PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2019

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2019-2020 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2019–20 season. Standard-dose, unadjuvanted, inactivated influenza vaccines will be available in quadrivalent formulations (IIV4s). High-dose (HD-IIV3) and adjuvanted (aIIV3) inactivated influenza vaccines will be available in trivalent formulations. Recombinant (RIV4) and live attenuated influenza vaccine (LAIV4) will be available in quadrivalent formulations.

Important Update:

The A viral vaccine components have been updated for the 2019-20 flu season and the B viral vaccine component remains the same from the 2018-19 flu season

The age indication for Afluria Quadrivalent has been expanded from ≥5 years to ≥6 months. The dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for all persons aged ≥36 months (≥3 years).

The dose volume for Fluzone Quadrivalent for children aged 6 through 35 months, which was previously 0.25 mL, is now either 0.25 mL or 0.5 mL. The dose volume for Fluzone Quadrivalent is 0.5 mL for all persons aged ≥36 months (≥3 years).

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2019-2020 flu season, please visit the Centers for Disease Control and Prevention at https://www.cdc.gov/flu/professionals/vaccination/.

Health and Wellness Programs

MHC has teamed up with Yes Health to bring members the Diabetes Prevention Program (DPP). The Yes Health DPP uses a mobile app and the program is recognized by the Centers for Disease Control and Prevention (CDC). Trained coaches lead the program to focus on healthy eating, stress reduction, and physical activity to create long-term changes and lasting results. This program is not for members who already have diabetes. Providers may refer by directing members to the program website: https://www.yeshealth.com/molina.

MHC also has a variety of other health and wellness programs for members such as weight control using telephonic counseling and in-person classes, disease management such as asthma and depression telephonic management, and classes on diabetes, hypertension, heart health, stress management, etc. We also have a smoking cessation program where NRT's are covered and the California Smoker's Helpline does the telephonic counseling.

Maternal Mental Health is an important component of women's overall health and wellness. Providers are required to screen for maternal mental health conditions in the prenatal and/or postpartum period using a validated screening tool (such as the PHQ-9 or EPDS), and the following claim codes: G8431 (positive) and G8510 (negative) with modifier HD for Medi-Cal members. Providers may treat or refer positive screenings to a mental health provider in the network or County MH provider. Molina also offers the High Risk OB Program which includes risk screening, clinical case management, and member education. To refer call (866) 891-2320.

Tips for Communicating with People with Disabilities

Effective communication is a critical component for ensuring the health & wellness of our members. We realize that communicating with members with disabilities may be different, but no less important. As an MHC provider, communicating with people with disabilities needs to be as effective as communicating with others. Communication methods must be as clear and understandable for people with disabilities as it is for people who do not have disabilities. We hope these tips for ensuring effective communication will be useful in your medical practice.

Tips for Communicating with Individuals who are Blind or Have Low Vision

- Speak to the individual when you approach him or her.
- State clearly who you are – speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving his/her side or the room.
- Do not attempt to lead the individual without first asking. When leading, allow the person to hold your arm and guide his or her movements.
- Be descriptive when giving directions – verbally give the person information that is visually obvious. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later."

Tips for Communicating with Individuals who are Deaf or Hard of Hearing

- It is appropriate to tap a person who is deaf gently on the arm or shoulder to gain their attention.
- Look directly at the individual, face the light, speak clearly in a normal tone of voice, and keep your hands away from your face. Use body language; it offers important clues about what you are saying.
- Ask about the best way to communicate and arrange for a sign language interpreter if needed. If the person uses an interpreter, speak directly to the person who is deaf, not the interpreter.
- When calling an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly, be prepared to repeat who you are, and the reason for the call if asked.
- Rephrase rather than repeat. If the person did not understand you, then try using different words to express your ideas. Short sentences tend to be understood better.
- Many people who are deaf prefer to use text messaging or a Video Relay Service (VRS) to communicate. The phone number you dial may be a relay operator that will use ASL to communicate your information.
- TTY is not as common, but still used by some. If you do not have a TTY you can dial "711" to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

Tips for Communicating with Individuals with Mobility Disabilities

- If possible, put yourself at the wheelchair user's eye level, or take a few steps backward so the other person does not have to "look up" at you.
- Do not lean on a wheelchair or any other assistive device.
- Do not assume a wheelchair user wants to be pushed; ask first and respect his/her answer.
- Offer assistance if the individual appears to be having difficulty opening a door but wait for the response and respect his or her answer.
- When calling allow the phone to ring longer to allow extra time for them to reach the telephone.

Tips for Communicating with Individuals with Speech Difficulty

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back to confirm your understanding.
- Be patient. Take as much time as necessary.
- NEVER assume a person has a cognitive or intellectual disability when they have difficulty with speech.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish his or her sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Tips for Communicating with Individuals with Cognitive or Intellectual Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Speak in concise sentences and use simple language.
- Be prepared to repeat what you say, orally, in writing, or with pictures.
- Offer assistance for completing forms or help with understanding written instructions.
- Provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.

Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates that least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

You and the SIU

The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse along with concerns involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Associate Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at (866) 606-3889 24 hours per day, 7 days per week. In addition, you may use the service's website to make a report at any time at https://MolinaHealthcare.AlertLine.com.

Patient Driven Payment Model

Effective October 1, 2019 the new Patient Driven Payment Model (PDPM) was implemented by the Centers for Medicare and Medicaid Services (CMS). CMS to replace the Resource Utilization Group (RUG), Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS).

Molina Healthcare is following CMS Medicare methodology for the PDPM implementation, and has posted a Frequently Asked Questions (FAQ) resource document under the "communications" header on our Medicare page of the Molinahealthcare.com website.

Molina providers reimbursed under the Medicare SNF PPS are subject to the PDPM payment transition starting with dates of service on/after October 1, 2019. The payment transition will apply to all lines of business that are contracted/required to pay Medicare allowable rates.

In order to prevent payment disruption, action is required to modify claim billing practices. There is no transition period between RUG-IV and PDPM. RUG-IV billing ends September 30, 2019. PDPM billing begins October 1, 2019.

CMS has released resources to help you prepare on the PDPM webpage, including fact sheets, FAQs, and training materials. Please visit the CMS website at: www.cms.gov and under the "Medicare" tab find the "Medicare Fee-for-Service Payment" section, then select "Skilled Nursing Facility PPS.

Balance Billing

Providers contracted with Molina cannot bill Molina Members for any covered benefits. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed by Molina to the Provider. Balance billing a Molina Member for services covered by Molina is prohibited. This includes:

- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees
- Charging Molina Members fees for covered services beyond copayments, deductibles or coinsurance

CGRP Inhibitors for Preventative Migraine Treatment

Three new medications gained FDA approval for the prevention of migraines in adults. These medications are humanized monoclonal antibodies that bind to the calcitonin gene-related peptide (CGRP) ligand and blocks its binding to the receptor. A brief overview of each medication is discussed below.

The first CGRP Inhibitor, approved on May 17, 2018, is called Aimovig (erenumab-aooe). Aimovig is given as a 70 mg/mL monthly subcutaneous injection, which may be increased to 140 mg/mL monthly. The efficacy of Aimovig was evaluated in three randomized, double-blind, placebo-controlled studies, with two studies including patients with episodic migraines and one study including patients with chronic migraines. In all three studies, Aimovig treatment demonstrated statistically significant improvements for mean monthly migraine days and change from baseline in monthly migraine days by the third month of treatment.

The second CGRP Inhibitor, approved on September 14, 2018, is called Ajovy (fremanezumab—vfrm). Ajovy is dosed as a single 225 mg/1.5 mL subcutaneous injection monthly or 675 mg/1.5 mL, administered as three consecutive 225 mg/1.5 mL injections, every 3 months. The efficacy of Ajovy was evaluated in two multicenter, randomized, 3-month, double-blind, placebo-controlled studies in which one study included patients with episodic migraines and the other included patients with a history of chronic migraines. Both studies demonstrated a statistically significant decrease in monthly average number of migraine days during the 3-month period from baseline.

The third CGRP Inhibitor, approved on September 27, 2018, is called Emgality (galcanezumab-gnlm). Emgality dosing for migraine prevention requires a loading dose of 240 mg/mL, administered as two consecutive 120 mg/mL subcutaneous injections, followed by monthly doses of 120 mg/ml. The efficacy of Emgality was evaluated in three multicenter, randomized, double-blind, placebo-controlled studies, with one 3-month study including patients with chronic migraines and two 6-month studies including patients with episodic migraines. In each study, Emgality showed significant reductions in the mean number of monthly migraine headaches from baseline over the 3- and 6-month periods, respectively.

A common adverse effect for the three medications was injection site reaction. Additionally, Aimovig also reports constipation as a common adverse effect. There is no established data for the use of these medications in special populations, including in pregnancy, breast-feeding, pediatrics and geriatrics patients.

Molina Healthcare, Inc National P&T approved CGRP antagonist prior authorization criteria during the first quarter of 2019.

References:
Aimovig (erenumab-aooe) [prescribing information]. Thousand Oaks, CA: Amgen Inc; May 2018.
Ajovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc: September 2018.
Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company: September 2018.

Model Of Care

2019 Model of Care Training is Happening Now!

CMS requires that Contracted Providers directly or indirectly facilitating or providing Medicare Part C or D benefits for Molina SNP Members complete Model of Care training. This quick training will describe how Molina Healthcare and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

In order to ensure compliance with CMS Regulatory Requirements, receipt of your completed Attestation Form is due to Molina Healthcare by October 31, 2019. If you have any additional questions, please contact your local Molina Healthcare Provider Services Representative at:

MHC San Diego County Provider Services: MHCSanDiegoProviderServices@MolinaHealthCare.Com
MHC Los Angeles & Orange County Provider Services: MHC_LAProviderServices@MolinaHealthCare.Com
MHC Riverside & San Bernardino County Provider Services: MHCIEProviderServices@MolinaHealthCare.Com
MHC Imperial County Provider Services: MHCImperialProviderServices@MolinaHealthCare.Com
MHC Sacramento County Provider Services: MHCSacramentoProviderServices@MolinaHealthCare.Com

Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)

In accordance with regulatory requirements and increased focus from the California Department of Health Care Services, **new members must receive a comprehensive Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA) within the first 120 days of enrollment** with Molina, or within periodicity timelines established by the American Academy of Pediatrics for ages two and younger whichever is less.

A compliant Initial Health Assessment consists of:

- Comprehensive History must be sufficiently comprehensive to assess and diagnose acute and chronic conditions which includes, but is not limited to the following:
    - History of Present Illness
    - Past Medical History
    - Social History
- Review of Organ Systems (Physical Systems) and Mental Systems
- Comprehensive Physical and Mental Exam
    - The exam must be sufficient to assess and diagnose acute and chronic conditions and develop a plan of care. The plan of care must include follow-up activities.
- Dental Exam in IHA (all ages)
- Dental Referral (for age 3 to < 21 only)

- Behavioral Assessment that enables a provider of primary care services to comprehensively assess the Member's current acute, chronic and preventive health needs and identify those Members whose health needs require coordination with appropriate community resources and other agencies for services not covered by the Molina Medi-Cal managed care benefit.

A compliant Staying Healthy Assessment consists of:

- An accurate and complete age appropriate SHA form. The form is available in 12 threshold languages and English on the link below:
  https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx
- Identifying and tracking high-risk behaviors of members.
- Prioritizing each member's need for health education related to lifestyle, behavior, environment and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referral and follow-up. For health education materials on a variety of topics for anticipatory guidance, see link below:
  https://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health- Education-Materials.aspx
- PCPs are responsible for reviewing each member's SHA in combination with the following relevant information:
  - Medical history, conditions, problems, medical/testing results and member concerns.
  - Social history, including member's demographic data, personal circumstances, family composition, member resources and social support.
  - Local demographic and epidemiologic factors that influence risk status.

Periodicity	Initial SHA Administration with IHA	Subsequent SHA Administration / Re-Administration	SHA Review
Age Groups	Within 120 Days of Enrollment	1st Scheduled Exam (after entering new age group)	Annually (Intervening years between administration of new assessment)
0-6 mo.	✓		
7-12 mo.	✓	✓	
1-2 yrs.	✓	✓	✓
3-4 yrs.	✓	✓	✓
5-8 yrs.	✓	✓	✓
9-11 yrs.	✓	✓	✓
12-17 yrs.	✓	✓	✓
Adult	✓		✓
Senior	✓		✓

For billing of services associated with the completion of the Comprehensive IHA and SHA, please note the following CPT codes:

IHA:

Medi-Cal Member Population	CPT Billing Codes	ICD-10 Reporting Codes
Preventative Visit, New Patient	99381 - 99387	No Restriction
Preventative Visit, Established Patient	99391 - 99397	No Restriction
Office Visit, New Patient	99204 - 99205	No Restriction
Office Visit, Established Patient	99215	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.401, Z01.419, Z00.9, Z02.1, Z02.3, Z02.89
Initial Hospital Care	99222 – 99223 With an Office Visit (99201 – 99215) within 30-days of a hospital discharge	No Restriction
Prenatal Care	Z1032, Z1034, Z1038, Z6500	Pregnancy Related Diagnosis

SHA:

Member Population	CPT Billing Codes	ICD 10 Reporting Codes
All Medi-Cal Members	96150	No Restriction
All Medi-Cal Members	96151	No Restriction

When billing, a CPT code from the IHA and SHA sections are required in order to ensure a comprehensive IHA and SHA have been conducted.

To submit a completed IHA and SHA you may:

Mail - Molina Healthcare of California
200 Oceangate, Suite 100
Attention: Quality Improvement
Long Beach, CA 90802

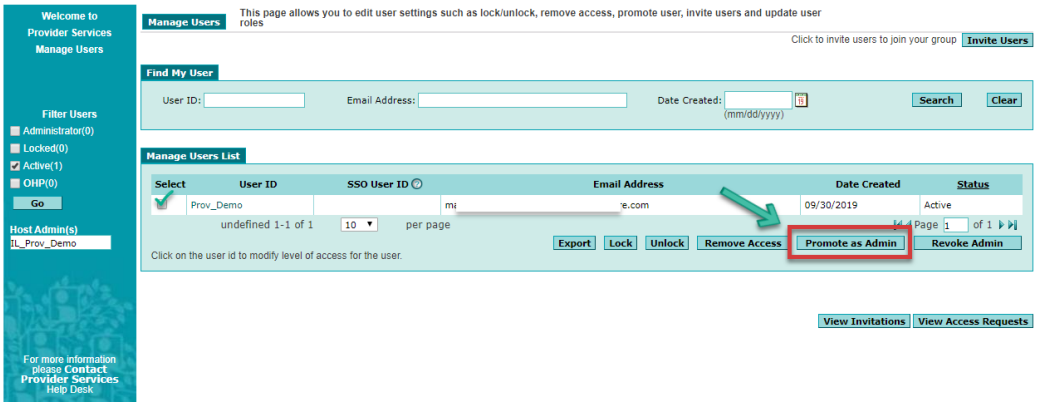
Email - MHCHEDISDepartment@molinahealthcare.com
Fax - (562) 499-6159

Provider Portal Corner

If you're the Primary Admin for your account, you can invite additional users and manage existing users' roles to help you with your day to day activities. We highly recommend that you promote at least one other user to Admin to support your responsibilities.

It's as easy as 1-2-3 to promote a user to an Admin:

1. Go to Manage Users screen
2. Select the User ID you want to Promote
3. Select Promote as Admin button



And voila! The user's status will change to "Admin/Active."

This simple step can assist you in delegating responsibilities and ensuring you always have backup support.

Refer CKD patients (GFR<60) to a Nephrologist in a timely manner

- Impaired kidney function and proteinuria increase the risk of cardiovascular disease 2 to 4 times, even after adjusting for traditional cardiovascular risk factors! (Gansevoort RT et al. Lancet. 2013 Jul;382(9889):339-52)
- Early appointments (beginning 6 months or more before dialysis) and frequent care (at least one nephrology visit every 3 months) are associated with 10% lower risk for major adverse cardiovascular events (acute MI, acute heart failure, acute stroke, or sudden death). (Yang J, et al. Am J Kidney Dis. 2017)

Peritoneal Dialysis Preferred

- Most nephrologists would choose peritoneal dialysis (PD) over hemodialysis (HD) for themselves! "96% of nephrologists surveyed recently would choose PD over HD if they had to go on dialysis themselves" (Merighi, JR et al. Hemodial Int. 2012; 16: 242-251)
- Residual kidney function is maintained longer with PD than HD: In a prospective study, PD patients had an 8.1% decline in GFR per month compared to 10.7% decline in GFR per month for HD patients (Jansen M, et al. Kidney Int 2002; 62: 1046-53)
- PD reduces vascular access interventions. In a prospective observational study in Canada between 2007 and 2010, mean number of access interventions was significantly less in PD than HD patients (p =0.005) (Oliver MJ, et al. Nephrol Diol Transplant 2012; 27:810-816)
- Absolute PD Contraindications are few: bowel cancer, diverticulitis, colostomy/ileostomy, ischemic bowel, excessive abdominal scarring from prior abdominal surgeries.

Refer patients early to vascular surgeon for PD catheter or fistula/graft to avoid central venous catheter

- AV fistulas or AV grafts result in much better outcomes. Hemodialysis catheter use needs to be avoided or minimized to avoid complications, especially central vein stenosis, which substantially reduces the success of future AV fistulas. In a retrospective review, the cumulative risk of any catheter-related complications was 30 percent at one year and 38 percent at two years. The one-year risk of bacteremia was 9 percent. Central vein stenosis or thrombosis occurred in 1.5 percent of patients (Poinen K et al. Am J Kidney Dis. 2019;73(4):467)

- To minimize catheter use, all pre-dialysis patients with an expected start of hemodialysis within one year and patients who have initiated hemodialysis urgently with a catheter should be referred to a vascular surgeon to determine eligibility for AV access or PD catheter. Central venous catheters should be reserved only for those with limited life expectancy (eg, metastatic cancer) or patients with a very short expected duration of hemodialysis (eg, pending live-related transplant)

Transplant Evaluation

- Patients who are interested in transplantation and who have no known contraindications should be referred to a transplantation program before they even start dialysis, when the estimated glomerular filtration rate (eGFR) is <30 GM mL/min/1.73 m^2 . (Bunnapradist S, Danovitch Am J Kidney Dis. 2007;50(5):890)
- Absolute contraindications for transplant include: active substance abuse, active malignancy, active infection, reversible renal failure, uncontrolled psychiatric disease, documented active and ongoing treatment nonadherence, or a significantly shortened life expectancy.

Molina Healthcare of California partners closely with our provider network to care for our members with chronic and end-stage kidney disease. Clinical best practice demonstrates that timely referral to a nephrologist and early dialysis preparation are key to achieving quality of care outcomes. Additionally, as recommended by the National Kidney Foundation, for individuals for whom Peritoneal Dialysis is appropriate, members may experience significant health benefits compared to traditional hemodialysis.