PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Second Quarter 2022

In this Issue

New Clinical Policy Website Available to Molina Providers

In February 2022, Molina launched a new provider tool via our website – it is available at 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

In this Issue Continued

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!

AccordantCare ™ Supporting Patients with Complex, Rare Conditions

Molina works closely with Accordant® to provide a high-quality health benefit plan to/for Molina members. That's why we offer AccordantCare,™ a comprehensive program that provides one-on-one nurse support for 20 rare and complex conditions.

This NCQA®-accredited program helps drive better health outcomes, improve quality of life, and reduce the cost of care. The program:

- Reinforces members' understanding and adherence to their care plan outlined by health care providers.
- Identifies gaps in care and coordinate with health care providers as needed.
- Engages and empowers members with proactive support and education.
- Promotes improving total health and help manage multiple, complex needs.
- Provides rare disease expertise, including medication side effect management, with more than 300 nurse clinicians in 50 states.
- Helps ensure the highest quality care with oversight provided by a medical advisory board of more than 30 nationally recognized physicians.

Making a difference

An Accordant primary nurse provides a single point of contact for total support, coordinating care, and aligning resources. Below is an example of how one nurse helped one member on their path to better health.

Challenge: A gap in therapy
A member with multiple sclerosis (MS) recently had two flares. An Accordant nurse talked with the member and learned he was unaware of the status of his next Ocrevus® infusion.

Action: Quick intervention, whole-person support
The nurse worked with Molina to get Ocrevus approved and helped schedule the next infusion at an MS clinic. The nurse educated the member on MS flares when to contact the doctor and the importance of following a prescribed plan of care including medical adherence. The nurse was also able to help with the patient's other health issues, including administering a depression screening and helping the member and their caregiver become fully vaccinated.

Outcome: Back on track
The member was in good spirits and grateful for immediate assistance. He has been in touch with his health care providers and resumed his Ocrevus therapy. The Accordant nurse will continue to follow up with the member to ensure they stay on track.

Provide a higher level of care for members with rare and complex conditions with Accordant**.** To refer a member, contact Accordant at intake@cvshealth.com or (844) 905-0852.

Important Message – Updating Provider Information

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

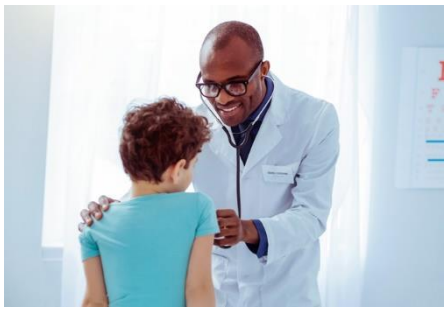
Changes should be submitted on the Provider Change of Information Form located on the Molina website at MolinaHealthcare.com located in the Provider Forms area.

Send changes to:

Email: MHTXProviderServices@MolinaHealthcare.com
Fax: (877) 900-8452

Contact your Provider Services Representative at (855) 322-4080 if you have questions.

Practitioner Credentialing Rights: What You Need to Know



Molina must protect its members by assuring the care they receive is of the highest quality. One protection is assurance 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.

Molina also has a responsibility to its providers to assure the credentialing information it reviews 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 or contact your Provider Services Representative for more details.

Molina's Utilization Management

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

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (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; and 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 obtain a copy of the UM criteria used in the decision-making process, call our UM Department at (855) 322-4080.
- 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 (855) 322-4080.

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 (855) 322-4080. 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 prior authorization (PA) through our provider portal, available at: Portal.

Molina PA fax numbers include:

- Advanced Imaging: (877) 731-7218
- Medicaid
  - Behavioral Health: (866) 617-4967
  - Inpatient: (833) 994-1960
  - Long-Term Care Services & Supports: (844) 304-7127
  - Outpatient: (866) 420-3639
  - Pharmacy: (888) 487-9251
- Marketplace All Types of Requests: (833) 322-1061
- MMP Physical & Behavioral Health Fax: (844) 251-1541
- Medicare Physical & Behavioral Health Fax: (844) 251-1540
- Medicare and MMP Inpatient Fax: (844) 834) 2152
- Medicare Part D Pharmacy Fax: (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) 8:00 a.m. – 5:00 p.m., central 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 and Pharmaceutical Procedures

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

The committee's goal is to provide a safe, effective and comprehensive Drug Formulary/PDL. The P&T Committee is responsible for developing and updating drug formularies that promote safety, effectiveness, and affordability which includes, but is not limited to, therapeutic class reviews, classes preferred or covered at any level, lists of preferred pharmaceuticals or formularies, considerations for limiting access to drugs in certain classes, prior authorization (PA) criteria, generic substitution, therapeutic interchange, step therapy or other management methods. Drug formularies include but are not limited to, pharmacy benefit as well as prescriber administered specialty medications. In addition, the committee reviews clinical appropriateness, and approves drug utilization management activities which include, pharmaceuticals preferred or covered at any level are identified, that an exception process is made available to members, substitutions can be made with permission of the prescribing practitioner, evidence that preferred status pharmaceuticals can produce similar or better results for a majority of the population than other pharmaceuticals in the same class, and other requirements, such as restrictions, limitations or incentives that apply to the use of certain pharmaceuticals. The P&T Committee objectively reviews new Food and Drug Administration (FDA) approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information and also new clinical guidelines and practice trends that may impact previous formulary placement decisions.

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

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

The Drug Formulary/PDL is available online at MolinaHealthcare.com.

The Drug Formulary/PDL, processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are reviewed and updated at least annually, more frequently if appropriate. These changes and all current documents are posted on the Molina website at 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 FDA notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

Case Management

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

The purpose of the Molina Complex Case Management Program is to:

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

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 (855) 322-4080.

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 (855) 322-4080.

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 at (855) 322-4080. 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 primary care providers.

Safe Clinical Practice

The Molina Patient Safety activities address the following:

- Continued information about safe office practices
- Member education; providing support for members to take an active role to reduce the risk of errors in their care
- Member education about safe medication practices

- Cultural competency training
- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

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

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

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

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

Care for Older Adults (MMP and Medicare)

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.

Non-Discrimination

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:

https://www.molinahealthcare.com/members/tx/en-us/sitecore/content/MolinaHealthcare/members/common/nondiscrimination.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 and Responsibilities

Molina wants to inform its 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 member rights and responsibilities policy

Molina Healthcare members have the responsibility to:

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

You can find the complete Molina Member Rights and Responsibilities Statement for your state on our website, MolinaHealthcare.com. Written copies and more information can be obtained by contacting the Provider Services Department at (855) 322-4080.

Population Health (Health Education, Disease Management, Care Management, and Complex Case Management)

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

Molina offers programs to help our members and their families manage a diagnosed health condition. You as a provider also help us identify members who may benefit from these programs. Members can request to be enrolled or 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 the Molina website at MolinaHealthcare.com.

If you have additional question about our programs, please call: Provider Services Department at (855) 322-4080 (TTY/TDD at 711 Relay).

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

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) 322-4080.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals you can visit our website at MolinaHealthcare.com and access the Health Resources area located on our provider website pages to obtain more information. If you would like to request a paper copy of our documents, please call the Quality Department at (855) 322-4080.

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 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 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 Department at (855) 322-4080.

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 within our provider webpages. To request printed copies of Preventive Health Guidelines, please contact Provider Services at (866) 449-6849.

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
- 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 webpages. To request a copy of any guideline, please contact Molina's Provider Services Department at (866) 449-6849.

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 behavioral health services, please contact Member Services Department at (866) 449-6849.

Care Coordination & Transitions

Coordination of Care during Planned and Unplanned Transitions for Molina 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.

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:

- 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 at: (866) 420-3639

Health Risk Assessment and Self-Management Tools

Molina provides a Health Risk Assessment (Health Appraisal) for members on the My Molina 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.