

# Care Management Programs

## Provider Resource

### Overview:

Molina has a variety of Care Management Programs that are voluntary for members in order to improve health outcomes, assist members with managing their conditions, and provide members with needed resources and referrals. Our program staff collaborates with providers and delivers care coordination services. Members can be referred to programs through provider referral or self-referral.

### For referrals to any of the programs outlined below:

- Providers can refer by completing and faxing the attached Referral Form (page 3) for Care Management Services to: (800) 767-7188
- The referral form is available online at:  
<http://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx>
- Members can self-refer by calling Member Services at (800) 869-7165, TTY 711
- To better serve your patients please let them know you will be referring them to us for services.

### Case Management: (services in many areas are primarily telephonic)

Molina's Case Management program can help a member with:

- Accessing community resources
- Navigating health plan services
- Identifying gaps in care and barriers to meet health care needs
- Coordinating services with the member's health care team
- Supporting improved health outcomes through goal setting
- Providing education and resources to help manage chronic conditions

### Specialized Programs include: (telephonic services)

- Bariatric Surgery (800) 869-7175 ext. 144055
- Autism/ABA Therapy
- Transgender Care Coordination
- High Risk OB
- Health Services for Children with Special Needs

[MolinaHealthcare.com](http://MolinaHealthcare.com)



your extended family.



## **Disease Management:** (telephonic services) (800) 869-7175 ext. 147121

Molina's Disease Management Program offers support to members in managing the following health conditions:

[MHWDiseaseManagement@MolinaHealthCare.com](mailto:MHWDiseaseManagement@MolinaHealthCare.com)

- Pre-Diabetes
- Diabetes
- Asthma
- Hypertension
- Obesity
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)

The goals of this program are to work directly with you and your Molina patient to prevent the onset of chronic disease or stabilize existing disease. In practical terms, our Disease Management clinical staff can help:

- Reinforce and supplement the information you provide your Molina patient
- Improve medical compliance and management efforts
- Remove barriers to care and refer Molina patients to needed services
- Encourage patients to make healthy lifestyle changes and stay on track with their health-related goals
- Partner with you in developing, implementing and updating a patient's care plan
- Provide you with updates on your patient's progress, areas of concern, and/or problems identified
- Offer smoking cessation services and incentives to support healthy behaviors

## **Community Connector (community health worker role):** face-to-face services

- Enhancement and extension of Case Management Services
- Assists members with navigating the health care system
- Helps members connect to community resources
- Links members to transportation resources
- Assists members with overcoming access to care barriers

## **Patient Review and Coordination Program (PRC):** telephonic services

- Restricts members to one prescriber and one pharmacy for narcotic medications
- Assists members with improved health outcomes
- Improves appropriate utilization of the health care system
- Has shown to reduce narcotic-related deaths

## **Health Homes:** (face-to-face services) [WAHealthHomes@MolinaHealthCare.com](mailto:WAHealthHomes@MolinaHealthCare.com)

- An additional Medicaid benefit for member with a PRISM risk score of 1.5 or greater
- Provides community-based care coordination
- May accompany members to medical appointments
- Coordinates/collaborates with providers to facilitate member care
- Completes face-to-face assessment and health action plans

**For questions regarding Prior Authorizations, RX, and Benefits or for help locating a provider, please call the Member and Provider Contact Center at 1-800-869-7165.**





**Referral for Care Management Services**

For questions regarding Prior Authorizations, RX, and Benefits or for help locating a provider, please call the Member and Provider Contact Center at 1-800-869-7165.

**URGENT (Select this only for issues or situations that must be addressed within 1-2 business days. For EMERGENT issues to protect the safety of the member and or others, call 911 or local crisis line: [https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BHO\\_Contacts\\_For\\_Services.pdf](https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BHO_Contacts_For_Services.pdf)**

**Referral Source Information:**

Referring Provider: \_\_\_\_\_ Clinic name: \_\_\_\_\_

EMS provider referral: City / Name : \_\_\_\_\_

Contact name for questions regarding referral: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # for referral confirmation \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Address or Patient's Current Location: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Provider One # or Molina ID# \_\_\_\_\_

**Reason for Referral:** *Please attach clinical notes if available.*

**CASE MANAGEMENT:**

- Collaborate care between BH, SUD, Medical, Hospitals and IP facilities
- Assist with complex care coordination
- Guide member in self-managing health conditions by goal setting and intervention.
- Other- please describe \_\_\_\_\_
- Educate on appropriate utilization of medical/BH services

**DISEASE MANAGEMENT:**

- Asthma
- Congestive Heart
- Coronary Artery Disease
- Hypertension
- Diabetes
- Prediabetes
- Overweight or Obesity (weight Management)\*\*

\*\*For referrals to the Weight Watchers Program please complete the Weight Watchers® referral form available on the provider portal

**COMMUNITY CONNECTOR:**

- Housing Programs
- Transportation
- Food Programs
- Community-based Programs please describe \_\_\_\_\_
- Initial PCP / Specialist appointment set up
- Signing up for and/or understanding health care benefits
- Support SSI application process
- Smoking Cessation services call 1-800-QUIT-NOW

Please only send one member referral per fax. If you have not received confirmation of this referral and referral outcome within 7 business days, please call us at (800) 869-7165.