

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare of Illinois Provider Networks

Second Quarter 2021



Important—Updating Provider Information

It is critical for Molina Healthcare to keep our provider network information up to date. This allows Molina to accurately process claims, generate provider directories, and communicate with you, our valued providers.

You must notify Molina in writing at least 30 days in advance of changes, including:

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

Changes should be submitted on the [Provider Information Update form](#) found on the [Frequently Used Forms](#) page of MolinaHealthcare.com. [Click for form.](#)

Email form to: MHILProviderNetworkManagement@MolinaHealthcare.com

Fax: (844) 488-7054

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Utilization Management at Molina

One of the goals of Molina's Utilization Management (UM) team is to render appropriate UM decisions that are 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 (age, co-morbidities, 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 used to conduct inpatient review, except when Change Healthcare InterQual® is contractually required; Hayes Directory; applicable Medicaid Guidelines; Molina Medical Coverage Guidance Documents; and when appropriate, other applicable evidence-based guidelines (i.e., specialty guidelines, UpToDate).
- All criteria used for UM decision-making are available to practitioners upon request by calling our UM team at **(855) 866-5462**.
- The requesting practitioner will receive written notification of all UM denial decisions. The notification will include the name and phone number of the Molina physician that made the decision; providers may call him/her to discuss the case. If you need assistance making an appointment with a medical reviewer about a case, please call the UM team at **(855) 866-5462**.

Important to Note:

1. UM decision-making is based on **appropriateness** of care and service and **existence** of coverage.
2. Molina does **not** reward practitioners or 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 patients about their treatment, regardless of benefit coverage.
5. Molina provides for a second opinion from a qualified, in-network practitioner. 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. 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.
6. 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 the member's life or function will not be compromised if response is received within 96 hours.



Molina's UM staff is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at **(855) 866-5462** or fax a question about a UM issue to **(866) 617-4971**. A Molina Medical Director is available by appointment for more complex questions and explanations of medical necessity denials.

Show Me Your Smile!

Primary Care Providers, OB-GYNs—We Need Your Help



COVID-19 has had a significant impact on everyone, especially our most vulnerable communities. As a result, dental utilization is at an all-time low. Your patients trust you, and it is our hope that they will also follow your care recommendations.

We at Molina ask that during the member's visit, you engage them in a discussion about their oral health. Ask if they have been to the dentist within the last six months, and then recommend they schedule an appointment.

In this time of uncertainty—and by delaying dental care—Molina members are seeking dental services in the emergency department. This is **not** an appropriate place of service, and the emergency department is limited in the dental services they can provide.

Poor oral hygiene and lack of care are resulting in serious or life-threatening health conditions. Inpatient hospital stays that are preventable are occurring due to facial cellulitis, bacteria in the blood, and severe cases of sepsis. Because of the bacteremia, some Molina members are also experiencing endocarditis and osteomyelitis. Plus, the prolonged antibiotic exposure has resulted in members presenting with clostridium difficile diarrhea—which could be deadly or result in other antibiotic usage and/or fecal transplant.

A quick check of the patient's mouth and gums coupled with the recommendation from you could make a significant positive impact on your patient's overall health and safety.

See what other medical providers think about oral care, particularly with pregnant women, in the [First Quarter 2021 Provider Newsletter](#) (pages 4–5).

What is Implicit Bias?

Implicit bias is an unconscious favoritism for or prejudice against people of a particular race, gender, etc., that influences one's actions or perceptions. Implicit bias develops in childhood as a result of our subconscious brain making associations between feelings and stimuli that we see, hear, smell, and taste. These connections process information faster than the route through our frontal cortex for logical thought. This behavior is part of “fight or flight,” and can be a lifesaver in situations where seconds count. However, these shortcuts can also be to our detriment.

The Impact of Implicit Bias

Implicit bias has been postulated to be one of many factors that contribute to health disparities. More than three decades of research have documented a difference in treatment and health outcomes when white patients are compared to black patients. Some of the documented disparities include differences in treatment of severe pain, maternal and infant mortality, and provision of evidence-based treatment for heart disease.

Research has also shown that disparities persist even when white people and black people have the same level of education, insurance, socioeconomic status, and disease burden. Disparities also exist across other racial and ethnic groups, as well as gender and sexual preference.



What We Can Do

It can be difficult to reconcile our conscious beliefs and mission to provide equitable health care, with unconscious implicit bias and health disparities. Molina Healthcare of Illinois has developed a **Virtual Interactive Implicit Bias Workshop** where the focus is on psychological safety, framing the issue systemically, highlighting the systemic impact, and seeking practical solutions without blame.

The response to our first workshop was phenomenal with one participant commenting, “I was very appreciative to hear... about implicit bias in terms of conversations with the vaccination decisions for COVID-19. I always felt like previous conversations on implicit bias focused specifically on race, ethnicity, and gender. But today I felt like implicit bias was acknowledged to be prevalent not only within these demographics, but also extended beyond in terms of personal belief for medical decisions, religion, morals, etc. The inclusion of implicit bias presence in all areas made me personally feel more included.”

If you would like to participate in a workshop—or schedule training for your group—reach out to **Dr. Sarita Massey**, Medical Director, at Sarita.Massey@Molinahealthcare.com.

Drug Formulary and Pharmaceutical Procedures

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

The committee’s goal is to provide a safe, effective, and comprehensive Formulary/PDL by evaluating all therapeutic categories and selecting the most cost-effective agent(s) in each class.



In addition, the committee reviews Prior Authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer’s guidelines and FDA-approved indications. The 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 Molina’s Formulary ([Medicaid PDL](#) | [MMP/Duals PDL](#)). The Formulary 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 would any medication not found on the PDL. In the event of a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by faxing a [Pharmacy Prior Authorization form](#) to **(855) 365-8112**.

In the case of a Class II recall or voluntary drug withdrawal from the market for safety reasons, Molina will notify affected members and prescribing practitioners within 30 calendar days of the Food and Drug Administration (FDA) notification.

An expedited process is in place to ensure notification of Class I recalls to affected members and prescribing practitioners as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

The drug formulary/drug listing, processes for requesting an exception request or 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 MolinaHealthcare.com.

Non-Discrimination



As a Molina provider, you have a responsibility to **not** differentiate or discriminate in providing covered services to members because of race, color, national origin, age, disability, religion, genetic information, military status, ancestry, health status, sex, or need for health services. This includes gender identity, sexual orientation, pregnancy, sex stereotyping, and participation in publicly financed health care programs. Providers are to render covered services to Molina members in the same location, in the same manner, in accordance with the same standards, and within the same time availability regardless of payer.

Case Management

Molina Healthcare of Illinois 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 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 that 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.

Call Molina at **(855) 866-5462** to learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program.

Resources Available on Molina's Provider Website

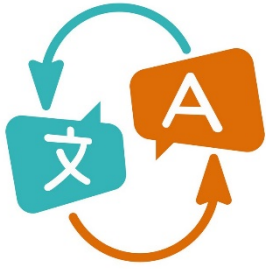
Featured at [MolinaHealthcare.com](https://www.molinahealthcare.com):

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



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

Translation Services



Molina can provide information or 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 our Provider Services Department at HealthChoice Illinois: **(855) 687-7861** or MMP: **(877) 901-8181**. 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 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 Healthcare 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 Enrolled in MMP/Duals

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 patient is seriously ill.
- **Medication review**—All medications that 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 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, thereby increasing their quality of life.

Hours of Operation

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



Member Rights and Responsibilities

Molina Healthcare wants to remind providers about some of the rights and responsibilities of Molina members. **Molina Healthcare members have the right to:**

- Receive information about Molina Healthcare, 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 Healthcare or the care it provides.
- Make recommendations regarding Molina Healthcare's member rights and responsibilities policy.



Molina Healthcare members have the responsibility to:

- Supply information (to the extent possible) that Molina and its practitioners and providers need in order 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.

The complete Molina Healthcare Member Rights and Responsibilities statement for Illinois is on our website Molinahealthcare.com. Written copies and more information can be obtained by contacting the Provider Network Management team at **(855) 866-5462**.

Population Health

Health Education, Disease Management, Care Management, and Complex Case Management

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, which include:

- Asthma management.
- Diabetes management.

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

For more information about our programs, please call the Provider Network Management team at **(855) 866-5462**.

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

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



Quality Improvement Program

Molina Healthcare's Quality Improvement Program provides the structure and key processes that enable us to carry out our commitment to ongoing improvement in members' health care and service. The Quality Improvement Committee assists the organization in achieving these goals. It is an ever-evolving program that is responsive to the changing needs of members and the standards established by the medical community, and regulatory and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status.
- Collaboration with our contracted provider network to identify relevant care processes, develop tools, and design meaningful measurement methodologies for care and service.
- Evaluation of the effectiveness of programs, interventions, and process improvements, as well as determination of further actions.
- Design of effective and value-added interventions.
- Continuous monitoring of performance parameters, and comparing against 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: 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 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 Healthcare 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) 866-5462**.

If you would like more information about our Quality Improvement Program or initiatives, please call the

Quality Improvement Department at **(855) 866-5462**. You can also visit the [Quality Improvement page](#) on our website under Health Resources.

Quality Programs Providers Can Use

The Molina Quality Improvement (QI) Program provides the structure and key processes that enable us to carry out our commitment to ongoing improvement of care and service, and improvement of members' health. The QI Program assists the organization in achieving these goals. It is an ever-evolving program that is responsive to the changing needs of our members and the standards established by the medical community, and regulatory and accrediting bodies. The Quality team has designed programs that help providers help our members.

2021 Pay-for-Performance (P4P) Program

As a top-performing Medicaid Managed Care Organization in Illinois, we know our success is rooted in our strong relationships with the provider community. We offer a robust Pay-for-Performance Program to acknowledge those relationships and to reward high-quality care for our members. If you choose to participate, you will earn a per-member, per-month bonus payout based on your completion of services tied to key HEDIS® metrics, such as follow-up visits in the days following inpatient admission or emergency room visit for mental illness, annual well visits, childhood immunizations, and postpartum care.

Through last year's program, we were proud to award top-performing provider groups up to \$450,000 for their successes in closing member care gaps; each of those dollars represents a collaborative effort to improve members' lives. In 2021, we hope not only to repeat that success but to build upon it.

[Click here for details.](#)

Help Shape Molina's Quality Programs

Molina Healthcare of Illinois seeks physicians like you to participate in planning and oversight with only a modest time commitment from you.

- Quality Improvement Committee (QIC)—QIC participants provide oversight and monitoring of the Illinois Quality Program, including policies and procedures, department performance, outcomes, etc. Medical doctors from any specialty are welcome, particularly from FQHCs.
- Professional Review Committee (PRC)—PRC participants review quality issues and advise on next steps (e.g., an action plan to prevent the quality issue in the future), as well as review outlier files that indicate issues with the provider's record. Medical doctors from any specialty are welcome, particularly OB-GYNs and surgeons.

[Click here for details.](#) Reach out to **Dr. Karen Babos** at Karen.Babos@MolinaHealthcare.com or (630) 203-3952 to discuss your potential role in Molina's QIC and PCR Committees.

2021 Behavioral Health Provider Bonus Program

Providers who participate in this program are eligible for cash bonuses for Follow-Up After Hospitalization for Mental Illness (FUH) and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).



FUH—Discharged members (6+ years) who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

IET—Adolescent (13+ years) and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received treatment.

[Click here for details.](#)

Standards for Medical Record Documentation

As a critical part of providing quality care to our members, Molina Healthcare has established standards for medical record documentation. 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:

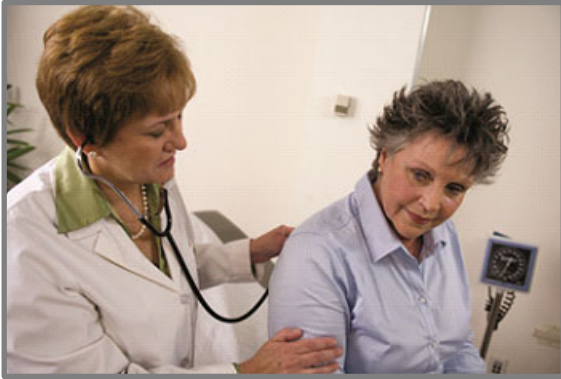
- Medical record content.
- Medical record organization.
- Information filed in medical records.
- Ease of retrieving medical records.
- Confidential patient information.
- Standards and performance goals for participating providers.

These commonly accepted standards for documentation **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, call the Quality Improvement Department at **(855) 866-5462**.

Preventive Health Guidelines



Preventive Health Guidelines can be beneficial to the provider and his/her 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.

To request printed copies of Preventive Health Guidelines, contact Provider Network Management at (855) 866-5462. You can also view all guidelines at [MolinaHealthcare.com](https://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 their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina Healthcare 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.
- Hypertension.
- Obesity.
- Opioid Management.
- Perinatal Care.
- Pregnancy Management.
- Sickle Cell Disease.
- Substance Abuse Disorders.



To request a copy of any guideline, please contact Provider Network Management at (855) 866-5462. You can also view all guidelines at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Advance Directives

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

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

You and your patients can access free forms and information to help create an Advance Directive:

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

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.

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 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. They 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 team at **(855) 866-5462**.

Care Coordination & Transitions

Coordination of Care During Planned and Unplanned Transitions for Molina Members

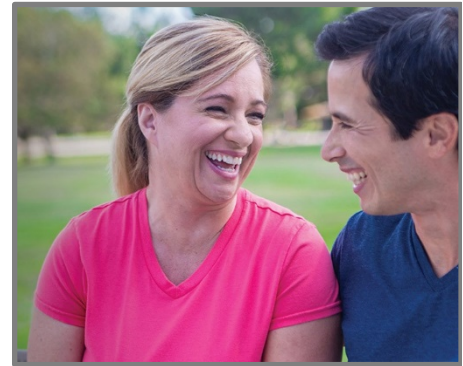
Molina Healthcare is dedicated to providing quality care for our members during planned or unplanned transitions—i.e., when members move from one setting to another, such as when a member is discharged from a hospital.

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 Healthcare has resources to assist you. Our staff—including registered nurses—is available to work with all parties to ensure appropriate care.

Molina requires 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 **(855) 556-2074**.



Important Molina phone numbers to assist with the discharge planning:

- Member Services: **(855) 687-7861**
- Pharmacy and Behavioral Health Services: **(855) 866-5462**
- The Nurse Advice Line is available to members 24/7: **(888) 275-8750** (English)
- The Nurse Advice Line is available to members 24/7: **(866) 648-3537** (Spanish)

Contact the UM team or Member Services for questions regarding planned or unplanned transitions:

- UM Team: **(855) 866-5462**
- Member Services: **(855) 687-7861**

Health Risk Assessment and Self-Management Tools

Molina Healthcare provides a Health Risk Assessment (Health Appraisal) for members on the [My Molina Member Portal](#). Our members are asked questions about their health and behaviors, then they 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. You can help members can access these tools here [My Molina Member Portal](#).

Illinois MMP Expansion 2021



The state of Illinois has expanded MMP to all 102 counties, effective July 1, 2021. Molina Healthcare of Illinois is happy to announce we have secured participation in 91 counties at the time of this writing. We will continue to secure contracts in the remaining counties, with the goal of offering our amazing provider network to members in those counties.

We'd like to thank all of our provider partners who have contracted with us to support this expansion. Cheers to great partnerships!

You're Not Seeing Things

Molina Healthcare of Illinois Will Have a New Vision Service Vendor on August 1

Molina will be changing vision vendors for the HealthChoice Medicaid program and the Medicare-Medicaid (Duals) program from March Vision Care to Avesis (a Guardian company). The change will be effective August 1, 2021. Avesis has been Molina's trusted provider partner for the dental program since 2013.



Providers currently serving, or who plan to serve, the routine vision needs of Molina members on or after August 1 **must** be contracted with Avesis at least 30 days in advance of providing services. Avesis and March Vision will each share information about the transition in the coming weeks. Please visit avesis.com and marchvisioncare.com for updates and contracting information.

New Sessions Featured in Provider Education Series

Molina's Provider Network Managers conduct several webinars each month on important topics that help you interact with us smoothly, reduce errors, and expedite claims. Have you seen the dynamic new [Provider Education Series lineup for 2021](#)?

Many updated sessions from our classic lineup have returned, including Provider Orientation, Roster Training, Hospital Billing, Physician Billing, and others. We reached out to providers last year to ask what training **you** would like to see on the calendar—and we listened.

At your request, Molina has added a number of new sessions with topics like:

- Billing (HCBS, Hospital, and other specialties).
- Appeals & Grievances Processes.
- Town Hall for CMHCs.
- Redeterminations.
- Utilization Management Processes.
- And more.

Visit the [Provider Education Series](#) webpage, peruse the topics, and register today.

[Register for Provider Updates](#) to have critical updates/info delivered right to your inbox!



Molina in the Community

Since the pandemic began, Molina's Outreach team has been increasing community events and vaccination efforts to support our members during the PHE. From drive-through food giveaways to family dental clinics and even mobile vaccination clinics, Molina has been working tirelessly to make a difference in the lives of our members.

Events like these happen **within** the community, keeping things closer to home—and therefore safer—during this time. By bringing the vaccine into the community, we are hoping to reach more people to educate them on the importance of getting vaccinated. We were able to give more than 125 vaccines at these events and, even after the Johnson & Johnson concerns, we had a great outcome.

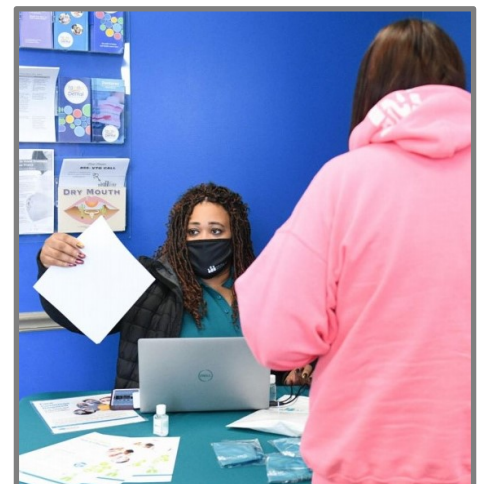
Want to partner with us on an event in **your** community? Contact **Tammy Lackland**, Manager of Community Engagement, at Tammy.Lackland@MolinaHealthcare.com.

These are just a few recent community events:

Molina Healthcare Dental Days in Moline

Molina Healthcare Community Engagement Specialist Erika Hannah speaks with a member at Moline Familia Dental on January 27. Molina and Familia Dental partnered for a series of events called Molina Dental Days, where 75 members and their families were able to make dental visits.

[Read the full article here.](#)



Southern Illinois Canned Food Drive

Menu Du Quoin Call  

Yes We Can: Southern Illinois canned food drive exceeds goal with more than 50,000 items




From left, Fowler Bonan Foundation board member Bobbie Fox, Molina Healthcare Manager of Community Engagement Tammy Lackland, Molina Healthcare Community Engagement Specialist Erin McNamara-Stafford, state Sen. Dale Fowler, Chad Miles and Chance Miles celebrate reaching Yes We Can's 50,000 canned food drive goal. TRAVIS DENEAL PHOTO

[Read the full article here.](#)

Molina Healthcare Responds to Community Needs Amid A Pandemic

NEW BLOG POST

Molina Healthcare Responds to Community Needs Amid a Pandemic



Molina distributed more than 40,000 pounds of food, 6000 hygiene kits, 3,000 COVID prep kits, and donated to over 52 community organizations to communities in need during the pandemic.

Read the full details at www.iamhp.net

Molina Healthcare of Illinois distributed more than 40,000 pounds of food, 6,000 hygiene kits, 3,000 COVID prep kits, and donated to more than 52 community organizations to communities in need during the pandemic.

Thank you to Matt Wolf, Plan President; Laurinda Dodgen, AVP of Community Engagement; and LaTasha Smith, Director of Provider Network Management, for giving an incredible presentation to IAMHP in January. This blog post expands on the presentation and talks more about the impact our community engagement team has made.

Kudos to Tammy Lackland, Erin McNamara-Stafford, Stefanie Beran, Jenniffer Rojas, Doucette Alvarez, Erika Hannah, and Ashley Spears-Gandy for their hard work. [Check out the IAMHP blog.](#)

[We'd Like To Work With YOU On Initiatives Like This!](#)