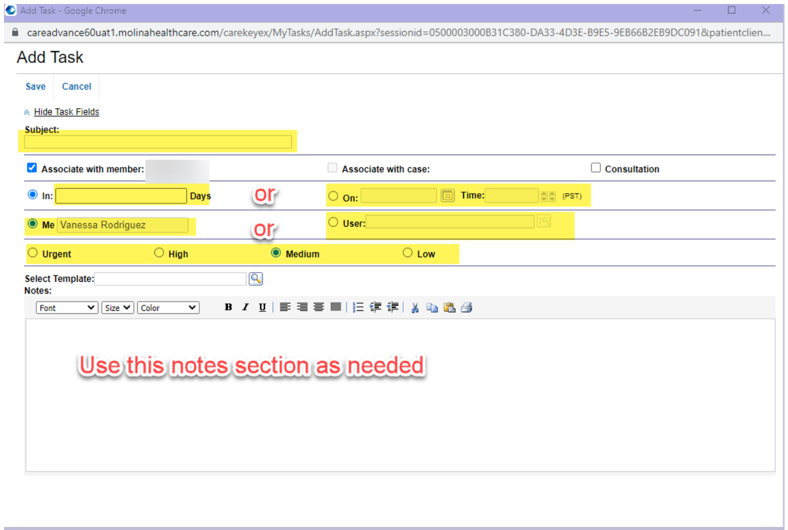
INSTRUCTIONS	SCREENSHOT
Step 1: There are multiple ways to create Tasks These steps are for creating Tasks from the *Progress Notes module.* Click on the notepad icon.	
Step 2: Bring an entry into focus (gray-out) & click on Add Reminder or Task	

MOLINA® HEALTHCARE

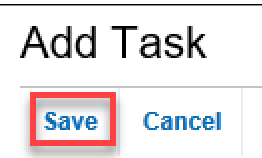
INSTRUCTIONS	SCREENSHOT

Step 3: Fill out highlighted items as appropriate

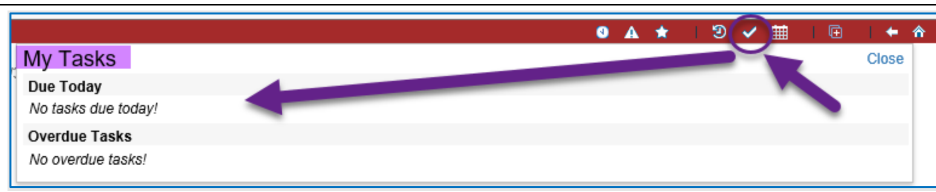
A task can be assigned to yourself- "Me," or another "User" in CCA.

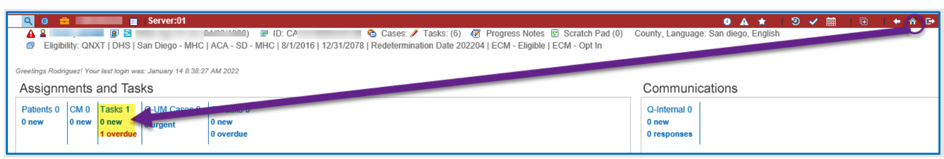


Step 4: Select **Save**

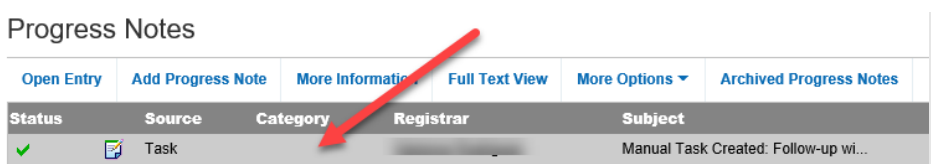


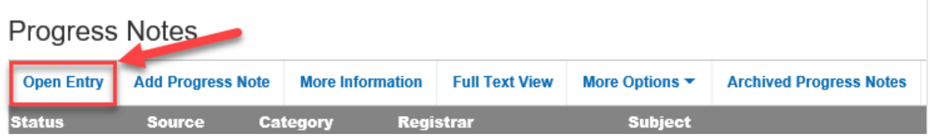
Step 5: To check your **Tasks,** click on the check mark at the top-right-hand corner or the Home icon at the top-right-hand corner.

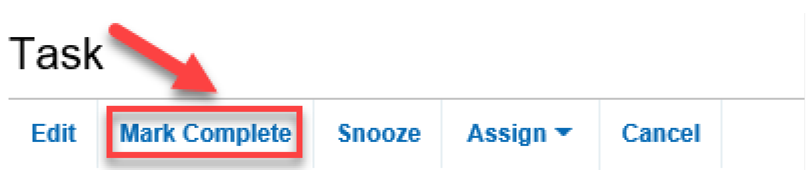




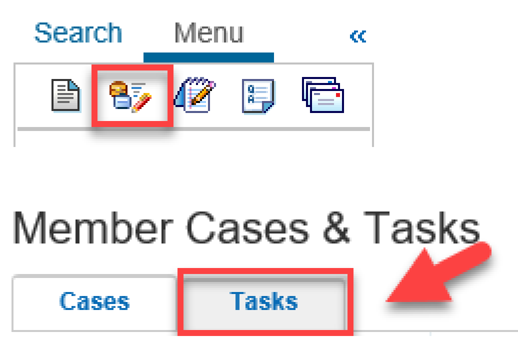
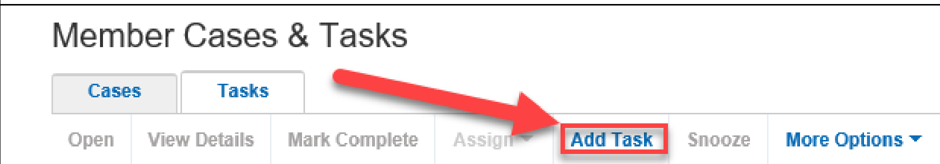
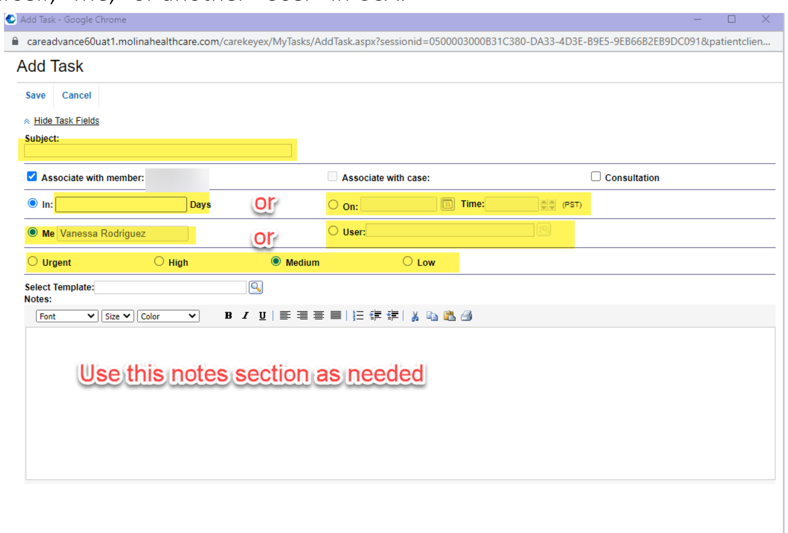
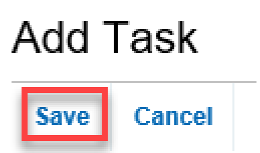
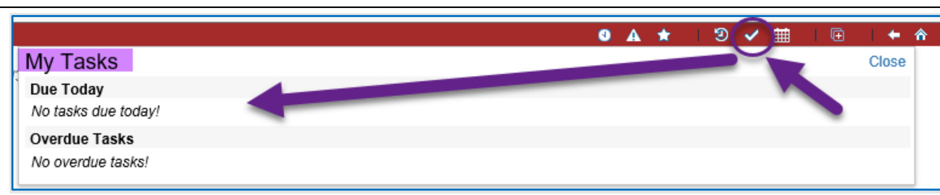
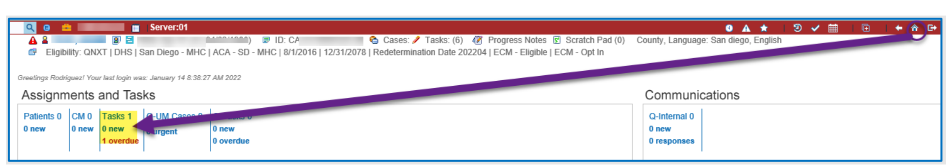
Step 6: When the Task has been completed, the user can click on the **Task, Open Entry,** and choose **Mark Complete**







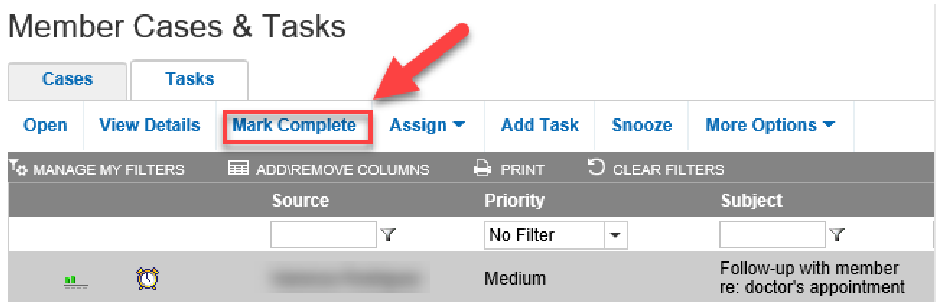
MOLINA HEALTHCARE

INSTRUCTIONS	SCREENSHOT
Step 1: These steps are for creating Tasks from the *Member Cases & Task module* Click on the briefcase icon and then select the Tasks tab	
Step 2: Select **Add Task**	
Step 3: Fill out highlighted items as appropriate A task can be assigned to yourself, "Me," or another "User" in CCA.	
Step 4: Select **Save**	
Step 5: To check your **Tasks,** click on the check mark at the top-right-hand corner or the Home icon at the top-right-hand corner.	

<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>

Step 6: When the Task has been completed, the user can click on the **Task** and choose **Mark Complete**

</td><td>



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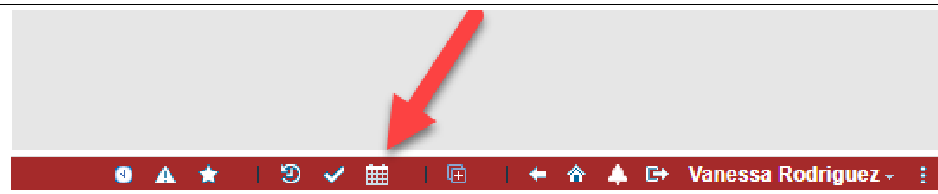
<tr><td>

Step 1: Adding a task from the Task Calendar. Select the calendar icon on the top right hand section of CCA.

</td><td>



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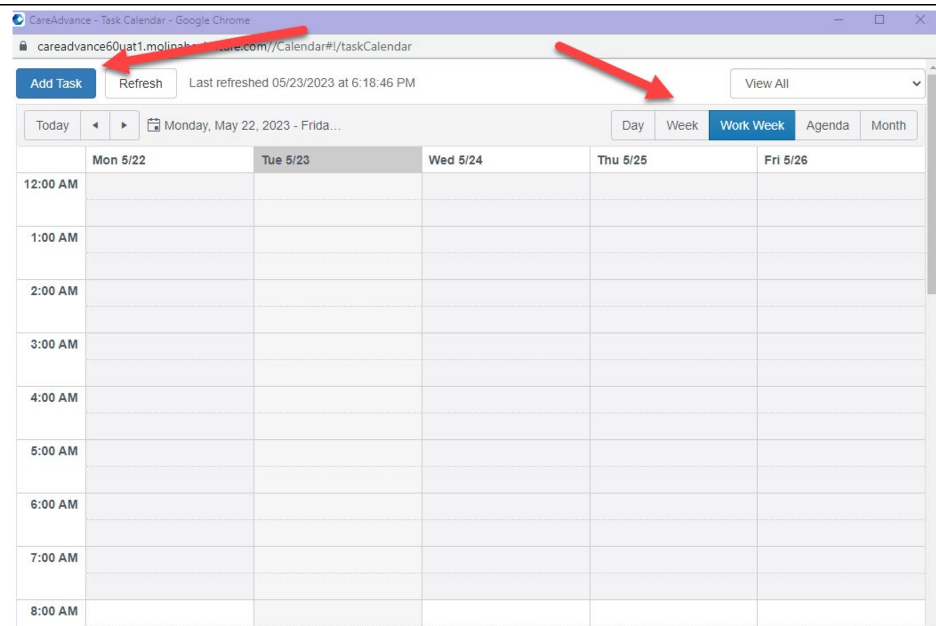
<tr><td>

Step 2: Select **"Add Task."** You can also change the format of the calendar (day, weekm work work, etc.).

</td><td>



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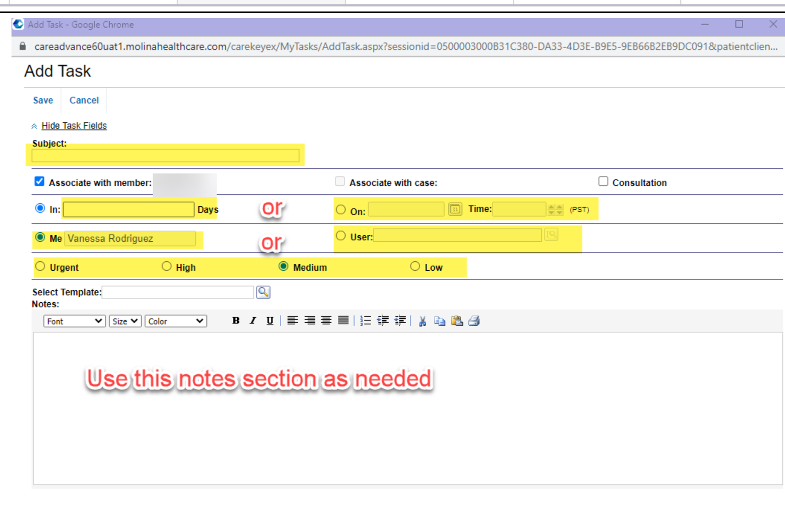
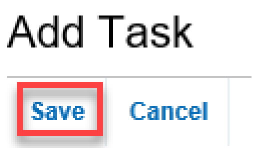
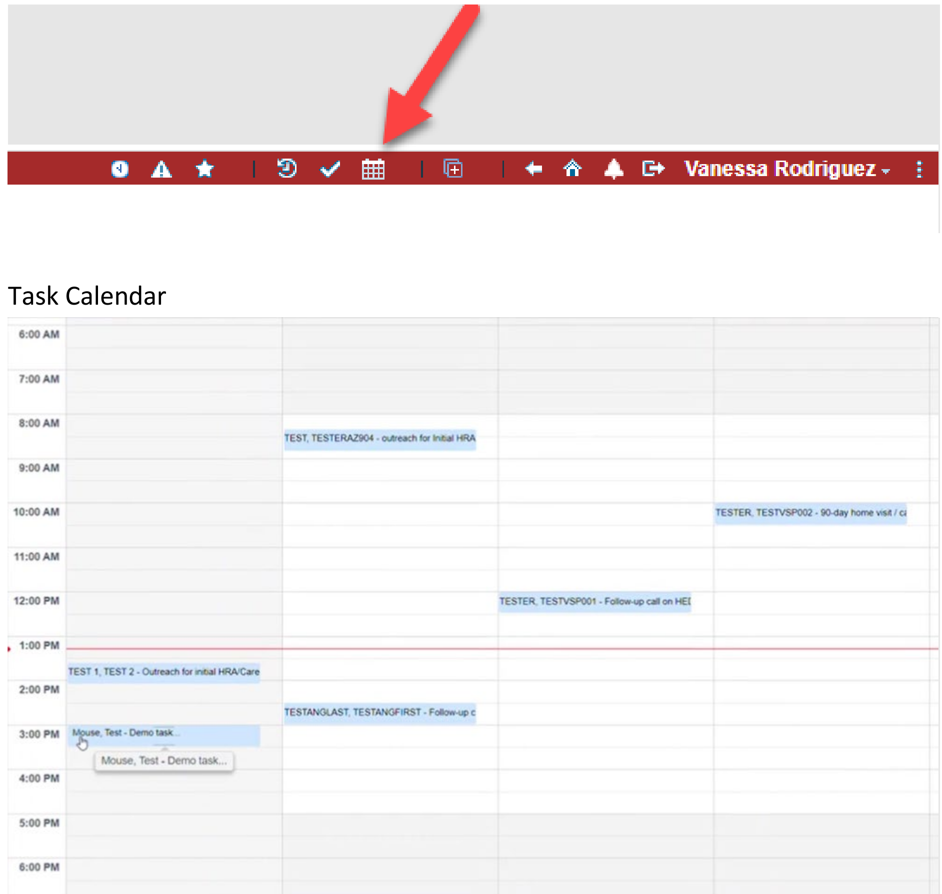
<tr><td>

Step 3: Fill out highlighted items as appropriate. A task can be assigned to yourself, "Me," or another "User" in CCA.

</td><td>



</td></tr>
</table>

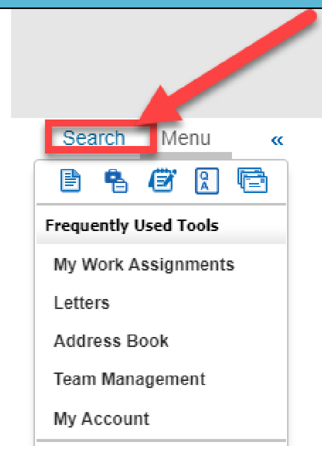
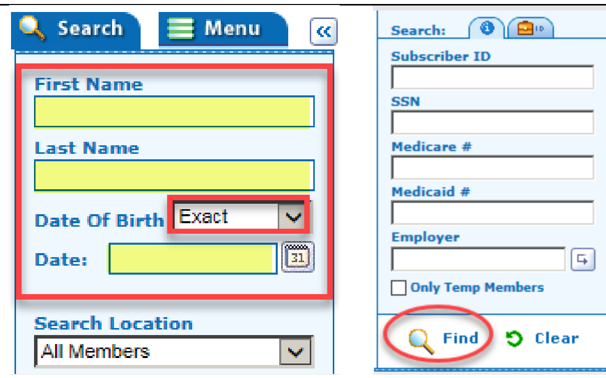
INSTRUCTIONS	SCREENSHOT
Step 4: Select **Save**	
Step 5: Select the calendar icon on the top right hand section of CCA. The calendar will appear with the task you added. You can open the task by double-clicking on it and you can work on the task (like editing it) too when doing this.	

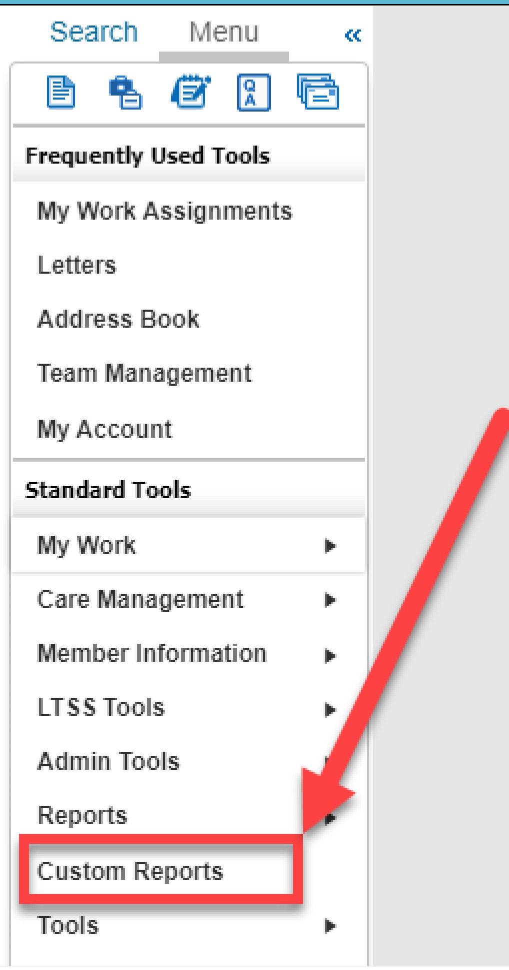
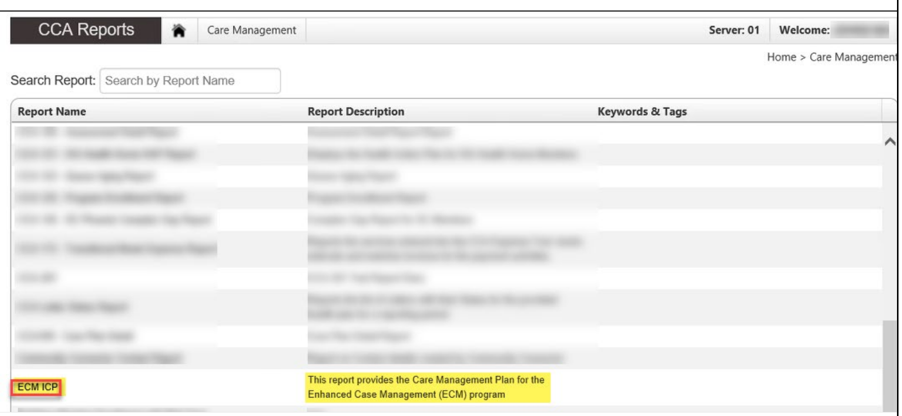
MOLINA HEALTHCARE

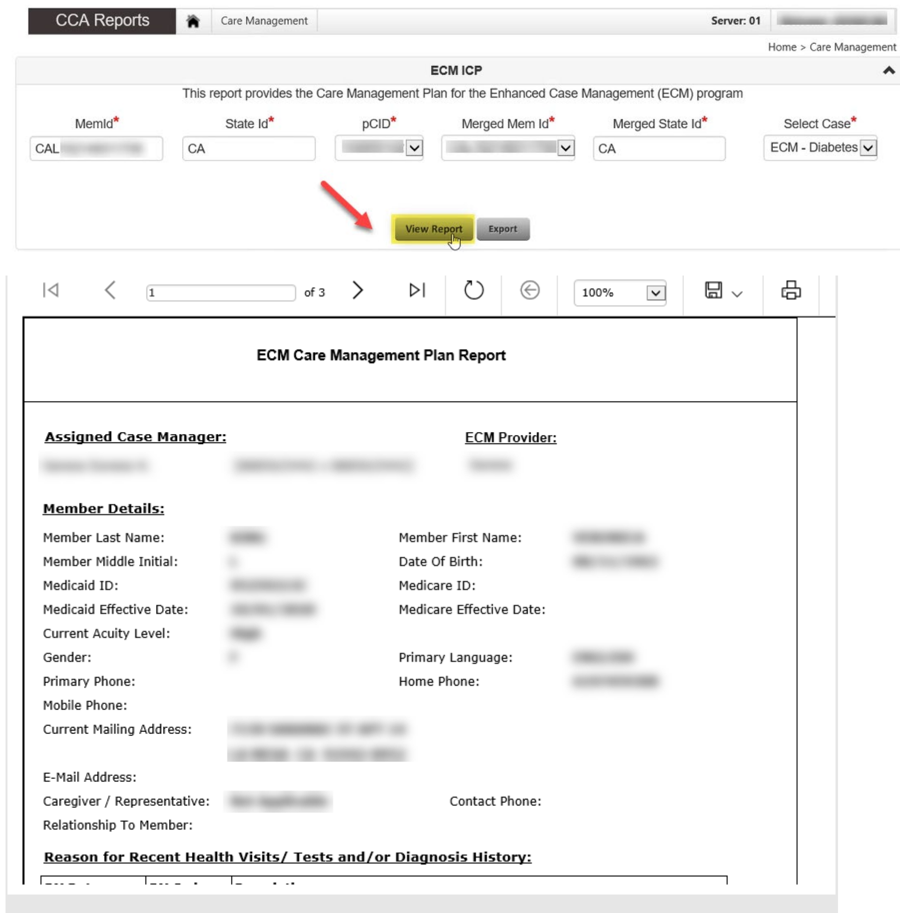
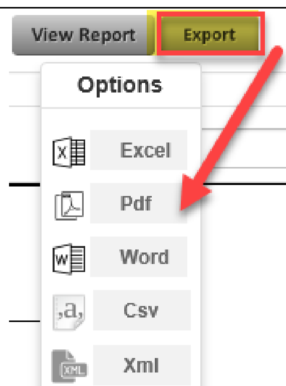
CCA Custom Report- ICP Report

If the ECM LCM is unable to attach the care plan to the care plan letter (see steps ***Generating Letters in CCA and Attaching ECM Care Plan Letter to the ECM Care Plan below***) and gets an error message: *The system is not able to pull care plan report, please attach manually*, the ECM LCM will need to pull the care plan manually, also known as the ICP Report. Member consent must be obtained in the care plan to access and pull the ICP Report. The ECM LCM must provide a copy of the care plan to the member and the member's PCP after developing it and when it gets revised.

Follow the steps below to pull the ICP Report from CCA:

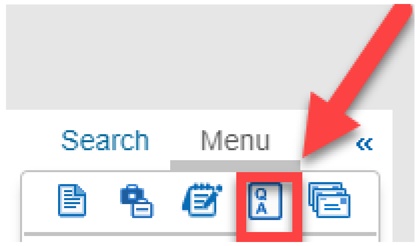
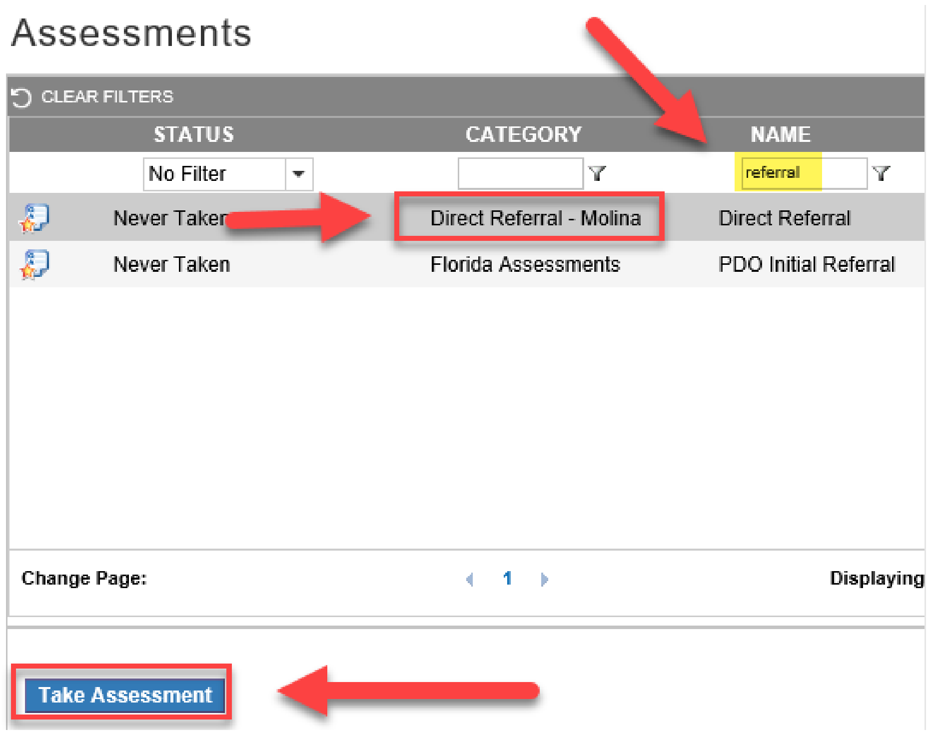
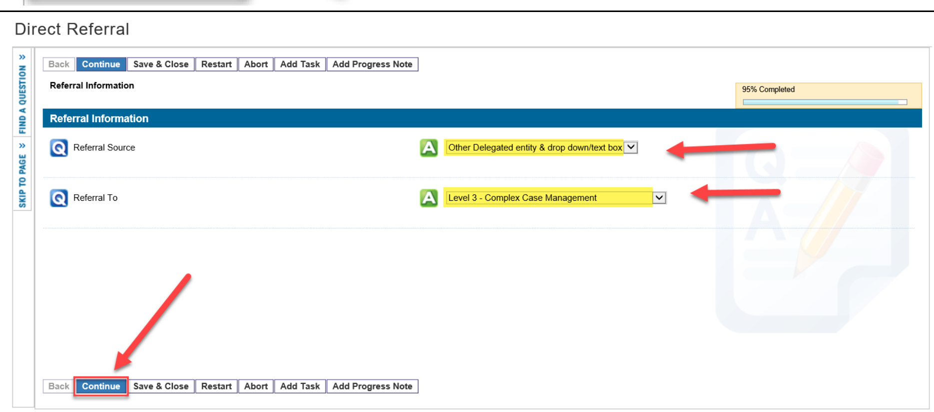
INSTRUCTIONS	SCREENSHOT
Access CCA and click on the **SEARCH** tab to enter the member's full name.	
Type in the member's **FIRST NAME**, **LAST NAME**, and **DATE OF BIRTH** (selecting **EXACT** DOB from the drop-down box), then select **FIND** Alternate Search Criteria are available using the following: • Medicaid # • Employer = CA	
Search Results will populate members' information. Select the member by clicking on the member's name. This will bring the member "into focus."	

<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>Select the **Custom Reports** module:</td><td>
</td></tr>
<tr><td>Select **ECM ICP**:</td><td>
</td></tr>
</table>

INSTRUCTIONS	SCREENSHOT
Select *View Report,* and the report will appear:	
Click **Export** and **PDF**. Mail this copy of the care plan to the member and the member's PCP, along with the appropriate care plan letter.	

Direct Referral to Molina's Case Management

For members that need to be downgraded to a lower level of care, the ECM LCM is required to submit a direct referral to Molina's Case Management. Follow the steps below to submit the referral in CCA:

INSTRUCTIONS	SCREENSHOT
Step 1: Access the "**Assessment**" Module in CCA (member should already be in focus) There are multiple ways to access Assessments; the shortcut is displayed.	
Step 2: Under Name, type in referral to filter the list Bring in focus Direct Referral – Molina and select: Take Assessment Or Retake if it was previously completed. Retake Assessment	
Step 3: Fill out as shown Click Continue	

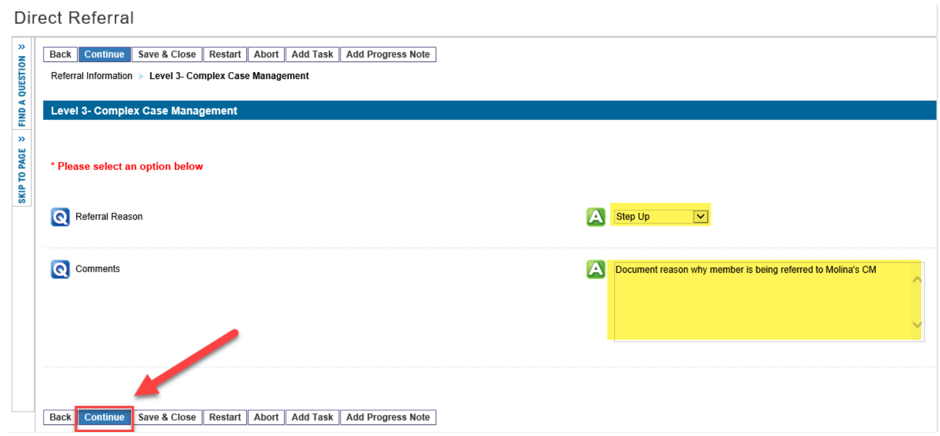
<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>

Step 4:

Fill out as shown:

Click Continue

</td><td>



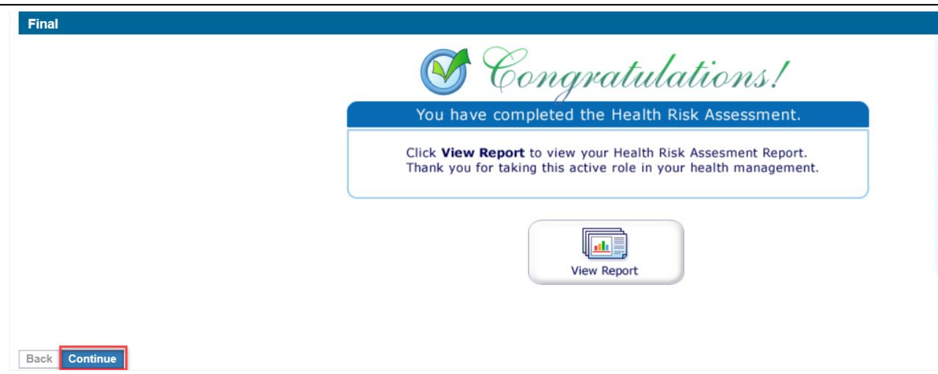
</td></tr>
<tr><td>

Step 5:

The referral to Molina's CM has been submitted. Click **Continue**

Please ensure you also complete an ECM Disenrollment form and indicate the reason for disenrollment: *Member is ready to transition to a lower level of care*

</td><td>



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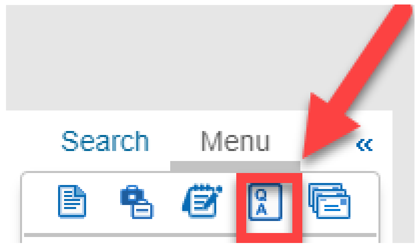
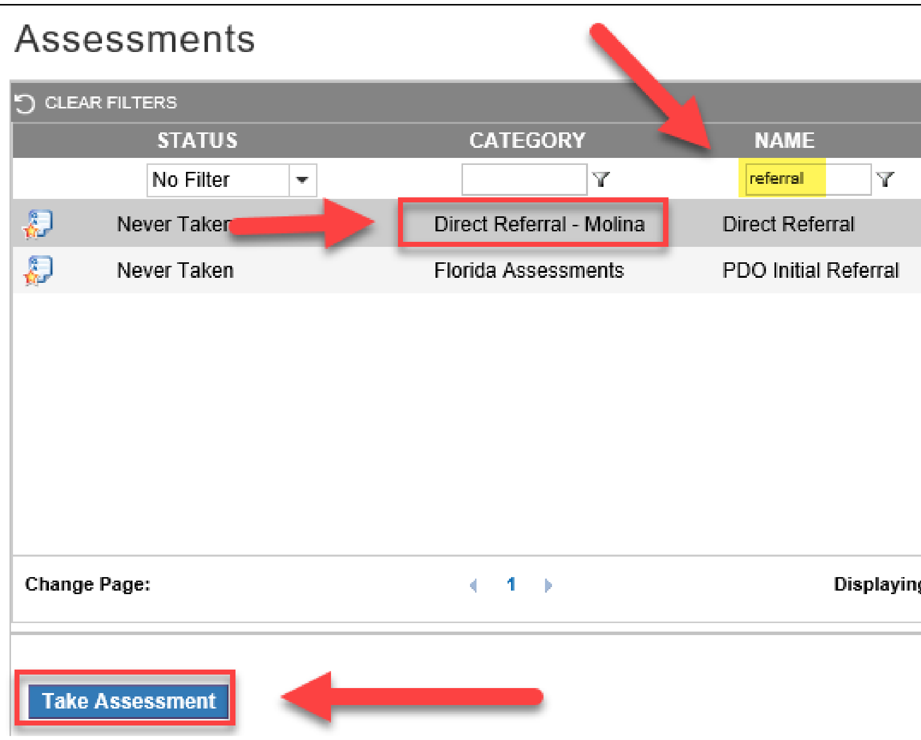
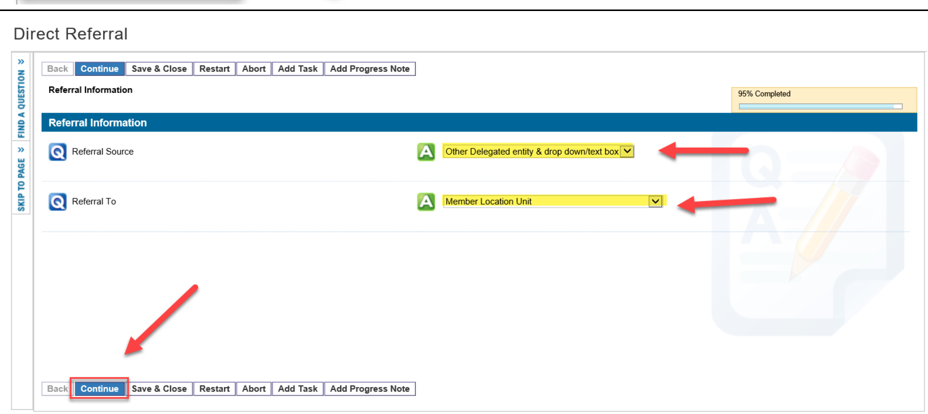
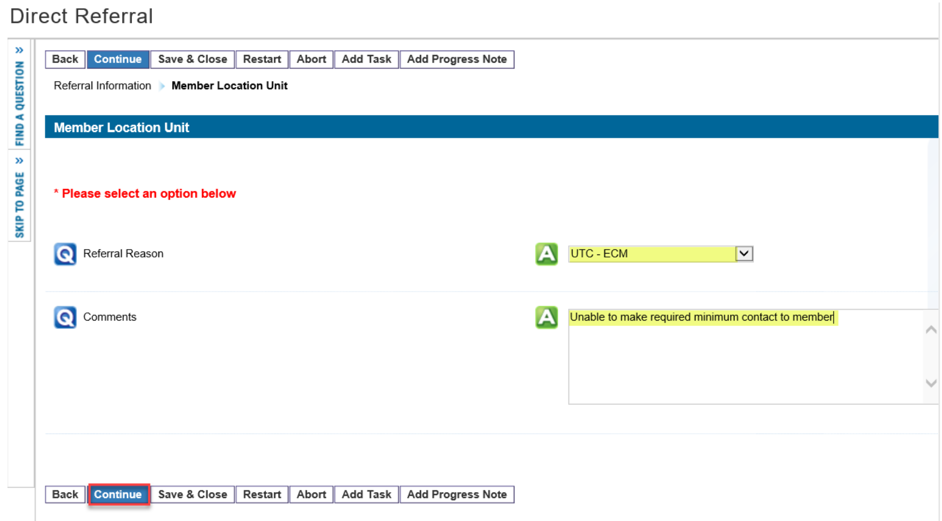
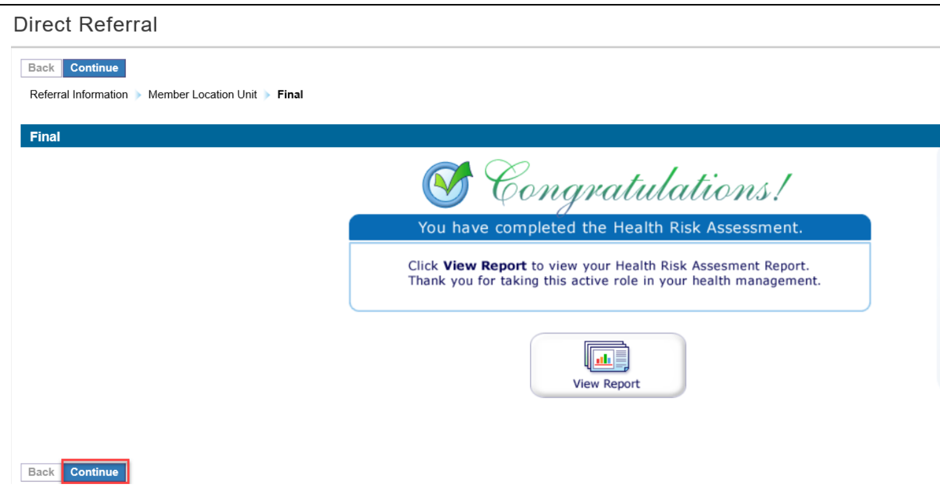
</table>

MOLINA HEALTHCARE

Direct Referral to Molina's Member Location Unit

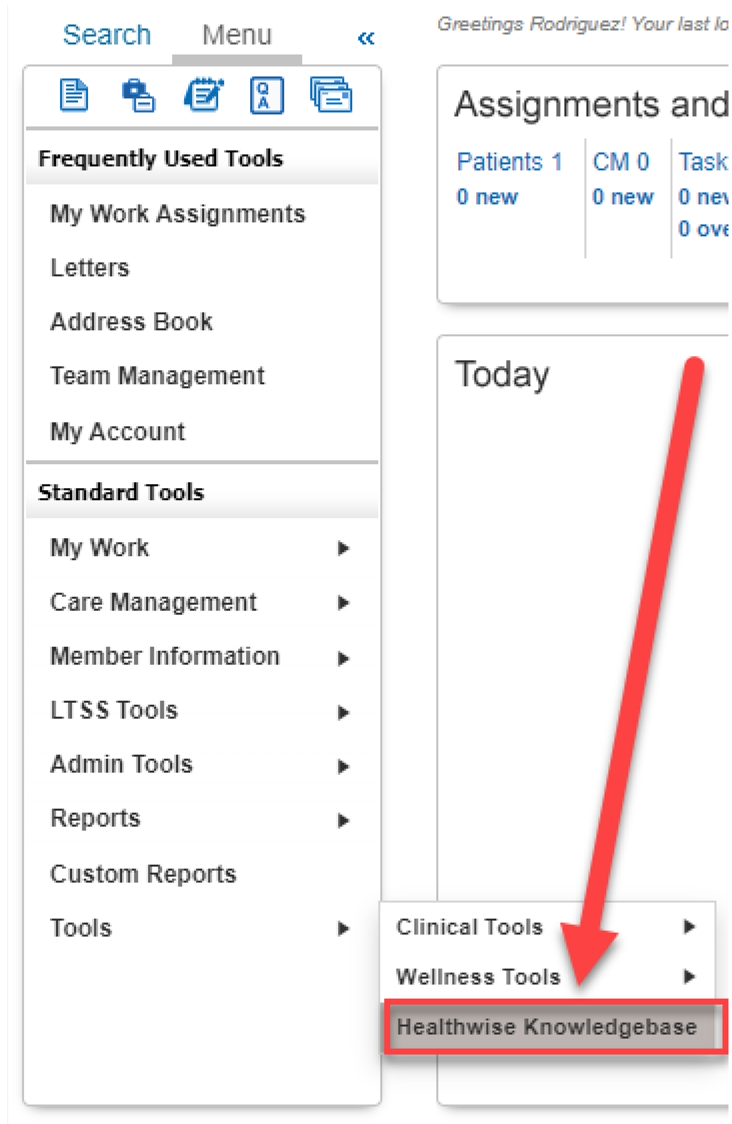
Send a direct referral to the Molina Member Location Unit for help locating UTC members without sufficient contact information. Members will be routed to Molina's Member Location Unit for assistance in finding alternate contact information. Be on the lookout for any tasks from the Member Location Unit within two business days of submitting the referral. You will be tasked regardless of their search outcome. If you do not hear back from Molina's Member Location Unit within 5 business days, you will stop all further outreaches for MIF members; for enrolled members, you will proceed to disenroll the member.

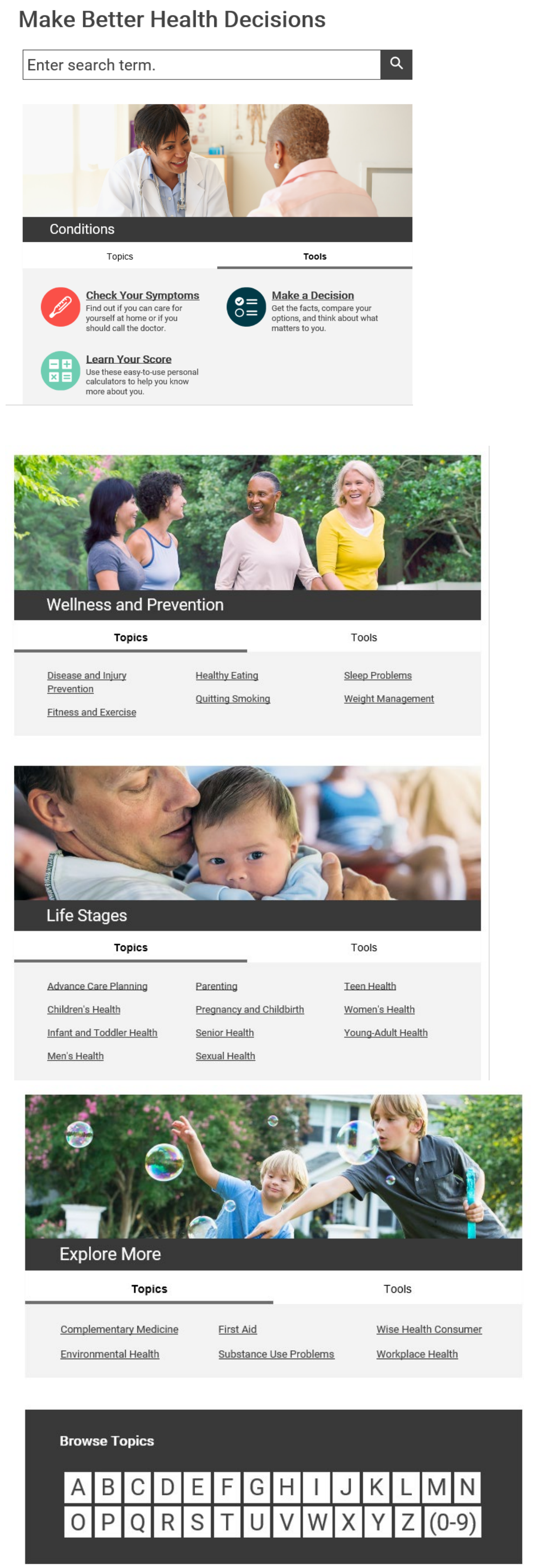
INSTRUCTIONS	SCREENSHOT
Step 1: Access the "Assessment" Module in CCA (member should already be in focus) There are multiple ways to access Assessments; the shortcut is displayed.	
Step 2: Choose Under Name, type in referral to filter the list Bring in focus Direct Referral – Molina and select: **Take Assessment** Or Retake if it was previously completed. **Retake Assessment**	
Step 3: Fill out as shown Click Continue	

INSTRUCTIONS	SCREENSHOT
Step 4: Fill out as shown: Click Continue	
Step 5: The referral to the MLU has been submitted. Be on the lookout for any tasks from the Member Location Unit. Click **Continue**	

Healthwise Knowledgebase

Healthwise Knowledgebase is a resource our ECM Providers can utilize to review and pull educational materials to support our members in learning and adopting healthy lifestyle choices. Follow the steps below to access Healthwise Knowledgeable in CCA:

INSTRUCTIONS	SCREENSHOT
Step 1: Under the Menu, access the Tools module Select **Healthwise Knowledgebase**	

<table>
<tr><th>INSTRUCTIONS</th><th>SCREENSHOT</th></tr>
<tr><td>Step 2: The following screen will appear</td><td>
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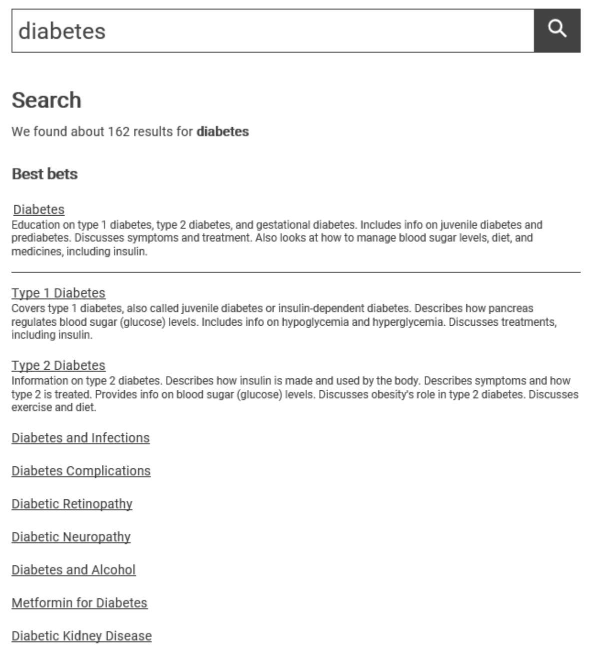
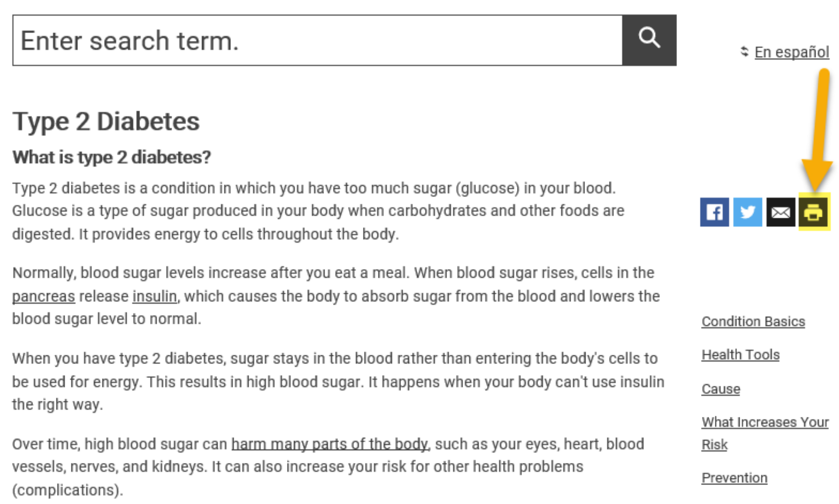
</table>

INSTRUCTIONS	SCREENSHOT
Step 3: Browse or search topics of choice. See the sample in the screenshot.	
Step 4: Click on the desired link, and a webpage will appear. This information can be printed by clicking on the printer icon.	

Member Information File (MIF)

During the onboarding process, Molina's ECM Team will request the new ECM Provider's Member Information File (MIF), also known as the Targeted Engagement List (TEL), parameters (e.g., Populations of Focus they service, zip codes, Tax IDs, age, capacity, etc.). This will ensure proper member assignment for the MIF and referrals. If the ECM Provider decides to change their MIF parameters, they must inform Molina's ECM Team immediately.

ECM Providers will utilize their MIF to outreach their assigned ECM-Eligible members and will outreach all members in their MIF within five business days of receipt of the MIF. Regardless of the outcome, all outreaches need to be documented via a Contact Form in CCA. Moreover, irrespective of the outcome (e.g., the member agrees to participate in ECM, the member declines ECM, the member is not enrolled due to being unable to contact, the member does not meet any Population of Focus criteria, or the member is in a duplicative program), the ECM Provider needs to complete the ECM Enrollment Assessment in CCA.

ECM Providers are required to complete at a minimum **of four attempts (non-mail attempts)** and **mail the ECM Generic UTC letter** (for a total of five attempts) for members who are unable to be reached. ECM Providers should outreach their MIF members within five business days of receipt of their MIF and complete the five outreach attempts within 60 calendar days from receipt of the MIF. Attempts should be made on different days and times using at least three different modalities (in-person, phone, email, and text). Suppose the member is unable to be contacted (UTC) at any point prior to or after enrollment. In that case, ECM Providers are required to research additional contact information (review of available notes (auth notes, admission/discharge notes), call to PCP and pharmacy, direct referral to Molina's Member Location Unit, etc.) should be documented via a contact form in CCA with the appropriate outcome and correct UTC letter sent.

Privacy Breach

ECM Providers are only permitted to outreach, provide ECM services, and look up members in CCA assigned to their organization. If ECM Providers are outreaching, providing ECM services, or looking-up members in CCA not assigned to their organization, this is considered a privacy breach.

Cultural Competency Trainings

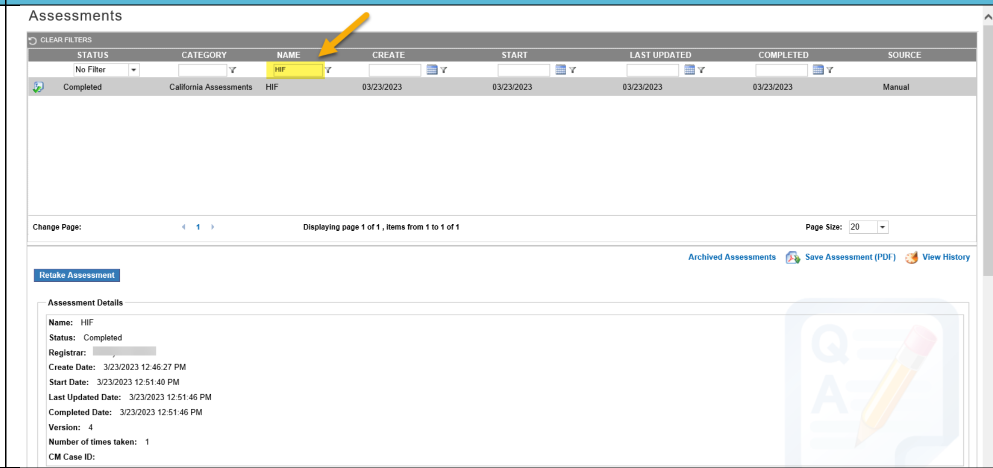
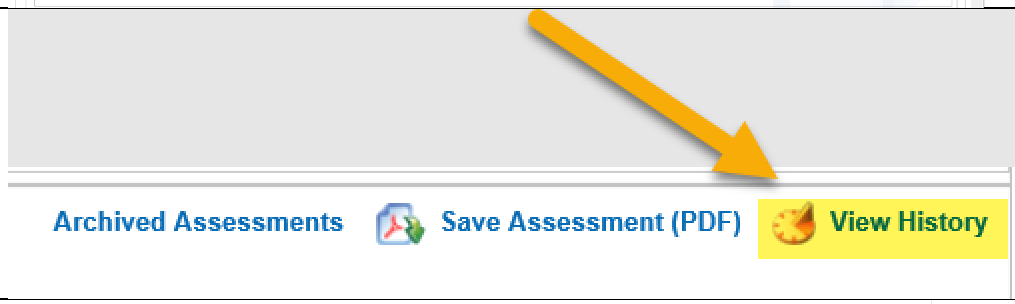
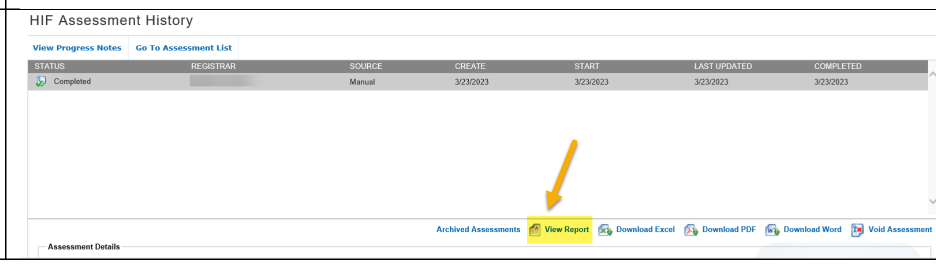
ECM Providers are required to provide their staff Cultural Competency training. The ECM LCM should receive Cultural Competency Training as they onboard (new staff) and on an annual basis (refresher). The ECM Provider needs to track attendance of these trainings. Molina will request attestations from the ECM Provider confirming which ECM Lead Managers were provided these trainings as well as the training dates. Molina will annually host a Cultural Competency training for all ECM Providers.

Availity

ECM Providers are required to check member eligibility through Availity (Provider Portal) before working on the member to ensure the member continues to be enrolled with our plan and a Medi-Cal beneficiary. For access to Availity, your organization's administrator (refer to your leadership) should register on: availity.com/molinahealthcare. If your organization's administrator is experiencing issues registering, please connect with your county's PSRs (refer to the Provider Quick Reference Guide Molina's ECM Team emailed). In addition, prior to submitting any referrals to our ECM Team, ECM Providers should check the member's eligibility in Availity; this will avoid denying referrals for members not enrolled with Molina Medi-Cal.

Pre-Call Review

The ECM LCM is required to complete a pre-call review **post-enrollment** and document it via a contact form in CCA. This pre-call review exercise includes reviewing the information found in CCA, such as the Member Dashboard, available clinical notes in CCA, as well as reviewing Availity (new Provider Portal). The ECM Provider will continue to complete the pre-call review post-enrollment, at a minimum of once a month prior to a member encounter. This is to detect any new patterns of care and will continue to document these reviews via a contact form in CCA. When conducting the pre-call review, the ECM LCM must also review the Assessments module in CCA and search for "HIF" under the Name section to see if the member completed a recent Health Information Form (HIF). The ECM LCM is required to **review** the HIF on record for any positive responses and address them with the member no later than **5 business days** from reviewing the "HIF." NOTE: The objective is to review the HIF (if member has a recent one on record), not to complete the HIF with the member. If you note a change in member's condition upon your review and discussion with the member, please complete a new CA-HRA and update the care plan within 10 business days from reviewing the "HIF" positive responses with the member.

INSTRUCTIONS	SCREENSHOT
Step 1: Search for "**HIF**" in the Assessments module in CCA	
Step 2: Select **View History**	
Step 3: Bring into focus the most recent HIF assessment (if you already addressed the most recent HIF assessment, then note this in the pre-call review contact form) and select **View Report**	

MOLINA HEALTHCARE

INSTRUCTIONS	SCREENSHOT
Step 4: The HIF assessment will appear in a separate window. **Reminder:** The ECM LCM is to review and address any positive responses with the member. This should all be documented in a contact form(s). If you note a change in member's condition upon your review and discussion with the member, please complete a new CA-HRA and update the care plan within 10 business days from reviewing the "HIF" positive responses with the member.	(see below)

MOLINA HEALTHCARE

HIF Assessment

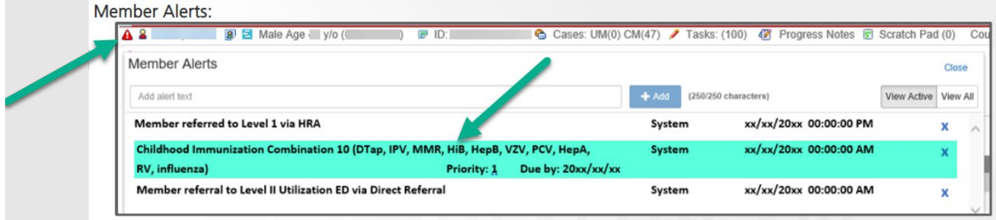
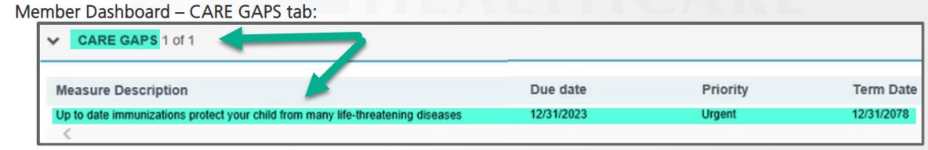
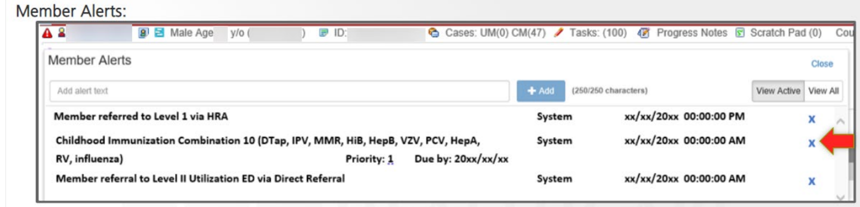
Member Information			
Member Name	[redacted]	Plan	
Medicaid #:	[redacted]	Medicare #:	

HIF Details	
Date of HIF Conducted	3/23/2023
Assessment Method	Telephonic
If other, please describe:	
Name of person completing form / assessment (if other than member)	Member
Relationship to member	Member
Do you need to see a doctor within the next 60 days?	Yes
Do you take 3 or more prescription medicines each day?	No
Do you see a doctor regularly for a mental health condition such as depression, bipolar, or schizophrenia?	Yes
Have you been to the emergency room two or more times in the last 12 months?	Yes
Have you been admitted to the hospital in the last 12 months?	Yes
Have you needed help with personal care, such as bathing, getting dressed, or changing bandages in the last 6 months?	Yes
Are you using medical equipment or supplies, such as a hospital bed, wheelchair, walker, oxygen, or ostomy bags?	No
Do you have a condition that limits your activities or what you can do?	Yes
Are you pregnant?	No
If yes, are you currently seeing a doctor for this pregnancy?	
Do you see a doctor regularly for a chronic medical condition?	Yes

Medical Conditions	
Asthma	Yes
Cancer	No
Cystic Fibrosis	No
Diabetes	No
Heart Problems	No
Hepatitis	No
High Blood Pressure	Yes
HIV or AIDS	No
Kidney Disease	No
Seizures	No
Sickle Cell Anemia	No
Tuberculosis	No
Other	Saw doctor 2 years ago but has not since moving and becoming homeless Chronic Depression, PTSD, Anxiety, OSA, Nightmare disorder

The other new requirement is reviewing the HEDIS/Gaps in Care in CCA. These HEDIS/Gaps in Care may include immunizations, cancer screenings, flu shots, etc. The ECM LCM is required to review these alerts as part of the pre-call review activity. If the member has a HEDIS/ Gaps in Care alert, the ECM LCM will need to educate the member on the importance of preventative care, discuss details of missing HEDIS/ Gaps in Care measure, and assist member with care coordination to help remove potential barriers. ECM Providers are also receiving a HEDIS/ Gaps in Care Report via the Sftp Site every 1st of the month. The report, CCA alerts, and Care Gaps section in the Member Dashboard should all align, and the ECM LCM can choose which method to review these HEDIS/Gaps in Care.

Follow steps below to view the HEDIS/ Gaps in Care in CCA:

INSTRUCTIONS	SCREENSHOT
The ECM LCM can check for any HEDIS/ Gaps in Care alerts by going into: **Option 1:** The Member Alerts. Click on the red triangle (left-hand corner next to the member's name). Or **Option 2:** The Member Dashboard – CARE GAPS tab: **NOTE:** The ECM LCM is required to follow-up with the member on the outcome of the HEDIS/Gap by the due date indicated (See screen shots above). Refer to the Contact Form Scenarios section for documenting this review.	Member Alerts:  Or Member Dashboard – CARE GAPS tab: 
To close the alert, select the '**X**' to the far right of the alert. **NOTE:** If a claim is received showing evidence that the HEDIS/Gap in Care was completed before you are able to discuss it with the member, the HEDIS/Gap in Care will automatically close.	Member Alerts: 

ECM LCM Credentials and Confirmation of their Expertise and Skills

The ECM LCM must document their credentials and confirmation of their expertise and skills to serve the individual member in a culturally relevant, linguistically appropriate, and person-centered manner post-enrollment via a contact form in CCA within **five business days** from assigning an ECM LCM to the member. If there's a change in the ECM LCM assignment, the new ECM LCM must do the same exercise within **five business days** from the member assignment. If you have not completed this for any of you active enrolled members, please enter this in CCA as soon as possible, this includes HHP and WPC transition members.

Members Aging Out

Youth members approaching age 21 need to be assessed against the Adult Populations of Focus criteria. Molina's ECM Team will send reminders to our ECM Providers once this time approaches. The ECM LCM must discuss the Adult Populations of Focus criteria with the member, document the discussion in a contact form in CCA, note the Adult Population(s) of Focus criteria the member qualifies, and inform Molina's ECM Team. Molina's ECM Team will note the new Adult Populations of Focus in their system. If a youth member does not meet an Adult Populations of Focus criteria, the ECM Provider should apply the graduation criteria to determine when the member is ready to be disenrolled from ECM.

ECM Referral Forms

Molina accepts all ECM referral forms. Molina's latest ECM Referral template is located on Molina's website. When referring a member to our ECM Program, ensure the referral form is completed in its entirety to avoid delays. Referrals will be processed within five business days of receipt. Expedited referrals will be processed within 72 hours; indicate in the subject line if you have an expedited referral. Molina's ECM Team is responsible for reviewing the referral and assigning an ECM Provider to the member. Molina's ECM Team will inform the referrer if the referral was approved or denied.

Change to the Referral Process

Due to the backlog of referrals, Molina has decided to change the referral process. Molina's ECM Team will no longer be completing the ECM Enrollment Assessment in CCA for **referred members**. We'll continue to review the referral form to ensure the member is eligible with our plan and is not already enrolled in ECM before we assign the member to an ECM Provider. We'll continue to grant you access to the member's CCA profile; however, your organization is now responsible for outreaching the member and/or member's representative to complete the ECM Enrollment Assessment in CCA. Regardless of the outcome of your outreaches, the ECM Enrollment Assessment needs to be completed in CCA. See list of scenarios below:

1. The referred member(s) we assign to your organization will reflect in our system as ECM Eligible (not enrolled yet), as of the date you receive the referral notification from Molina's ECM Team.
2. If this member was referred by your organization and someone from your team already discussed the program with the member and/or member's representative prior to referring the member, and already confirmed that the member: meets at least one Population of Focus, is still with Molina and has Medi-Cal (you checked Availity), and the member is not in a duplicative program, and ***you have been providing ECM services to this member, you will need to let Molina's ECM Team know if we need to back-date the date the member became ECM Eligible or else when you complete the ECM Enrollment Assessment in CCA it will not trigger ECM Opt-In in the CCA Banner.*** The Date of Program Discussion (found in the ECM Enrollment Assessment) can't be greater than the date the member was identified to be ECM Eligible. You will need to enter the date you discussed the program with the member and/or member's representative in the Date of Program Discussion. When a member is successfully enrolled in ECM, the Date of Program Discussion is considered the ECM Opt-In date. If this is the case for your

referred member, please make sure to also retroactively enter your outreaches via the contact form template in CCA. Make sure to also assign an ECM Lead Care Manager in CCA (under Assignments and the Address Book) to the enrolled member within 5 business days of enrolling the member and complete the CA HRA and the care plan within 90 days from enrolling the member too.

3. If the member we referred to your organization does not fall under scenario #2 above, please review scenarios below for next steps:
4. If upon meeting with the member or member's representative, you find out the member does not qualify for at least one Population of Focus, this needs to be indicated in the ECM Enrollment Assessment in CCA. The member will not be enrolled if you indicate this in the ECM Enrollment Assessment in CCA. Use the date you met with the member or member's representative as The Date of Program Discussion (this is found in the ECM Enrollment Assessment).
5. If upon meeting with the member or member's representative, you find out the member is not interested in enrolling in ECM, this needs to be indicated in the ECM Enrollment Assessment in CCA. The member will not be enrolled if you indicate this in the ECM Enrollment Assessment in CCA. Use the date you met with the member or member's representative as The Date of Program Discussion (this is found in the ECM Enrollment Assessment).
6. If upon meeting with the member or member's representative, you find out the member is in a duplicative program, this needs to be indicated in the ECM Enrollment Assessment in CCA. The member will not be enrolled if you indicate this in the ECM Enrollment Assessment in CCA. Use the date you met with the member or member's representative as The Date of Program Discussion (this is found in the ECM Enrollment Assessment).
7. For members who are unable to be contacted, Molina's outreach requirements are below:
   - Complete a total of 5 outreach attempts (3 non-mail attempts and 1 mail attempt (send the ECM Generic UTC Letter).
   - The 1st attempt needs to happen within 5 business days of receipt of the referral notification and the rest of the attempts need to occur within 60 days of receipt of the referral notification.
   - After you've completed your 5th attempt and the member is still unable to be contacted, proceed with completing the ECM Enrollment Assessment in CCA and indicating the member was UTC (not enroll). The member will not be enrolled if you indicate this in the ECM Enrollment Assessment in CCA.
   - Use the date you completed your last outreach as The Date of Program Discussion (this is found in the ECM Enrollment Assessment).
8. For members you are unable to outreach because you don't have sufficient contact information, please complete a referral to Molina's Member Location Unit in CCA so they can find alternate contact information for you. You should also be connecting with the member's assigned PCP or their Pharmacy to see if they can share updated contact information. After you've exhausted all resources and you still can't get alternate contact information, proceed with completing the ECM Enrollment Assessment in CCA and indicating the member was UTC (not enroll) due to insufficient contact information. The member will not be enrolled if you indicate this in the ECM Enrollment Assessment in CCA. Use the date you completed your last outreach effort (or the date you identify you don't have sufficient contact information to outreach the member) as The Date of Program Discussion (this is found in the ECM Enrollment Assessment).
9. For members you were successfully able to outreach, confirm they meet at least one Population of Focus, confirm they are still with Molina and have Medi-Cal (always check Availity), are not in a duplicative program, and confirm they want to enroll in ECM by completing the ECM Enrollment Assessment in CCA. Use the date you met with the member or member's representative as The Date of Program Discussion (this is found in the ECM Enrollment Assessment and will be considered the ECM Opt-In date ***when you successfully enroll a member***). After you submit the completed ECM Enrollment Assessment in CCA, allow 24 hours for the system to refresh. Check the CCA banner within 24 hours for it to indicate the member is ECM Opted-In. If you don't see this, please respond to the original email from Molina's ECM Team informing us of the issue. However, while we resolve this issue, you can continue to provide ECM services to the member and document in CCA. Please make sure to assign an ECM Lead Care Manager in CCA (under Assignments and the Address Book) to the member within 5 business days of enrolling the member and to complete the CA HRA and the care plan within 90 days of enrolling the member.
10. When you get to section: ***CM Referral*** in the *ECM Enrollment Assessment*, please select: ECM Eligible

11. In addition to completing the ECM Enrollment Assessment in CCA (regardless of the outcome of outreaches), your organization is responsible for documenting all outreaches via the contact form template in CCA (if you don't, it will affect your organization's capitation). Please complete a contact form per outreach, do not merge outreaches or anything you do on behalf of the member or for the member. Molina is currently working on configuring the payment model to ensure our providers are also reimbursed for outreaches. Information is forthcoming.
12. Always check member eligibility prior to any outreach to ensure the member is still with our plan and has Medi-Cal.
13. Do not assign an ECM Lead Care Manager under the Assignments, nor add their contact information to the Address Book **unless you are able to successfully enroll the member into our ECM Program**.
14. We ask that you always confirm receipt of any member referrals we send over to your team. Also, if you are not able to take on members due to capacity, please let us know right away so we can reassign the member to another ECM Provider. If we don't hear from your organization, we will assume you can take on the member and provide ECM Services moving forward.

Physician Certification Statements

Per APL 22-008, Health Plans are required to obtain a Physician Certification Statements (PCS) form *(found on Molina's public website under* ***Transportation***: https://www.molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx) demonstrating members need for Non-Emergent Medical Transportation (NEMT). ECM LCM is to reach out to the member's Provider/Facility and request that they complete the authorization request form for NEMT Services.   We ask that the ECM LCM make up to three (3) attempts to contact the provider/facility. Both providers must complete the PCS if the member has multiple standing orders. The Provider needs to complete the PCS form and submit the completed form to American Logistics (AL) via fax at (877) 282-8441 or by email at MolinaFax@AmericanLogistics.com. The ECM LCM will create a contact form in CCA with the subject line "NEMT PCS outreach" and document the outcome of the contact. The ECM LCM needs to elaborate on any other member findings/discussions held with the provider, as applicable (e.g., "Contacted <Provider/Facility>, educated on PCS form for NEMT mode of transportation for the members standing order. The provider reported understanding and agreed to complete and submit the PCS form to AL. Provided the members' Provider with the PCS form"). New guidance: A PCS Form is also needed for ambulatory door-to-door service transportation; refer to the form for more information.

Molina's ECM Team might also come across some members with outstanding PCS Forms and will contact our ECM Providers for support on this matter and request updates.

For Non-Medical Transportation (NMT), a PCS form is not needed. The ECM LCM should indicate in the request to American Logistics when setting up the appointment that it's non-medical.