

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare of Arizona Providers

## Third Quarter 2022

### NPPES Review for Data Accuracy

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Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

Centers for Medicare & Medicaid Services (CMS) encourages Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to our members.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and *actively* see patients and where a patient can call and

make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your

information, you will need to confirm it is accurate by certifying it in NPES. Remember, NPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPES, you may reference NPES help at [NPES.cms.hhs.gov](https://www.cms.gov/npes).

## Clinical Policy Update Highlights from Second Quarter 2022

Molina Clinical Policies (MCPs) are located at [www.molinaclinicalpolicy.com](http://www.molinaclinicalpolicy.com). The policies are used by providers as well as 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 second quarter 2022 updates are noted below.

The following new policies were approved:

- Carvykti (ciltacabtagene autoleucel)
- Gastric Electrical Stimulation
- Gender Affirmation Treatment and Procedures
- Occupational Therapy
- Prescription Digital Therapeutics
- Shoulder MRI

Please note the name change of the following existing policies:

- Steroid-Eluting Sinus Stents and Implants (PROPEL, SINUVA) [formerly SINUVA (mometasone furoate)]
- Minimally Invasive Sacroiliac Joint Fusion (formerly iFuse Implant for Sacroiliac Joint Fusion)

The following policy has been retired and is no longer available on the website:

- Computer Aided Evaluation Malignancy Breast with MRI and Lung Radiology

## Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to better serve Molina providers such as e-check and virtual card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: [providerpayments.com/Login.aspx](https://providerpayments.com/Login.aspx)

## Posttraumatic Stress Disorder (PTSD) Awareness

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder developed by some people who have been exposed to an event that threatened serious harm or death. It can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, intense reactions to reminders of the event and can lead to relationship issues and isolation. This was initially noticed primarily in veterans however can affect anyone at any age,

generally affecting approximately 12.5% of the population in primary care. Younger children can present differently, exhibiting symptoms such as wetting the bed after toilet training, regressions in speech, reenacting the event during playtime and being atypically clingy to parents and other adults. Symptoms typically arise within 3 months of the event occurrence but can be delayed.

Medication and psychotherapies are the primary forms of treatment for PTSD and often the primary care provider (PCP) is the first professional that people talk to about these symptoms arising. If you have a patient who needs screening for PTSD, the National Center for PTSD offers this five question screening tool: [Primary Care PTSD Screen for DMS-5 \(PC-PTSD-5\)](#)

Additionally, the American Psychological Association provides information for patients and families that can help them understand what they are going through available [HERE](#)

References:

1. [VA PTSD Reference](#)
2. [Youth.gov PTSD Reference](#)
3. [Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care](#)
4. [NIMH.nih.gov](#)

## Helping Your Patients Shouldn't Stop When You Leave Your Office



### Now it doesn't have to.

Molina Healthcare is proud to introduce Molina Help Finder – a new, one-stop resource, powered by findhelp – that assists Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers can also refer patients in real time right from your [provider portal](#). Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local Provider Network Team. You can also visit [MolinaHelpFinder.com](#) to learn more.

## Importance of Metabolic Monitoring of Antipsychotic Medications

The Molina Healthcare National Pharmacy and Therapeutics committee would like to remind providers about the importance of metabolic monitoring of antipsychotic medications.

Patients taking antipsychotic medications are a population at increased risk for metabolic problems such as diabetes, hyperlipidemia, hypertension or obesity. These metabolic effects may occur in any patient but are particularly concerning in children and adolescents, drug-naive patients, or patients with first-episode schizophrenia. The first consensus guideline was released in 2004, by the American Diabetes Association and endorsed by the American Psychiatric Association (APA), and the American Association of Clinical Endocrinologists. It recommended metabolic screening for children and adolescents. Since that time, there have been several data reports to suggest metabolic monitoring of antipsychotic medications is only occurring in roughly 35% of patients.

Based on recommendations from the APA, patients should have the following assessments four months after initiating a new treatment, and annually thereafter: fasting blood glucose, or hemoglobin A1C and lipid panel. Some reasonable strategies to overcome the barriers associated with adherence to monitoring include engaging patients or caregivers in a self-management strategy to enhance their own monitoring. Ensuring patients have a scale and encourage healthy behaviors. Ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase patient adherence as well.

Within the past year you may have received educational notifications from Molina in order to support metabolic monitoring where Molina believes a member can benefit from an improved quality of care.

#### References:

1. American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841
2. R.L. Finding et al. (2011) American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. [AACAP.org](http://AACAP.org)
3. Agency for Healthcare Research and Quality: Metabolic Monitoring for Children and Adolescents on Antipsychotics. AHRQ Publication No. 14(18)-P011-2 (2/2018) [AHRQ.gov](http://AHRQ.gov)

## 2022 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists to receive training about Molina's Special Needs Plans (SNPs) Model of Care (MOC).

The SNPs MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at [Molinahealthcare.com/model-of-care-Provider-Training](http://Molinahealthcare.com/model-of-care-Provider-Training). The completion date for this year's training is December 21, 2022.

If you have any additional questions, please contact your local Molina Provider Services Representative at: [MCCAZ-Provider@molinahealthcare.com](mailto:MCCAZ-Provider@molinahealthcare.com).

## Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

When submitting prior authorization requests, keep the following items in mind:

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function."



When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina Prior Authorization Request Form if requesting via fax.

- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.
- Molina will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

## Cultural Competency Resources for Providers and Office Staff

Molina Healthcare is committed to improving health equity by being a culturally competent organization. We support and adhere to the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) as established by the Office of Minority Health. Additionally, we work to achieve NCCA's [Health Equity Accreditation](#) in the markets we serve. Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs.

### **Molina's Building Culturally Competent Healthcare: Training for Providers and Staff**

Cultural competency can positively impact a patient's health care experience and outcomes. A series of five short cultural competency training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at [Molinahealthcare.com](http://Molinahealthcare.com).

#### **Training topics:**

- Module 1: Introduction to Cultural Competency
  - The need for cultural competency
  - How culture impacts health care
  - Implicit bias
  - Federal requirements related to cultural competency (Affordable Care Act, Americans with Disabilities Act)
- Module 2: Health Disparities
  - Examples of racial health disparities and health disparities among persons with disabilities
  - Health equity
  - Social determinants of health
- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
  - Social model of disability and accepted protocol and language of the independent living/disability rights movement
- Module 4: Specific Population Focus – LGBTQ and Immigrants / Refugees
  - Health disparities among LGBTQ population
  - Clear communication guidelines for healthcare providers interacting with LGBTQ patients

- Disparities among immigrant and refugee communities
- Clear communication guidelines for healthcare providers interacting with immigrant and refugee patients
- Module 5: Becoming Culturally Competent
  - Perspective-taking
  - Clear communication guidelines
  - Tips for effective listening
  - Assisting patients whose preferred language is not English
  - Tips for working with an interpreter
  - Teach back method
  - Molina's language access services

Each training video ranges in length from five to ten minutes each. Viewers may participate in all five training modules, or just one, depending on topics of interest. Please contact your Provider Services Representative at [MCCAZ-Provider@molinahealthcare.com](mailto:MCCAZ-Provider@molinahealthcare.com) if you have any questions.

### **Americans with Disabilities Act (ADA) Resources: Provider Education Series**

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. Please visit Molina's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at [Molinahealthcare.com](http://Molinahealthcare.com) to view the materials.

#### ***Resources consist of the following educational materials:***

- American with Disabilities Act (ADA)
  - Introduction to the ADA, and questions and answers for health care providers (i.e. which healthcare providers are covered under the ADA; how does one remove communication barriers that are structural in nature; is there any money available to assist with ADA compliance costs?).
- Members who are Blind or have Low Vision
  - How to get information in alternate formats such as Braille, large font, audio, or other formats that members can use.
- Service Animals
  - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.
- Tips for Communicating with People with Disabilities & Seniors
  - Communicating with individuals who are blind or visually impaired; deaf or hard of hearing; Communicating with individuals with mobility impairments; speech impairments; and communicating with seniors.

Please contact your Provider Services Representative at [MCCAZ-Provider@molinahealthcare.com](mailto:MCCAZ-Provider@molinahealthcare.com) if you have any questions.

### **Molina's Language Access Services**

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency patients. Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Molina provides the following services directly to members at no cost, when needed:

- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and sign language interpreter services
- Relay service (711)
- 24-hour Nurse Advice line
- Bilingual/bicultural staff

In many cases, Molina will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider contact centers to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit [Molinahealthcare.com](https://Molinahealthcare.com).

## Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

### How to submit EDI claims:

A clearinghouse is the easiest way to submit EDI claims to Molina Healthcare. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at [Availity.com/MolinaHealthcare](https://Availity.com/MolinaHealthcare) for more information.

### Frequently Asked Questions:

- Can I submit COB claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Molina?

- Molina uses Change Healthcare as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.
- Which claims EDI transactions Molina Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)
- What is Molina's Payer ID?
  - Molina Healthcare of Arizona's Payer ID is MCC01
- What if I still have questions?
  - More information is available at [Molinahealthcare.com](https://Molinahealthcare.com) under the EDI tab.

## Information for Maternity Care Providers

### Maternity Care Provider Requirements:

- Maternity care providers shall follow the ACOG standards of care, including the use of a standardized medical risk assessment tool and ongoing risk assessment
- LMs, if included in the provider network, shall adhere to the requirements specified in AHCCCS policy, procedures, and Contract and A.A.C. R9-16-111 through 113. LMs providing services to FFS members shall adhere to the requirements contained within AHCCCS policies and procedures.
- Maternity care providers shall ensure that:
  1. High-risk members have been referred to a qualified provider and are receiving appropriate care
  2. All pregnant members are screened through the Controlled Substances Prescription Monitoring Program (CSPMP) once a trimester
  3. All pregnant members are screened for Sexually Transmitted Infections (STI) at the first prenatal visit, Third Trimester, and at the time of delivery
  4. Members are educated about healthy behaviors during pregnancy
  5. All pregnant members shall receive a brief verbal screening and intervention for substance use utilizing an evidence-based screening tool and an appropriate referral shall be made as needed
  6. Providers shall utilize evidence-based practices per ACOG and AAP which increase the initiation and duration of breastfeeding
  7. Perinatal and postpartum depression screenings are conducted at least once during the pregnancy and then repeated at the postpartum visit with appropriate counseling and referrals made if a positive screening is obtained
  8. Member medical records are appropriately maintained and document all aspects of the maternity care provided
  9. Members shall be referred for support services to the Special Supplemental Nutrition Program for WIC, as well as other community-based resources, to support healthy pregnancy outcomes

10. Members shall be notified that in the event of loss of eligibility for services, they may contact the Arizona Department of Health Services (ADHS) Hotline for referrals to low-cost or no-cost services
11. The first and last prenatal care dates of service, as well as the number of obstetrical visits that the member had with the provider, are recorded on all claim forms submitted to the Contractor regardless of the payment methodology used
12. Postpartum services shall be provided to members within the postpartum period and adhere to current performance measures as specified in the Contract. The maternity care provider shall utilize a separate “zero-dollar” claim for the postpartum visit.

The following are provider types who may provide maternity care when it is within their training and scope of practice:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers who provide maternity care services,
2. Physician Assistants
3. Nurse Practitioners
4. Certified Nurse Midwives
5. Licensed Midwives

**Maternity Care Services include, but are not limited to:**

1. Medically necessary preconception counseling
2. Identification of pregnancy
3. Medically necessary education and prenatal services for the care of pregnancy
4. The treatment of pregnancy-related conditions
5. Labor and delivery services
6. Postpartum Care

## Medical Management

MCC AZ referral and intake process for behavioral health services to ensure member access to behavioral health services in a timely manner. This integration is achieved by implementing a member-directed and individualized plan of care that is shared amongst all Interdisciplinary Care Team participants and based on members preferences.

The referral and intake process includes:

- Engaging with the member and/or member’s designated representative and/or health care decision maker on member and family voice and choice of service providers as well as allowance of FFS members to see any AHCCCS registered provider.
- Communicating to potential referral sources such as, members, family members, parents/guardians, justice partners, community agencies, primary care physicians, behavioral health providers, hospitals, tribal entity/IHS, schools, and government agencies such as, the Department of Child Safety, out of home caregiver and other involved health care specialists.
- Keeping information or documents collected in the referral process confidential and protected in accordance with applicable State and Federal statutes, regulations, and policies.
- Referrals are accepted for behavioral health services 24 hours a day, seven days a week. The processing of referrals shall not be delayed due to missing or incomplete information. An

acknowledgment of receipt of a referral shall be provided to the referring entity within 72 hours from the date it was received.

- Behavioral Health providers will conduct intakes ensuring the accurate collection of all the required information and ensuring that members who have difficulty communicating because of a disability or who require language services are afforded appropriate accommodations to assist them in fully expressing their needs.
- The Behavioral Health providers will collect sufficient information about the member to determine the urgency of the situation and subsequently schedule an assessment within the required timeframes and with an appropriate provider.
- Providers offer a range of appointment availability and flexible scheduling options based upon member needs.
- Timeframes must follow requirements outlined in ACOM Policy 417.

Molina identifies members for CM through

- Health risk assessments
- Service utilization
- Encounters related to chronic diseases
- Inpatient review
- Provider referrals
- Member self-referral

## EPSDT

The federal Early Periodic Screening Diagnosis and Treatment (**EPSDT**) benefit requires the provision of early and periodic screening services and well-care examinations to individuals from birth until 21 years of age, with diagnosis and treatment of any health or mental health problems identified during these exams. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist members in effectively utilizing these resources. The standards and periodicity schedule generally follow the recommendations from the AAP and Bright Futures. Learn more at [www.AZAHCCCS.gov](http://www.AZAHCCCS.gov).

### **Covered services during an EPSDT visit:**

1. Comprehensive health and Developmental history
2. Nutritional assessment provided by a PCP
3. Behavioral health screening and services provided by a PCP
4. Developmental screening
5. Comprehensive unclothed physical examination
6. Immunizations
7. Laboratory tests
8. Health education, counseling, and chronic disease self-management.
9. Oral health screening
10. Appropriate vision, hearing, and speech screenings
11. Tuberculosis (TB) screening

### **Recommendation for Preventative Pediatric Oral Healthcare:**

- Assess oral growth and development

- Caries-risk Assessment
- Assess the need for fluoride supplementation
- Anticipatory Guidance/Counseling
- Oral hygiene counseling
- Dietary counseling
- Injury prevention counseling
- Counseling for nonnutritive habits
- Substance use counseling
- Counseling for intraoral/perioral piercing
- Assessment of pit and fissure sealants

**Molina Best Practices:**

- To avoid missed opportunities take advantage of every office visit (including sick visits) to provide an EPSDT, a well-child visit, immunizations, and lead testing.
- Make daycare physicals into an EPSDT visit by performing the required services and submitting the AHCCCS-approved standard developmental screening tools
- Encourage members to schedule their child's next EPSDT Screening during the office visit, particularly for children 30 months of age and younger.
- As part of the physical examination it is recommended that the physician, physician assistant, or nurse practitioner shall perform an oral health Screening.
- An oral health screening completed by a PCP is intended to identify gross dental or oral lesions but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan.
- The oral health screening does not substitute for examination through direct referral to a dental provider.

**Provider Requirements:**

- Enroll and re-enroll annually with the VFC program, in accordance with AHCCCS Contract requirements.
- Submit the required document for each EPSDT age member's immunizations to the Arizona State Immunization Information System (ASIIS) registry.
- When a screening examination indicates the need for further evaluation, it is required to provide diagnostic services or refer members when appropriate without delay.
- It is required to provide treatment or other measures (or refer when appropriate) to correct or ameliorate defects and physical and mental illness or conditions discovered by the screening services.
- It is required to utilize the AHCCCS-approved standard developmental screening tools and complete training in the use of these tools as indicated by the American Academy of Pediatrics (AAP).
- PCPs are required to refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule.

## ITMHCA Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health

Endorsement® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health is an internationally recognized credential that supports and recognizes the development and proficiency of professionals who work with or on behalf of pregnant women, infants and young children, birth up to 3-years old, and their families. The ITMHCA Infant Mental Health Endorsement® (IMH-E®) is based on a set of competencies designed to support and enhance culturally-sensitive, relationship focused practice within the framework of infant mental health. An Endorsement® applicant demonstrates acquisition of these competencies through education, work, specialized training, and reflective supervision experiences.

Working with our youngest citizens requires specialized training and experience, and IMH-E® ensures professionals have attained a certain level of expertise with 0- to 3-year-olds and their families. IMH-E® is relevant for professionals across disciplines including early care and education, prevention and early intervention, home visitation, medicine, child welfare, mental health, policy, academia, and others.

Endorsement® is available across four different practice specialties spanning the continuum of care. Individuals apply for the Endorsement® category that best matches their scope of practice.

Infant Mental Health Endorsement®

- Infant Family Associate: Promotion
- Infant Family Specialist and/or Infant Family Reflective Supervisor: Prevention/Intervention
- Infant Mental Health Specialist: Clinical Intervention/Treatment
- Infant Mental Health Mentor: Leadership

ITMHCA gratefully acknowledges support from the Michigan Association for Infant Mental Health and the W. K. Kellogg Foundation for the creation of the Endorsement® materials, and from the Lodestar Foundation to initially fund Arizona implementation.

ITMHCA is a member of the Alliance for the Advancement of Infant Mental Health. The Alliance includes infant mental health associations who offer the Endorsement® credential. The Alliance consists of 33 states/provinces (as of July 2020) and growing. See the members of the Alliance here.

ITMHCA Endorsement® decisions are not made on the basis of race, sex, age, religion, color, national origin, marital status, physical handicap, sexual orientation or any other basis prohibited by state or federal law.

## Real Time Benefits: Patient-Specific Prescription Benefits Information at the Point of Prescribing

MCC has partnered with CVS Health to offer prescribing providers real-time prescription benefits information via the Real Time Benefit Check tool. Using this tool can help your practice decrease

frustration for patients at the pharmacy counter and build efficiency through increased submission of electronic prior authorization requests.

This service is free of charge to you and can be accessed through your electronic health records. [Read more](#) on the additional benefits to using the Real Time Benefit Check tool.