MOLINA HEALTHCARE

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Provider Networks

Second Quarter 2021

Important Message – Updating Provider Information

It is important for Molina Healthcare of Ohio (Molina) to keep our provider network information current. Up-to-date provider information allows Molina to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Molina in writing at least 30 days in advance of changes when possible, such as:

- Change in practice ownership or Federal Tax Identification (ID) number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers (PCP) Only: If your practice is open or closed to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the Provider Information Update Form located on the Molina Provider Website at www.MolinaHealthcare.com/OhioProviders under the Forms header.

Send changes to:
Email: MHOProviderUpdates@MolinaHealthcare.com
Fax: (866) 713-1893
Mail: Molina Healthcare of Ohio, ATTN: PIM, P.O. Box 349020, Columbus, OH 43234

Contact your Provider Services Team at (855) 322-4079 if you have questions.

In this Issue

Practitioner Credentialing Rights: What You Need to Know

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

Molina also has a responsibility to our providers to assure the credentialing information we review is complete and accurate. 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 if information obtained during the credentialing process varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, with the exception of references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department at (855) 322-4079
- Receive notification of the credentialing decision within 60 days of the committee decision
- 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 all your rights as a Molina provider, please review the Molina Provider Manual on our Provider Website at www.MolinaHealthcare.com or call your Provider Services Team for more details.

Molina's Utilization Management Program

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

- Medical information received from our providers is evaluated by our highly-trained UM staff against nationally-recognized objective and evidence-based criteria. We also take individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation, home environment when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina's clinical criteria includes MCG criteria that is utilized to conduct inpatient review except when Change Healthcare InterQual® is contractually required, Hayes Directory, applicable Medicaid Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers.
- Molina ensures all criteria used for UM decision-making are available to practitioners upon request. To obtain a copy of the UM criteria used in the decision-making process, call our UM Department at (855) 322-4079.
- The requesting practitioner will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina physician who made the decision. Please contact Molina's UM Department at (855) 322-4079 to request a Peer-to-Peer discussion. Details and timeframes are described in Molina's posted Provider Manual.

It is important to remember:

1. UM decision making is based only on appropriateness of care and service, and existence of coverage.
2. Molina does not reward practitioners or other individuals for issuing denials of coverage or care.
3. UM decision makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
4. Practitioners may freely communicate with members about their treatment, regardless of benefit coverage.
5. Molina provides for a second opinion from a qualified in-network practitioner. Members from all Molina lines of business and programs should refer to the member's benefit documents (such as Schedule of Benefits and/or Evidence of Coverage) for second opinion coverage benefit details, limitations and cost-share information. If an appropriate practitioner is not available in-network, prior authorization is required to obtain the second opinion from an out-of-network provider.
6. Claims for out-of-network providers that do not have a prior authorization will be denied. 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.
7. Some of the most common reasons for a delay or denial of a request include:
   - Insufficient or missing clinical information to provide the basis for making the decision
   - Lack of or missing progress notes or illegible documentation
   - Request for an urgent review when there is no medical urgency

Molina's UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (855) 322-4079. You may also fax a question about a UM issue to Molina. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials. Molina fax numbers include:

- Medicaid/MyCare Ohio Opt-Out (866) 449-6843
- MyCare Ohio Opt-In Outpatient (844) 251-1451 (excludes Home Health and includes Physical & Behavioral Health Outpatient)
- MyCare Ohio Opt-In (877) 708-2116 (includes: Home Health & Hospice Room & Board T2046 Only)
- Medicare/MyCare Ohio Opt-In Inpatient (844) 834-2152
- Medicare Outpatient (844) 251-1450 (includes Physical & Behavioral Health Outpatient)
- Marketplace (833) 322-1061 (includes Physical & Behavioral Health Inpatient and Outpatient)
- eviCore (800) 540-2406

For information about the Drug Formulary, medication, prior authorization and the exception process for prescription medications, please refer to the *Drug Formulary and Pharmaceutical Procedures* article.

Molina's regular business hours are Monday through Friday (excluding holidays) 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for all other lines of business. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina has language assistance and TDD/TTY services for members who speak a language other than English or members who are deaf or hard of hearing or unable to speak.

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 Pharmacy and Therapeutics (P&T) Committee. This committee usually meets on a quarterly basis, or more frequently, if needed. The committee's goal is to provide a safe, effective and comprehensive Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the committee reviews prior authorization procedures to

ensure medications are used safely, and in accordance with the manufacturer's guidelines and FDA-approved indications. The P&T Committee also evaluates and addresses new developments in pharmaceuticals and new applications of established technologies, including drugs.

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

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

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

Care Management

Molina offers you and Molina members the opportunity to participate in our Complex Care Management Program. Members appropriate for this voluntary program are those who have the most complex service needs. This may include Molina members 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 Care Management Program is to:

- Conduct a needs assessment of the member, member's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower a Molina member to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure that they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and on-going care plan for continuity of care in coordination with you, your staff, the Molina member, and the member's family

If you would like to learn more about this program, speak with a Complex Care Manager and/or refer a member for an evaluation for this program, please call toll-free (855) 322-4079.

Resources Available on Molina's Provider Website

Featured at www.MolinaHealthcare.com:

- Clinical Practice and Preventive Health Guidelines
- Quality Improvement Programs
- Member Rights and Responsibilities
- Privacy Notices
- Provider Manuals
- Current Formulary & Updates

- Cultural Competency Provider Trainings
- Frequently Used Forms
- Prior Authorization (PA) Code List
- PA Lookup Tool
- Payment Policies

If you would like to receive any of the information posted on our website in hard copy, please call (855) 322-4079.

Translation Services

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

Member Safety

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

Safe Clinical Practice

The Molina Member Safety activities address the following:

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

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

- Leapfrog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission Quality Check® (www.qualitycheck.org)

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

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

Care for Older Adults

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

- Advance care planning – Discussion regarding treatment preferences, such as advance directives, should start early before member is seriously ill.

- Medication review – All medications the member is taking should be reviewed, including prescription and over-the-counter medications or herbal therapies.
- Functional status assessment – This can include functional independence or loss of independent performance assessments.
- Pain screening – A screening may be comprised of notation of the presence or absence of pain.

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

Non-Discrimination

As a Molina provider, you have a responsibility to not differentiate or discriminate in providing covered services to members in regard to age, race, creed, color, genetic information, national origin, ancestry, sex, sexual orientation, gender identity, sex stereotyping, marital status, pregnancy, military status, religion, physical, mental or sensory disability, place of residence, health status, socioeconomic status, status as a recipient of Medicaid benefits, or need for health services. Providers are to render covered services to members in the same location, in the same manner, in accordance with the same standards and within the same time availability regardless of payer.

Member Rights and Responsibilities

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

Molina members have the right to:

- Receive information about Molina, its services, its practitioners and providers and member rights and responsibilities
- Be treated with respect and recognition of their dignity and their right to privacy
- Help make decisions about their health care
- Participate with practitioners in making decisions about their health care
- A candid discussion of appropriate or medically-necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Molina or the care it provides
- Make recommendations regarding Molina's member rights and responsibilities policy

Molina members have the responsibility to:

- Supply information (to the extent possible) that Molina and its practitioners and providers need to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals; to the degree possible
- Keep appointments and be on time
    - If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner

You can find the complete Ohio Molina Member Rights and Responsibilities statement on our website at www.MolinaHealthcare.com. Written copies and more information can be obtained by contacting your Provider Services Team at (855) 322-4079.

Population Health (Health Education, Disease Management, Care Management and Complex Care 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 also help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management

For more information about our programs, please call your Provider Services Team at (855) 322-4079 (TTY/TDD at 711 Relay)

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

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, 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 providing 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 such as: 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 the Quality Improvement Program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results

- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the Quality work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) 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 Department at (855) 322-4079.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals or would like to request a paper copy of our documents, please call the Quality Improvement Department at (855) 322-4079. You can also visit the Molina website at www.MolinaHealthcare.com to obtain more information.

Standards for Medical Record Documentation

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

Molina's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential member 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 Improvement Department at (855) 322-4079.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to the provider and Molina members. 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 member.

To request printed copies of Preventive Health Guidelines, please contact your Provider Services Team at (855) 322-4079. You can also view all guidelines at www.MolinaHealthcare.com.

Clinical Practice Guidelines

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

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
- Anxiety/Panic Disorder
- Asthma
- Attention Deficit and Hyperactivity Disorder
- Bipolar Disorder
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure in Adults
- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Sickle Cell Disease
- Substance Abuse Treatment

To request a copy of any guideline, please contact your Provider Services Team at (855) 322-4079. You can also view all guidelines at www.MolinaHealthcare.com.

Advance Directives

Helping a Molina member prepare Advance Directives may not be as difficult 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 the member's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for the member if he or she becomes unable to do so.

The following links provide you and the member with free forms and information to help create an Advance Directive:

- www.caringinfo.org
- http://www.nlm.nih.gov/medlineplus/advancedirectives.html

For the living will document, the member will need two witnesses. For a durable power of attorney document, the member will need valid notarization.

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

It is helpful to have materials available for members to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a member chooses not to execute an Advance Directive. Let your members know that advance care planning is a part of good health care.

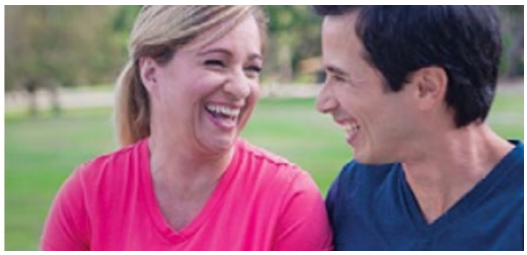
Behavioral Health

Primary Care Providers provide outpatient behavioral health services, within the scope of their practice, and are responsible for coordinating members' physical and behavioral health care, including making referrals to Behavioral Health providers when necessary. If you need assistance with the referral process for Behavioral Health services, please contact the Utilization Management Department at (855) 322-4079.

Care Coordination and Transitions

Coordination of Care during Planned and Unplanned Transitions for Medicare and MyCare Ohio Medicare Members

Molina is dedicated to providing quality care for our members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina member is discharged from a hospital. By working together with providers, Molina makes a special effort to coordinate care during transitions. 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.

In order 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:

- Initial notification of admission within 24 hours of the admission
- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information can be faxed to Molina at:

- MyCare Ohio Opt-In Outpatient (844) 251-1451 (excludes Home Health and includes Physical & Behavioral Health Outpatient)
- MyCare Ohio Opt-In (877) 708-2116 (includes: Home Health & Hospice Room & Board T2046 Only)
- Medicare/MyCare Ohio Opt-In Inpatient (844) 834-2152
- Medicare Outpatient (844) 251-1450 (includes Physical & Behavioral Health Outpatient)

To assist with the discharge planning of Molina Medicare members, please note the following important phone numbers:

- Member Services and Pharmacy: (866) 472-4584
- Behavioral Health Services: (866) 472-4584

- The Nurse Advice Line is available to members 24 hours a day, 7 days a week at: (888) 275-8750. For hearing impaired, call TTY: 711

To assist with the discharge planning of Molina MyCare Ohio Medicare members, please note the following important phone numbers:

- Member Services and Care Management: (855) 665-4623
- Behavioral Health Services: (855) 665-4623

Please contact the UM Department or Member Services if you have questions regarding planned or unplanned transitions at:

- UM Department: (855) 322-4079
- Medicare Member Services: (866) 472-4584
- MyCare Ohio Medicare Member Services: (855) 665-4623

Health Risk Assessment and Self-Management Tools

Molina provides a Health Risk Assessment (Health Appraisal) for members on 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 various other topics. Molina members can access these tools on MyMolina.com.