

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2020



2020-2021 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza (flu) vaccinations for everyone who is at least six months of age and older and who does not have contraindications. 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. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19 (Coronavirus).

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 2020–21 season. Most available influenza vaccines will be quadrivalent except MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.

Important 2020-2021 Updates:

1. The composition of the 2020–21 United States (U.S.) influenza vaccines include updates to the influenza A(H1N1) pdm09, influenza A(H3N2) and influenza B/Victoria lineage components. These updated components will be included in both trivalent and quadrivalent vaccines. Quadrivalent vaccines will include an additional influenza B virus component from the B/Yamagata lineage, which is unchanged from that included in quadrivalent influenza vaccines used during the 2019–20 season. For the 2020–21 season, U.S. egg-based influenza vaccines (i.e. vaccines other than ccIIV4 and RIV4) will contain hemagglutinin (HA) derived from an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus, an influenza A/Hong

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Kong/2671/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and (for quadrivalent egg-based vaccines) an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus. U.S. cell culture-based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/45/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

2. Two new influenza vaccine licensures:

- Fluzone High-Dose Quadrivalent is approved for use in persons aged ≥ 65 years. For the 2020–21 season, Fluzone High-Dose Quadrivalent is expected to replace the previously available trivalent formulation of Fluzone High-Dose (HD-IIV3). The dose volume for Fluzone High-Dose Quadrivalent (0.7 mL) is slightly higher than that of trivalent Fluzone High-Dose (0.5 mL). Fluzone High-Dose Quadrivalent, like Fluzone High-Dose, contains four times the amount of HA per vaccine virus in each dose compared with standard-dose inactivated influenza vaccines (60 μ g per virus, versus 15 μ g in standard-dose IIVs).
- Fluad Quadrivalent is approved for use in persons aged ≥ 65 years. For the 2020–21 season, both Fluad Quadrivalent and the previously licensed trivalent formulation of Fluad (aIIV3) are expected to be available. Fluad Quadrivalent, like Fluad, contains the adjuvant MF59.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2020-2021 flu season, please visit the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.

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

The National Healthcare Anti-Fraud Association estimates that least 3 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, 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 outlier claims 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>.

Addressing Anxiety and Depression

The work that you do in your primary care or specialty care setting is vital and is often the first place where anxiety and depression present itself. While addressing anxiety and depression in your care setting may be no new concept, what might be is the alarming rates of increased reports of anxiety and depression symptoms since the start of the COVID-19 (Coronavirus) pandemic. A recent report published by Kaiser in July 2020 found that their weekly poll of adults who self-reported symptoms of anxiety and depression for June 2020 was 36.5 percent which is up 11 percent from 2019 (Mental Health and Substance Use State Fact Sheets, Kaiser, 2020). Additionally, Mental Health America (MHA) reports record highs on their online mental health screening program indicating that "More than a Quarter Million People Screened Positive for Depression, Anxiety Since Start of the Pandemic" (MHA August 2020).



What is contributing to the rise of anxiety and depression symptoms? According to respondents of the MHA online anxiety and depression screening tools reasons include:

- Loneliness or isolation
- Grief or loss
- Coronavirus
- Past trauma
- Relationship problems
- Current Events (news, politics, etc.)
- Financial Problems
- Racism

Proactive screening and follow up with patients are key to ensuring their anxiety and depression symptoms are quickly identified and managed accordingly (e.g. use of medications, referral/follow up for treatment). Molina provides evidence-based resources and guidance regarding mental health conditions via our Behavioral Health Toolkit for Providers. This toolkit can be accessed on the provider pages of our molinahealthcare.com website www.MolinaHealthcare.com/OhioProviders. We recommend the use of standardized evidence-based screening tools such as the PHQ-9 (Patient Health Questionnaire 9) which screens for depression, and anxiety screening tools such as the GAD-7 (7 question screening tool to identify generalized anxiety disorder) or the 4-item screener such as the PC-PTSD (Primary Care Post-Traumatic Stress Disorder) to assess for symptoms of PTSD.

Molina's Care Management team is also available to assist you and the patient for additional ongoing care coordination needs such as referrals for treatment through a behavioral health provider. Patients can also access our Coronavirus Chatbot: an enhanced digital tool for members seeking information about not only COVID-19 risk factors and other related issues. This tool can also



assist patients in screening for concerns about their mood and provides the necessary referral options depending on the patient's answers to the questions. Members can access this tool by going to www.MolinaHealthcare.com and clicking the Coronavirus Chatbot icon at the top right-hand corner of the page.

Resources: More than A Quarter Million People Screened Positive For Depression, Anxiety Since Start of The Pandemic, August 2020. Mental Health America (MHA): [MHA Link](#)

Mental Health and Substance Use State Fact Sheets, July 2020. Kaiser: [July 2020 Fact Sheet Link](#)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Molina is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic and treatment services; and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children; and
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care, at the right time, in the right setting.

Additional information is available at www.MolinaHealthcare.com/OhioProviders, under the "Health Resources" tab, under "Healthchek-EPSDT."

Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. 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 that are the legal obligation of Molina to the provider. Examples of balance billing includes:

- Holding the Molina Dual Eligible Special Needs Plan (D-SNP) member liable for Medicare Part A and B cost sharing
- Requiring a Molina member to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees
- Charging a Molina member a fee for covered services beyond copayments, deductibles or coinsurance

Biosimilar Drugs



On July 1, 2020, Molina implemented a list of healthcare-administered preferred drugs. In the fourth quarter of 2019, the National Pharmacy and Therapeutics committee voted unanimously to approve the following biosimilar position statement:

A biosimilar is highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

Molina is committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective and quality healthcare. This commitment includes potentially creating a preference for biosimilars when value can be added without compromising patient satisfaction and safety.

Currently, unless state regulations are contradictory, Molina prefers all biosimilars prior to access to an originator product.

For further information and full listing please see the provider website for the complete list of drug preferences.

| Drug Class | Non-Preferred Product(s) | Preferred Product(s) |
|---|--|--|
| Autoimmune | Remicade® (infliximab) | Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) |
| Hematologic, Neutropenia Colony Stimulating Factors – Short Acting Hematologic, Neutropenia Colony Stimulating Factors – Long Acting | Granix® (tbo-filgrastim) Leukine® (sargramostim) Neupogen® (filgrastim) Neulasta® (pegfilgrastim) | Nivestym® (filgrastim-aafi) Zarxio® (filgrastim-sndz) Fulphila™ (pegfilgrastim-jmdb) Udenyca® (pegfilgrastim-cbqv) Ziextenzo® (pegfilgrastim-bmez) |
| Oncology – bevacizumab Rituximab Trastuzumab | Avastin® (bevacizumab) Rituxan® (rituximab) Herceptin® (trastuzumab) | Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr) Truxima® (rituximab-abbs) Rituxan Hycela® (rituximab-hyaluronidase) Ruxience® (rituximab-pvvr) Herzuma® (trastuzumab-pkrb) Herceptin Hycela Kanjinti™ (trastuzumab-anns) Trazimera™ (trastuzumab-qyyp) Ogivri™ (trastuzumab-dkst) |

Chimeric Antigen Receptor (CAR) T-cell Therapy is Now Covered Under Medicare Advantage

Starting January 1, 2021, if proven medically necessary, Chimeric Antigen Receptor (CAR) T-cell transfer immunotherapy for select patients with relapsed or refractory cancers will be covered under Medicare Advantage; with required prior authorization CAR T-cell Therapy will continue to be covered under Original Medicare fee-for-service through the remainder of the 2020 year.

What’s Covered Under Medicare Advantage?

On or after January 1, 2021, hospitals may submit claims to Medicare Advantage for payment as indicated under the Centers for Medicare and Medicaid Services (CMS) Medicare Learning Network (MLN) Reference Number: SE19024.

More information about this benefit is available on the CMS website, using the link below:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf>

| | |
|------------------------------------|---|
| <p>Outpatient Hospital Setting</p> | <p>Medication: Q2041 - Axicabtagene ciloleucel, up to 200 million t-cells per dose Q2042 - Tisagenlecleucel, up to 600 million t-cells, per dose Administration: 0540T with revenue code 0874 - CAR T-cell administration</p> |
| <p>Inpatient Hospital Setting</p> | <p>0537T with revenue code 0871 or 0891 - Harvesting blood-derived T cell 0538T with revenue code 0872 or 0891 - Preparation of blood-derived T cells for transportation 0539T with revenue code 0873 or 0891 - Preparation of T-cells for administration The above codes will appropriately receive Reason Code W7111</p> |

Revenue codes 087x (Cell/Gene Therapy) and 0891(pharmacy).

Requests are subject to prior authorization. Please refer to www.MolinaHealthcare.com/OhioProviders or the most current Prior Authorization Guide and Code List.

For any questions please call Provider Services at (855) 322-4079.

Telehealth

The COVID-19 pandemic has changed the way health care companies and medical professionals approach delivery of care with telehealth playing a vital role. Molina is contracted with providers nationwide who are more actively using this mode of care through telecommunications.



The benefits of utilizing telehealth include increased access to coordinated care for those in rural communities, opportunities for providers to monitor members’ progress while preempting inappropriate hospital admissions with early intervention, scheduling flexibility for members and reducing potential transportation issues.

We support our members receiving quality care through telehealth in a secure, private manner that also is convenient for them. Members can access these services across our various products for

Medicaid, Medicare and Marketplace. Depending on the specialty and member's situation, telehealth can be used for diagnosis, consultation or treatment.

Note: benefits for telehealth vary depending on product guidelines and local regulations. Not all members are appropriate candidates for telehealth. With this new format for care, Molina will look to our providers to provide appropriate education and screening protocols to help our members have a positive productive experience with telehealth.

Molina wants to make it easy for providers to use telehealth to serve our members. Below are billing codes available for telehealth services:

| Description | Codes | | |
|--|---|-------------|----------------|
| Telehealth Modifier | 95, GT | <i>WITH</i> | POS: 02 |
| Telephone Visits | CPT®: 98966-98968, 99441-99443 | | |
| Online Assessments (E-visits or Virtual check-in) | CPT®: 98970-98972, 99421-99423, 99458 HCPCS: G2010, G2012, G2061-G2063 | | |

Molina's [Provider Online Directory](#) now allows members to search for providers who offer telehealth. Molina has pre-populated the service indicator for providers who are submitting telehealth claims. **If you want the service indicator added for your practice, contact your Molina Provider Services Representative.**

We realize that providers are on a spectrum in terms of level of engagement and knowledge for telehealth. For practitioners and organizations with an interest, we recommend accessing support available through local Regional Telehealth Resource Centers and also the American Telemedicine Association (ATA).

Telehealth is quickly evolving, including new legislation being considered and passed at both state and federal levels. Please stay tuned for more information from Molina. We recommend for providers to take time to review the latest on local market and clinical specialties regarding telehealth practices and guidelines.

We appreciate your collaboration in keeping Molina up-to-date on your telehealth services and offerings. If you have questions or updates on your offerings, please contact your Molina Provider Services Representative.

Modifier Note for Medicaid and MyCare Ohio Providers:

As of Nov. 15, 2020, the Ohio Department of Medicaid (ODM) fee-for-service no longer accepts Place of Service (POS) 02 on telehealth claims where Medicaid is the primary payer.

Effective Nov. 15, 2020, telehealth place of service (POS) 02 should NOT be billed on claims submitted to Molina, and claims must be billed with the GT modifier, unless stated otherwise in ODM's telehealth billing guidelines.

Molina encourages providers to adopt this change as soon as possible. Claims billed with POS 02 will be denied where Molina Medicaid is the primary payer for date of service Jan. 1, 2021 and after. The

POS on the claim must reflect the physical location of the practitioner at the time the telehealth service was delivered and not POS 02.

Behavioral Health (BH) providers should continue to follow the most current ODM BH Provider Manual guidance for telehealth billing as noted in the “[10/19/2020 – Medicaid Billing Requirements for Telehealth Services](#) MITS BITS, located at <https://bh.medicaid.ohio.gov/>” under “MITS Bits & Newsletters.”

For Home Health services, Registered Nurse (RN) Assessment service and RN Consultation service, POS 02 should continue to be billed for these services provided using telehealth.

Model of Care



Molina is actively reaching out to providers who need to complete the 2021 Model of Care Training!

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 and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If you have not already done so, please complete your training at this time. Receipt of your completed Attestation Form is due to Molina Healthcare by December 31, 2020. If you have any additional questions, please contact your Molina Provider Services Representative at (855) 322-4079.

Verifying NPPES Data

CMS recommends that providers routinely verify and attest to the accuracy of their National Plan and Provider Enumeration System (NPPES) data.

NPPES now allows providers to attest to the accuracy of their data. If the data is correct, the provider is able to attest and NPPES will reflect the attestation date. If the information is not correct, the provider is able to request a change to the record and attest to the changed data, resulting in an updated certification date.

Molina supports the CMS recommendations around NPPES data verification and encourages our provider network to verify provider data via <https://nppes.cms.hhs.gov>. Additional information regarding the use of NPPES is available in the Frequently Asked Questions (FAQs) document published at the following link: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index>.