Senior Whole Health
BY MOLINA HEALTHCARE

First quarter 2024

Provider Newsletter

FOR SENIOR WHOLE HEALTH BY MOLINA HEALTHCARE PROVIDERS

In this issue

The Provider Newsletter is available to all network providers serving Senior Whole Health (SWH) members.

Claims submission

Senior Whole Health strongly encourages providers to submit their claims electronically – including secondary ones. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

SWH offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house.

If electronic claims submission is not possible, please submit paper claims to the following address:

Senior Whole Health of Massachusetts
PO Box 22640
Long Beach, CA 90801

When submitting paper claims:
- Submissions are not considered "accepted" until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Claims will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering – including handwritten claims.
- Claims must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see CMS claims submission guidance at
cms.gov/medicare/billing/electronicbillingEDItrans/1500.

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Drug coverage change

Updated 2024 Part B Step Therapy Grid

SWH has updated medical part B drug injectable (HCPCS codes) Step Therapy requirements. They are online at **Pharmacy and Prescription Benefits | Medicare.** Step Therapy is buy and bill medications, provided from the physician/facility stock and administered in the office/facility. The preferred drug list (Step Therapy) is a list of medications that SWH requires the provider to use before a non-preferred. If there is a medical reason why the preferred medicines cannot be used, SWH can approve a non-preferred with a prior authorization, regardless of whether it is buy or bill.

Part B Step Therapy requirements only apply to new therapy – existing therapies will not require Step Therapy utilization.

Medicare 2024 formulary removals and alternatives

Significant formulary changes for 2024 are summarized, along with covered formulary alternatives, on the next page. Full formularies can be found online at **SWHMA.com.**

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Drug and drug class	Formulary alternatives
Antilipemics	
PRALUENT®	Repatha®
Antidepressants	
VIIBRYD® starter kit	vilazodone tabs (generic for VIIBRYD®)
Auvelity™	bupropion, bupropion SR, or bupropion XL
Diabetes	
Levemir®	BASAGLAR®, LANTUS®, Tresiba®, Toujeo®
NovoLog®	Fiasp, Admelog (biosimilar to Novolog and Humalog)
Victoza®	Trulicity®, BYETTA®, Ozempic®, Bydureon®, RYBELSUS®
Pulmonary agents	
ADVAIR DISKUS/HFA	Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA®
FLOVENT DISKUS/HFA	ARNUITY ELLIPTA
PULMICORT®	ARNUITY ELLIPTA
SYMBICORT®	Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA®

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Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention, but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:
- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no-show rates

Additional resources are available for office staff and patients:
- For additional after-hours coverage, Senior Whole Health members can call the 24-hour Nurse Advice Line at **(888) 275-8750 (TTY/TDD: 711); (866) 646-3537 (TTY/TDD: 711) (Spanish).**
- Senior Whole Health members can access Interpreter Services at no cost by calling Member Services at **(888) 794-7268 (TTY/TTD: 711)** Monday to Friday 8 a.m. to 8 p.m.
- Providers can access the Provider Web Portal at **provider.MolinaHealthcare.com** to:
  - Search for patients and check member eligibility
  - Submit service request authorizations and/or claims and check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
- Participate in online Cultural Competency trainings (also available at **provider.MolinaHealthcare.com**)

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:
- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

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Senior Whole Health 2023 Quality Improvement Results

Senior Whole Health conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) assesses Senior Whole Health members' satisfaction with their health care. It allows us to better serve our members.

Senior Whole Health has received the CAHPS® results of how our members rated our providers and our services.

Medicaid: In 2023, Senior Whole Health improved in Getting Care Quickly, Getting Needed Care, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan.

Senior Whole Health reported 'NA' (i.e., less than 30 members in the denominator) for the following measures: Coordination of Care, Rating of Specialist Seen Most Often, and Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers and Tobacco Users to Quit Rate. This limited Senior Whole Health's ability to make a direct comparison with the 2022 ratings.

Medicare: In 2023, Senior Whole Health improved in Getting Care Quickly, Getting Needed Care, Coordination of Care, Rating of Health Plan, Rating of All Health Care, Rating of Drug Plan, and Annual Flu Vaccine.

Senior Whole Health reported 'NA' (i.e., less than 30 members in the denominator) for Customer Service and Getting Needed Prescription Drugs. This limited Senior Whole Health's ability to make a direct comparison with the 2022 ratings.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Senior Whole Health to monitor how many members are receiving the services they need. Measures include immunizations, Pap tests and mammograms. There are also scores for diabetes care.

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Medicaid: In 2023, Senior Whole Health improved in Blood Pressure Control (<140/90) for Patients With Diabetes (BPD), Breast Cancer Screening (BCS), Controlling High Blood Pressure (CBP), Eye Exam for Patients With Diabetes (EED), and Statin Therapy for Patients with Diabetes - Statin Adherence 80% (SPD).

Senior Whole Health needs to make improvements in Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8%) (HBD), Risk of Continued Opioid Use - 31-Day Total (COU), Kidney Health Evaluation for Patients with Diabetes (KED), Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies (UOP), and Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD).

In 2023, Senior Whole Health reported 'NA' (i.e., less than 30 members in the denominator) for Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Annual Dental Visits – Total (ADV), Appropriate Testing for Pharyngitis (CWP), Appropriate Treatment for Upper Respiratory Infection – Total (URI), Asthma Medication Ratio – Total (AMR), Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis (AAB), Cervical Cancer Screening (CCS), , Chlamydia Screening in Women – Total (CHL), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7-Day Follow-Up Total (FUA), Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up Total (FUM), Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up Total (FUH), Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up Total (FUI), Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD Treatment Total (IET), Blood Glucose and Cholesterol Testing Total (APM), Pharmacotherapy for Opioid Use Disorder – Total (POD), Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroids (PCE), Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE), Plan All-Cause Readmissions, Combination Rate (PRS), Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total (SPC), Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% Total (SPC), Use of Imaging Studies for Low Back Pain (LBP), Use of Opioids at High Dosage (HDO), and Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies (UOP)

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In 2022, Senior Whole Health reported 'NA' (i.e., less than 30 members in the denominator) Antidepressant Medication Management - Effective Continuation Phase Treatment (AMM). This limited Senior Whole Health's ability to make a direct comparison with the 2023 ratings.

Medicare: In 2023, Senior Whole Health improved in Breast Cancer Screening (BCS), Care for Older Adults - Medication Review (COA) (SNP 003), Diabetes Care Eye Exam (EED), Medication Reconciliation Post-Discharge (TRC), and Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total (SPC).

 Senior Whole Health needs to make improvements in Care for Older Adults - Medication Review (COA) (SNP 001), Care for Older Adults - Pain Screening (COA) (SNP 001), Care for Older Adults - Pain Screening (COA) (SNP 003), Colorectal Cancer Screening (COL), Controlling Blood Pressure (CBP), Diabetes Care Blood Sugar Controlled (HBD), and Osteoporosis Management in Women Who Had a Fracture (OMW).

 You can view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Senior Whole Health's website at **MolinaHealthcare.com/Providers/MA/SWH/Resources/Quality.aspx.**

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Requirements for prior authorization submission

SWH has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

What is Cite AutoAuth, and how does it work?

Providers can receive an expedited – often immediate – response by attaching the relevant care guideline content to each PA request and sending it directly to us. Through a customized rules engine, Cite AutoAuth matches SWH's specific criteria to the clinical information and attached guideline content to potentially authorize the procedure automatically.
Self-services available in the Cite AutoAuth tool include, but are not limited to:

- MRIs
- CTs
- PET scans

If you want to see the complete list of imaging codes requiring PA, you can refer to the PA Code LookUp Tool online at **SWHMA.com**.

How to access and learn more

Cite AutoAuth can be accessed online via the Availity Essentials provider portal at **provider.MolinaHealthcare.com** in **SWH's Payer Spaces**. It is available 24 hours per day, seven days per week.

This submission method is strongly encouraged as your primary submission route. However, existing fax/phone/email processes are also available.

Additional information about Cite AutoAuth is available in the quick reference guide on **MolinaHealthcare.com/Providers/MA/SWH/Resources/Availity.aspx.**

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Council for Affordable Quality Healthcare

What is the Council for Affordable Quality Healthcare?
Council for Affordable Quality Healthcare (CAQH) technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the administrative burden for providers.

How does SWH use CAQH?
SWH uses the CAQH DirectAssure application to allow enrolled providers to attest and update their data in a single place shared by all companies contracted with and utilizing CAQH. SWH registers all of our non-delegated credentialed providers for CAQH DirectAssure and currently pays the monthly fees related to the attestation tools for the providers.

What are the benefits of using CAQH?
- **Decreased administrative burden**: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with SWH every 90 days.
- **Increased SWH support**: As providers update their information in CAQH, we can systemically update our system, enabling our associates to assist providers with other needs.
- **More accurate records**: By obtaining more frequent provider updates, we'll have precise provider information for our records.

How does CAQH work for providers?
Providers enter updated information once in CAQH, which is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to track changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days. CAQH provides an effective way to meet that requirement.

What's next?
SWH is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies, but CAQH offers many other features and benefits beyond credentialing attestations.

We're excited to continue improving our automation of provider information processes to reduce the administrative burden on providers to update data.

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Availity Essentials is SWH's exclusive provider portal

Availity Essentials is SWH's official, secure provider portal for traditional (non-atypical) providers (i.e., personal care, adult day care, taxi services or home modifications). Some core features available in Essentials for SWH include eligibility and benefits, attachments, claim status, Smart Claims and Payer Space (submit and check prior authorizations and appeal status and appeal/dispute).

Several new features and enhancements have recently been added to Availity Essentials for SWH providers. If you missed it, check out the latest enhancements to simplify workflows and reduce administrative burden!

What's new?	How does it benefit me?
Appeals	Submit your appeal and dispute requests online for SWH's finalized claims. Check the status of your requests submitted on Availity Essentials. View and import requests initiated through outside channels (mail, fax, etc.) and complete them within your Availity Essentials workflow. Upload supporting documentation for online requests. Receive a notification when requests have been finalized and processed by SWH.
Claims corrections	SWH providers can now access a new claims correction feature from the claim status page. Claims correction allows you to correct and resubmit a paid or denied claim from the claim status response page.
Overpayments	Eliminate mail and fax for faster dispute resolution and ensure overpayment requests are current. View the status and details of any claim SWH has identified as an overpayment. Request additional information, dispute or resolve the overpayment.
Patient search	Save time entering patient information for eligibility and benefits inquiries. Enter the patient's member ID or their last name, first name and DOB, then select the patient matching the criteria. The information will automatically populate on the request.
SWH Medicare is now included in the SWH Payer Option.	Select only one option in the payer field. The **SWH Medicare** option no longer displays in the payer field. When you select the **SWH** option for the region, the plan coverage for the member includes Dual-Eligible, Medicare and Medicaid.

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Not registered with Availity Essentials?

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please visit **availity.com/MolinaHealthcare** and click **Register**.

Call Availity Essentials Client Services at **(800) AVAILITY (282-4548)** for registration issues. Assistance is available Monday-Friday from 8 a.m. to 8 p.m. ET.

Dive deeper into Availity Essentials

Once you have your Availity Essentials account, you can learn more about the features and functionality offered to SWH providers. Log in -> go to **Help & Training** -> **Get Trained** to register for a webinar.

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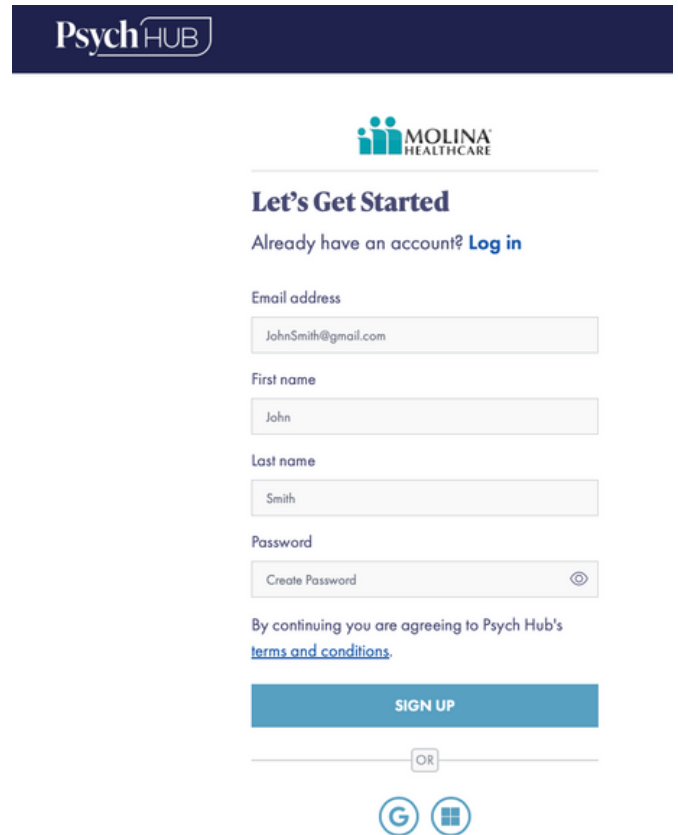# Our gift to our providers: PsychHub subscription

SWH has partnered with PsychHub to offer our valued network providers a no-cost subscription to the PsychHub platform.

PsychHub is an online digital behavioral health education platform that providers can access PsychHub's online learning courses. Some of these courses offer continuing education opportunities for select licensures. Various learning courses – including the Mental Health Ally Certification Program – may benefit office staff and/or providers interested in learning more about working with the behavioral health population.

Ready to get started? SWH network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account:
app.psychhub.com/signup/molina-mhp/

Contact your Provider Services representative to set up an overview of the PsychHub platform and its resources.

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Clinical policy updates from the fourth quarter 2023

Molina Clinical Policies (MCPs) are located at **MolinaClinicalPolicy.com.** The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

The following new policies were approved:

- MCP-447: Casgevy (exagamglogene autotemcel)
- MCP-443: Fractional Laser Treatment of Traumatic and Burn Scars
- MCP-444: Implantable Peripheral Nerve and Nerve Field Stimulators for Chronic Pain
- MCP-445: Speech Generating Devices
- MCP-448: Lyfgenia (lovotibeglogene autotemcel)
- MCP-446: Wheelchair-Mounted Robotic Arm Devices

The following policies have coding updates only:

- MCP-436: Elevidys
- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-433: Roctavian
- MCP-357: Skin Substitutes

The following policies were revised:

- MCP-406: Enteral Nutrition
  - Coverage indications updated to include chronic indications.
- MCP-245: Heart Transplantation with a Total Artificial Heart
- MCP-117: Small Bowel Multivisceral Transplantation
- MCP-114: Liver Transplantation (Adult and Pediatric)
  - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, added active pregnancy to absolute contraindications, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-115: Lung Transplantation
  - Removed rapid fall in forced expiratory volume in one second (FEV1) in the presence of cystic fibrosis as an indication, added other end-stage lung disease as a potential indication for transplant, age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-272: Hematopoietic Stem Cell Transplantation for Ewings Sarcoma
- MCP-194: Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders
- MCP-193: Hematopoietic Stem Cell Transplantation for Neuroblastoma

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- MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis
- MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia
  - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-309: Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS)
  - Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation, added Molecular International Prognostic Score System (IPSS-M) score of 1 or more in the presence of other qualifying indications.
- MCP-121: Inhaled Nitric Oxide iNO for Neonatal Hypoxic Respiratory Failure
  - Updated indications to include failed trial of high-frequency jet oscillation and removed oxygenation index requirement.
- MCP-132: Percutaneous Ventricular Assist Devices
  - Coverage indications updated to include contraindications for Impella RP & RP Flex, and Impella therapy used in conjunction with ECMO or IABP. TandemHeart information removed.
- MCP-390: Radiofrequency Ablation (RFA) of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
  - Coverage indications updated to cover RFA in the appropriate setting.
- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Removed reference to SMA clinical subtype as a criterion. Updated to allow four copies of the SMN2 modifier gene to be present for approval. Added new warning from prescribing information about fatalities related to liver failure. Added requirement of recent (within 30 days of request) complete blood count within normal limits.

The following policies have been retired and are no longer available on the website:
- MCP-234: Bioimpedence Analysis for Lymphedema Assessment (see MCG)
- MCP-370: Durysta (bimatoprost implant) (see policy under pharmacy)
- MCP-282: Ozurdex (dexamethasone intravitreal implant) (see policy under pharmacy)
- MCP-243: Gastrointestinal Electrical Stimulation GES for Obesity (see policy 414)
- MCP-392: Monarch External Trigeminal Nerve Stimulation eTNS System (see MCG)
- MCP-391: Radiofrequency Ablation of Primary or Metastatic Liver Tumors (see MCG)
- MCP-134: Therapeutic Apheresis (see MCG)

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Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the current Provider Manual online at **MolinaHealthcare.com/Providers/MA/SWH/Resources/Provider-Materials.aspx.**

The items listed below reflect significant changes made in the 2023 Provider Manual. Changes are broken down by the section of manual and page number.

- Contact Information-3
- Health Care Services: Requesting Prior Authorization-32
- Quality-58
- Compliance: Post-payment Recovery Activities-76
- Claims and Compensation-105

SWH Quality corner

Clinical practice and preventive health guidelines

SWH adopts clinical practice guidelines (CPGs) and preventive health guidelines (PHGs) based on updated, evidence-based practice or consensus of professionals in the field should evidence-based guidelines be unavailable. The adopted guidelines are reviewed quarterly for updates to provide the best and most current recommendations to our provider network. We ask that you utilize this resource to help guide the care you give our members.

The latest updates to guidelines in Q4 2023 include:

- Screening for hypertensive disorders in pregnancy- new recommendations from the US Preventive Services Task Force
- Updates to vaccination recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) related to COVID-19 and RSV vaccination in both children and adults
- Updates to the Global Initiative for Chronic Obstructive Lung Disease 2024 GOLD Report recommendations

You can review our website's current SWH CPGs and PHGs lists at **MolinaHealthcare.com/Providers/MA/SWH/Health/CPG.aspx**. Each CPG and PHG listed on our website includes a link to the organization's website to view the complete guidelines and associated updates.

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Engaging members for their annual wellness/preventive care visits

The annual wellness visit (AWV) for preventive health is an important component of care for our members. This visit is different from the annual physical exam. Medicare covers the cost of the AWV. Many members may not realize the importance of discussing preventive care and wellness with their doctor, and many may be unaware that this benefit exists. During routine appointments, providers could remind eligible members to schedule their AWV to maintain and improve their health. As always, thank you for caring for our members. For more information on the Medicare AWV, please visit **cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/preventive-services/medicare-wellness-visits.html.**

Please help us spread the word to our members about our new Member Advisory Committee

SWH is forming a Member Advisory Committee (MAC) for our MAPD, SCO & DSNP members! We encourage our members to participate, as it allows them to provide feedback on how we are doing as a health plan. Our goal is to educate our members about the services that we offer and get their feedback so that we can improve their experience with us.

Here is some basic information about the MAC that you can share with our members:

- The MAC is for SWH members and/or caregivers. Various staff from our health plan will attend to answer any member questions.
- Some topics discussed in the meeting include but are not limited to health management programs, benefit education, and obtaining feedback on enhancing the member experience.
- Meetings will be held quarterly and conducted virtually using a computer or telephone (dial-in option) and possibly moving to an in-person environment.
  - If you know a member and/ or a caregiver interested in joining our MAC, please have them contact SWH Member Services at **(888) 794-7268 (TTY/TDD: 711)** from 8 a.m. to 8 p.m., seven days a week.

We look forward to creating better health care experiences – **together!**

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Additional SWH resource reminders for providers

HEDIS® & CAHPS® tip sheets:

- HEDIS® & CAHPS® tip sheets are available on the Availity Essentials provider portal under the **Resources** tab under **Payer Spaces**.
- Tip sheets are updated quarterly, and the 2024 tip sheets will be updated soon.

You can find instructions on setting up your account with Availity online at **MolinaHealthcare.com/-/Media/Molina/PublicWebsite/PDF/Providers/MA/Comm/Availity-Intro-Letter_SWH-MA.pdf** or **MolinaHealthcare.com/Providers/MA/SWH/Resources/Availity.aspx.**

Flu resources

SWH has flu infographics available online in five languages (English, Spanish, Portuguese, Chinese and Vietnamese) and flu shot reminder postcards (additional Haitian Creole) at **MolinaHealthcare.com/Members/MA/EN-US/MEM/Medicare/Helpful-Resources/PRO.aspx**.

Providers should encourage members to get a flu vaccine. Members should visit **vaccines.gov/find-vaccines/** to find a flu vaccine clinic near them.

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