PROVIDER NEWSLETTER

A newsletter for Molina Healthcare providers

Second Quarter 2022

In this issue

Pay for Quality – Molina's gap closure incentive program

One of our top priorities is ensuring our members have access to and receive high-quality complete and timely care. We're pleased to announce our 2022 Pay for Quality program for primary care providers (PCPs).

- We have chosen a set of select, but critical, quality measures for 2022 that will be included in this incentive program.
- We will pay the primary care group of record a dollar amount per compliant member after that provider achieves the 50th percentile benchmark for that measure for their assigned panel.

- No special authorization is needed for you to send the records to MOLINA. The form you obtain from the patient permitting you to bill us or your contracted provider medical group for the care you have rendered is sufficient under HIPAA regulations.

If you have any questions about this program, please call Provider Services from 8 a.m. to 6 p.m. local time, Monday through Friday.

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Introducing Molina's clinic day

What is clinic day?
Clinic days occur when a network provider agrees to hold open appointments over the course of one or more days for MOLINA members. This is usually done in blocks of four or eight hours.

About clinic days
MOLINA launched a program in 2019 to improve health status and outcomes. HEDIS® measures members' utilization of health care services. This program engages members and providers to improve access to care. Working with our network providers, we reach out to members who have not completed specific recommended health services.

What are the benefits of hosting a clinic day event?
Clinic days offer a way to encourage MOLINA members to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. They also allow open communication for everyone.

How MOLINA can help
We can:

- Measure and improve performance
- Identify and manage patient populations in need of care
- Reduce administrative burden on office staff
- Reduce number of no-shows

What support will MOLINA provide?
When hosting a clinic day event, MOLINA will:

- Work with your office to reach out to MOLINA members to schedule appointments
- Distribute member invitations and appointments

Where will the event take place?
The event will take place at the office of the network provider(s) who agree to hold open appointments for our members.
Open appointments are scheduled appointments for MOLINA members. They are held during the time a provider make available for the event.

SureScript hub and Real-Time Benefits tool through CVS Health

Molina Healthcare has partnered with our Pharmacy Benefits Manager, CVS Health, to share important information that will help you and your patient make better informed decisions when choosing medications for treatment.

CVS Health offers **Real-Time Prescription Benefits information** that interacts with the e-prescribing within your **electronic health record (EHR) system through Surescripts** to give you and your patient their specific plan design and coverage of medications within seconds.

Providers who write prescriptions using an EHR that has been enabled with Real-Time Prescription Benefits can accomplish the following:

- Know if the drug is **covered** and the patient's **out-of-pocket cost**
- See and select clinically appropriate lower-cost brand or generic **alternatives**
- Know which therapy options **require prior authorization** (PA) or have other restrictions
- **Process a PA in real-time** from the EHR (if the EHR also supports ePA)

There is no charge for using the Real-Time Prescription Benefits service. If you would like the Real-Time Prescription Benefits **Access and Onboarding Handbook**, please contact your Molina Provider Services representative at MOLINAVA-Provider@MolinaHealthcare.com or call Provider Services and they can email you a copy of the handbook.

In a recent survey 84 percent of Americans said it would be helpful to know their prescription cost before they go to the pharmacy, and 64 percent said they would use prescription cost information to find lower-cost alternatives instead of forgoing treatment.1

Thank you for your consideration of this important resource for our members.

If you have any questions about the Real-Time Prescription Benefits tool, please call MOLINA Provider Services at:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

New clinical policy website available to Molina providers

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

Important message – updating provider forms

It is important for 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 when possible of changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- **Primary care providers (PCP) only:** If your practice opens or closes to new patients
- When a provider joins or leaves the practice

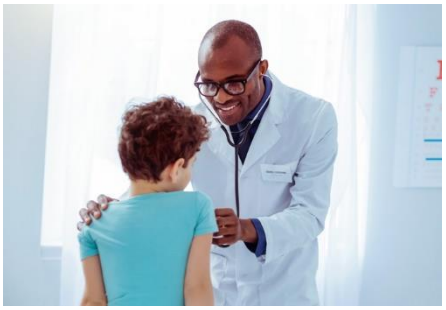
Changes should be submitted on the Virginia Guide to Provider Forms located on the Molina website at Molinahealthcare.com located in the Provider Forms area.

Send changes to:

- Email: MOLINAVA-Provider@MolinaHealthcare.com
- Fax: (888) 656-5098

Contact your Provider Services Representative at MOLINAVA-Provider@MolinaHealthcare.com
if you have questions.

Practitioner credentialing rights: What you need to know



We must protect our members by assuring the care they receive is of the highest quality. One way to do this is to assure that 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.

We also have 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 of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, except for references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department
- Receive notification of the credentialing decision within 60 days of the committee decision or shorter timeframes as contractually required

- Receive notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Molina provider, please review your provider manual. You may review the provider manual on our website at molinahealthcare.com/providers/va/medicaid/home.aspx or contact your Provider Services Representative for more details.

Molina's utilization management

One of the goals of our Utilization Management (UM) department is to render appropriate UM decisions consistent with objective clinical evidence. To achieve this goal, we maintain the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina's clinical criteria include:
    - MCG criteria that are utilized to conduct inpatient review (except when Change Healthcare InterQual® is contractually required)
    - American Society of Addiction Medicine (ASAM) criteria
    - National Comprehensive Cancer Network (NCCN)
    - Hayes Directory
    - Applicable Medicaid Guidelines
    - Molina Clinical Policy (MCP) and Molina Clinical Review (MCR) (developed by designated Corporate Medical Affairs staff in conjunction with Molina physicians serving on the Medical Coverage Guidance Committee)
    - UpToDate
    - Other nationally recognized criteria including technology assessments and well controlled studies that meet industry standards and Molina policy, 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. The clinical policy website MolinaClinicalPolicy.com provides access to MCP and MCR criteria. Providers also have access to the MCG Cite for Care Guideline Transparency tool through our portal. To get a copy of the UM criteria used in the decision-making process, call our UM department at:
    - CCC Plus: (800) 424-4524
    - Medallion 4.0: (800) 424-4518
- As the requesting practitioner, you will receive written notification of all UM denial decisions. If you need assistance contacting a medical reviewer about a case, please call the UM department at:
    - CCC Plus: (800) 424-4524
    - Medallion 4.0: (800) 424-4518

It is important to remember:

- UM decision-making is based only on the appropriateness of care and service and the existence of coverage.

- Molina does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- UM decision-makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
- Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.
- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Molina will arrange for a member to obtain a second opinion out of network at no additional cost to the member than if the services were obtained in-network. Molina provides for a second opinion from a qualified in-network practitioner. Members from all Molina lines of business and programs should refer to their benefit documents (such as Schedule of Benefits and/or Evidence of Coverage) for second opinion coverage benefit details, limitations, and cost-share information. If an appropriate practitioner is not available in-network, prior authorization is required to obtain the second opinion of an out of network provider. Claims for out of network providers that do not have a prior authorization will be denied, unless regulation dictates otherwise. All diagnostic testing, consultations, treatment, and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered.
- 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

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:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

You may also fax a question about an UM issue to Molina. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Molina offers the ability to quickly and conveniently submit and status check PAs through our provider portal, available at: Availity.com/MolinaHealthcare.

Molina PA fax numbers include:

- Advanced imaging: (877) 731-7218
- Medicaid inpatient physical health: (866) 210-1523
- Medicaid outpatient physical health: (855) 769-2116
- Medicaid Long Term Support Services (LTSS): (800) 614-8207
- Medicaid behavioral health: (855) 339-8179
- Medicaid transplant: (877) 813-1206
- Medicaid physician administered HCPCs: (844) 278-5731
- Medicare physical & behavioral health: (844) 251-1540
- Medicare inpatient: (844) 834) 2152
- Medicare Part D pharmacy: (866) 290-1309

For information about Molina's formulary PA and the exception process, please refer to the *Drug formulary and pharmaceutical procedures* article.

Molina's regular business hours are Monday – Friday (excluding holidays) 8 a.m. to 5 p.m., local time. 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 with language barriers, members who are deaf or hard of hearing, and members with speech disabilities.

Drug formulary & pharmaceutical procedures

Molina Healthcare is required to maintain a formulary to meet the unique needs of our members and includes all preferred drugs on the Virginia Medicaid Preferred Drug List (PDL), also known as the Common Core Formulary (CCF).

At Molina, the Drug Formulary and pharmaceutical procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee for those drug classes not included on Virginia Medicaid's CCF. This committee meets on a quarterly basis or more frequently, if needed.

The National Pharmacy and Therapeutics (P&T) Committee is responsible for development and updating drug formularies that promote safety, effectiveness, and affordability, where state regulations allow. The committee objectively reviews new Food and Drug Administration (FDA) approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information and also new clinical guidelines and practice trends that may impact previous formulary placement decisions. Additional committee oversight includes prior authorization, step therapy, quantity limits, generic substitutions, medical exception protocols to allow coverage for non-formulary drugs, other drug utilization management activities that affect access, and providing drug utilization evaluations and intervention recommendations to Molina health plans. Drug formulary activities are inclusive of prescriber-administered specialty medications as a medical benefit as well as pharmacy benefit services.

The drug formularies reviewed and approved by the P&T committee are updated quarterly and include an explanation of quantity limits, age restrictions, therapeutic class preferences, and step therapy protocols. These changes and all current documents are also posted on the Molina website under the Drug Formulary tab.

Providers may request a formulary exception for coverage of a drug outside of the restrictions of the drug formulary. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary, or to request to have a utilization management requirement waived (e.g., step therapy, PA, quantity limit) for a formulary drug. Select medications on the drug formulary or drugs not listed on the formulary may require PA. PA is a requirement that a prescriber obtains advance approval from Molina before a specific drug is delivered to the member to qualify for payment coverage, sometimes called precertification or prior approval. The Drug Formulary/PDL is available online at Molinahealthcare.com under the tab called Drug Formulary.

The National Pharmacy and Therapeutics (P&T) Committee is also responsible for promoting member safety. In the event of a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Molina within 30 calendar days of the FDA notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

Case management

Molina offers you and your patients the opportunity to participate in our Complex Case Management program. Patients appropriate for this voluntary program are those who have the most complex service needs. This may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of our Complex Case Management program is to:

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

If you would like to learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program, please call toll-free:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Resources available on Molina's provider website

Featured at Molinahealthcare.com:

- Clinical Practice and Preventive Health Guidelines
- Health management programs
- Quality Improvement programs
- Member rights & responsibilities
- Privacy notices
- Provider manual
- Current formulary
- Cultural competency provider trainings

If you would like to receive any of the information posted on our website in hard copy, please call:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Translation services

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

Patient safety

Patient safety activities encompass appropriate safety projects and error avoidance for Molina members in collaboration with their PCPs.

Safe clinical practice

The Molina patient safety activities address the following:

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

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

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

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

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

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 an increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.

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

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

Hours of operation

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

Nondiscrimination

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

CCC Plus Member Handbook 2022: molinahealthcare.com/members/va/en-us/mem/medicaid/member-materials-and-forms.aspx

Medallion 4.0 Member Handbook 2022: molinahealthcare.com/members/va/en-us/mem/medicaid/member-materials-and-forms.aspx

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

Member rights & responsibilities

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 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 Molina Member Rights and Responsibilities Statement on Molinahealthcare.com. You can obtain written copies and more information by calling Provider Services:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Population health (Health education, disease management, care management and case management)

The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.

We offer programs to help our members and their families manage a diagnosed health condition. You as a provider also help us identify members who may benefit from these programs. Members can request to be enrolled or 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
- High-Risk Obstetrician-Gynecologists (OB-GYN) case management
- Transition of Care (ToC)

You can find more information about many of our programs on Molinahealthcare.com.

If you have additional question about our programs, please call:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

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 provided care and service
- Evaluation of the effectiveness of programs, interventions, and process improvements and determination of further actions
- Design of effective and value-added interventions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting organizations, and internal Molina threshold
- 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: Claims, UM, and/or credentialing

- Confirmation of the quality and adequacy of the provider and health delivery organization network through appropriate contracting and credentialing processes

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

The effectiveness of Quality Improvement program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing 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 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- Reviewing member satisfaction with their experience with behavioral health services through survey questions and/or evaluation of behavioral health-specific complaints and appeals
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral, and case management

We would like to help you to promote the important care activities you have undertaken in your practices. If you'd like to have your projects and programs highlighted on the Molina website, please email the Quality Improvement department at QualityVA@MolinaHealthcare.com.

If you would like more information about our Quality Improvement program or initiatives and the progress toward meeting quality goals you can visit Molinahealthcare.com and access the Health Resources area to obtain more information. If you would like to request a paper copy of our documents, please email the Quality Department at QualityVA@MolinaHealthcare.com.

Standards for medical record documentation

Providing quality care to our members is important; therefore, we have established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care through 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 patient information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records which 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 email the Quality department at QualityVA@MolinaHealthcare.com.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to providers and their patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

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

You can also view all guidelines at Molinahealthcare.com by accessing the Health Resources section of our provider site. To request printed copies of Preventive Health Guidelines, please call Provider Services:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

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 care recommendations are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina has adopted the following Clinical Practice and Behavioral Health Guidelines, which include but are not limited to:

- Acute Stress and Post-Traumatic Stress Disorder (PTSD)
- Anxiety/panic disorder
- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar disorder
- Children with special health care needs
- Chronic kidney disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression

- Diabetes
- Heart failure in adults
- Homelessness – special health care needs
- Hypertension
- Obesity
- Opioid management
- Perinatal care
- Pregnancy management
- Schizophrenia
- Sickle cell disease
- Substance abuse treatment
- Suicide risk
- Trauma-informed primary care

You can also view all guidelines at Molinahealthcare.com, in the Health Resources section of the provider site. To request printed copies of any guideline, please call Provider Services:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Advance directives

Helping your patients prepare for advance directives may not be as hard as you think. Any person 18 years or older can create an advance directive. Advance directives include a living will document and a durable power of attorney document.

A living will is written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so.

The following links provide you and your patients with free forms and information to help create an advance directive:

- caringinfo.org
- nlm.nih.gov/medlineplus/advancedirectives.html

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

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

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

Behavioral health

Primary care providers (PCPs) provide outpatient behavioral health services within the scope of their practice and are responsible for coordinating members' physical and behavioral health care, including making referrals to behavioral health providers when necessary. If you or the member need assistance with obtaining for behavioral health services, please call Molina Member Services:

- CCC Plus: (800) 424-4524
- Medallion 4.0: (800) 424-4518

Care coordination and transitions

Coordination of care during planned and unplanned transitions for Molina members

We are 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, we make 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, we have resources to assist you. Our staff, including nurses, are available to work with all parties to ensure appropriate care.

To appropriately coordinate care, we will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information should be faxed to Molina's UM department at (800) 614-7934.