PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2019

In this Issue

Save Time: Sign Up for Molina Emails

We know you're busy and may not have time to check our website for provider updates. Sign up for Molina HealthCare (Molina) provider emails and receive the latest provider news delivered automatically to your inbox. Subscribing is quick and free! Just click on this link: https://molinahealthcare.activehosted.com/f/1.

2019-2020 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least six months of age. 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.

General Population

Quadrivalent RIV (RIV4), Flublok Quadrivalent *Sanofi Pasteur,* 0.5 mL prefilled syringe is recommended for the general population, ≥18 years for the 2019-2020 season.

Children Aged Six Months Through Eight Years

Vaccines and dose volumes for children aged six through 35 months: Children aged six through 35 months may receive one of four IIV4s licensed for this age group:

- 0.25 mL per dose of Afluria Quadrivalent (containing 7.5 μg of HA per vaccine virus); or
- 0.5 mL per dose of Fluarix Quadrivalent (containing 15 μg of HA per vaccine virus); or
- 0.5 mL per dose of FluLaval Quadrivalent (containing 15 μg of HA per vaccine virus); or

- Either 0.25 mL per dose (containing 7.5 μg of HA per vaccine virus) or 0.5 mL per dose (containing 15 μg of HA per vaccine virus) of Fluzone Quadrivalent.

Alternatively, healthy children aged ≥2 years may receive LAIV4, 0.2 mL intranasally (0.1 mL in each nostril). LAIV4 is not licensed for children aged <2 years.

Pregnant Women
Pregnant and postpartum women have been observed to be at higher risk for severe illness and complications from flu, particularly during the second and third trimesters. ACIP and the American College of Obstetricians and Gynecologists recommend that all women who are pregnant or who might be pregnant or postpartum during the flu season receive flu vaccine. Any licensed, recommended, and age-appropriate IIV or RIV4 may be used. LAIV4 should not be used during pregnancy. Flu vaccine can be administered at any time during pregnancy, before or during the flu season.

Adults Age 65 and Over
Because of the vulnerability of older adults to severe influenza illness, hospitalization and death, efficacy of flu vaccines in this population is an area of active research. Recent studies of vaccine efficacy among older adults have focused on HD-IIV3 (Fluzone High-Dose), RIV4 (Flublok Quadrivalent) and aIIV3 (Fluad). To date, HD-IIV3 has been the most extensively studied in this regard, and evidence has accumulated for its superior efficacy and effectiveness compared with SD-IIV3 in this population.

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/.

Source: Centers for Disease Control and Prevention

Dental Care During Pregnancy

Regular dental care is important to overall health, especially during pregnancy. We are encouraging all obstetricians and gynecologists to advise their pregnant patients to take advantage of this benefit and schedule a dental appointment as soon as possible.

- Routine dental care, such as cleanings, can be done any time during pregnancy. Urgent procedures can also be performed but elective dental procedures should be postponed until after the delivery. Before dental appointments, members should check with their obstetrician for any special precautions or instructions.
- Members should give the dentist the names and dosages of all medications and prenatal vitamins they are taking, as well as any specific medical advice from their doctor. The dentist may need to alter the dental treatment plan based on this information.
- Dental X-rays can be done during pregnancy. Advances in technology have made X-rays safer today than in the past.
- Dental checkups should not be skipped because of pregnancy. Regular periodontal (gum) exams are important, because pregnancy causes hormonal changes that put the mother at increased risk for periodontal disease and for tender gums that bleed easily – a condition called pregnancy gingivitis. Members should pay attention to any changes in gums during pregnancy.
- Members should follow good oral hygiene practices to prevent and/or reduce oral health problems:
  - Brush teeth at least twice a day. Preferably, brush after each meal and before going to bed.

- Clean between your teeth daily with dental floss or interdental cleaners.
- Rinse daily with a fluoride-containing mouthwash. Some rinses also have antiseptic ingredients to help kill bacteria that cause plaque.
- Eat nutritious and balanced meals, and limit snacks. Avoid carbohydrates such as candy, pretzels and chips, which can remain on the tooth surface. If sticky foods are eaten, brush your teeth soon afterwards.

Source: WebMD

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 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 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. If you have questions, please contact your provider services manager.

"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, seven 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 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 Dual Options page of www.MolinaHealthcare.com.

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 a Molina member for any covered benefits. Providers are responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance will 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:

- 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 Federal Drug Administration (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 below.

1. 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.
2. 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 three months. The efficacy of Ajovy was evaluated in two multicenter, randomized, three-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 three-month period from baseline.

3. 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, three-month study including patients with chronic migraines and two, six-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 three- and six-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.

For information about Molina pharmacy policies on medications, contact the Pharmacy Department:
Phone: (855) 866-5462
Fax: (855) 365-8112
Email: MHILPharmacy@molinahealthcare.com

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!

The Centers for Medicare & Medicaid Services, (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.

To ensure compliance with CMS regulatory requirements, receipt of your completed Attestation Form was due to Molina by November 30, 2019. If you have not yet completed your training, please visit www.molinahealthcare.com/providers/common/medicare/PDF/2019-MOC-Provider-Training.pdf as soon as possible. When finished, complete the Model of Care Attestation Form, www.molinahealthcare.com/providers/common/medicare/PDF/2019_MOC-Attestation_IL.pdf, and return as instructed.

If you have any additional questions, please contact your provider network manager or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

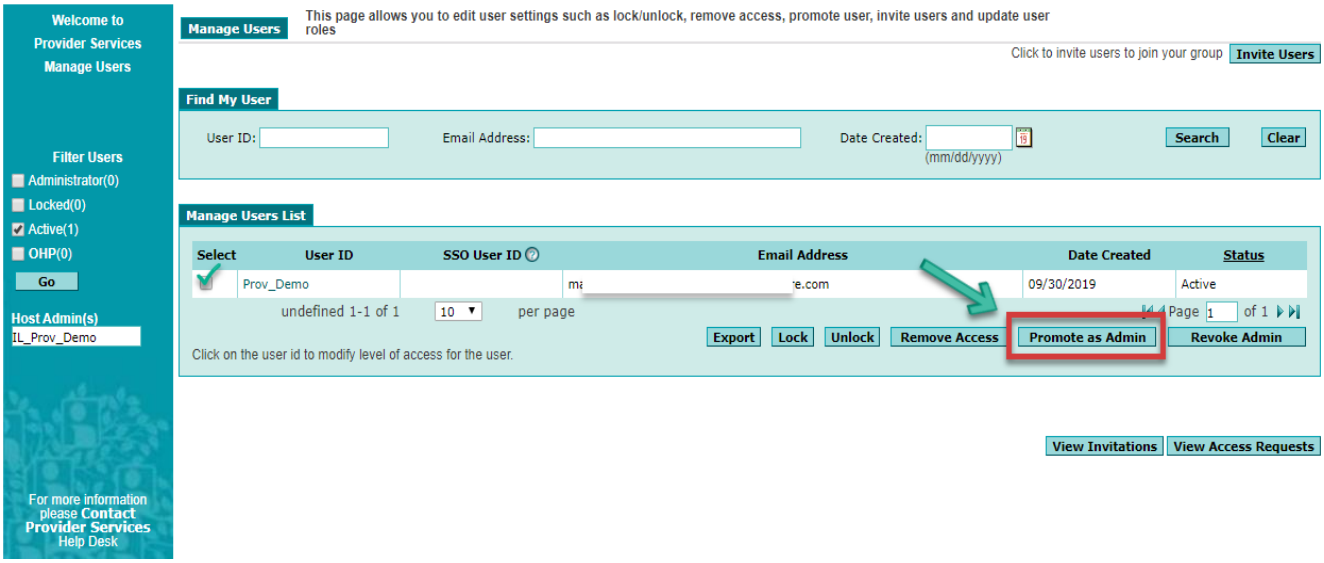
Visit www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx if you need help identifying your assigned provider network manager.

Provider Portal Corner

If you're the primary administrator 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 administrator to support your responsibilities.

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

- Go to *Manage Users* screen
- Select the User ID you want to Promote
- 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.

Billing Updates

Ordering, Referring, Prescribing: National Provider Identifier (NPI) Requirements Reminder
As described in a February memo, Molina requires the following information for claims with dates of service on and after January 1, 2020 (these requirements were delayed from July 1 and October 1, 2019):

- Claims for services that require an ordering, referring, or prescribing (ORP) provider will be required to include both the name and NPI of the practitioner who ordered referred or prescribed the service.
- The ordering, referring or prescribing provider's NPI must be enrolled in and active with the Illinois Assistance Program through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT).
- Please note that it is the responsibility of the **rendering** provider of service to validate that the ORP is active and registered in IMPACT.
- This requirement also applies to claims in which Medicare is primary payer.

- Effective with dates of service on and after January 1, 2020 (medical only, excluding pharmacy claims), Molina will reject claims if the required ORP information is missing or invalid, or if the ORP is not enrolled in IMPACT.
- Effective with claim receipt dates beginning January 1, 2020 (pharmacy only), Molina will reject pharmacy claims submitted through the pharmacy system at point-of-sale if the prescribing practitioner identified on the pharmacy claim is not enrolled in IMPACT.

Ambulance Billing Effective January 1, 2020
Beginning January 1, 2020, Molina transportation providers will be required to bill ambulance claims directly to Molina instead of Secure Transportation. Please refer to the Ambulance Billing Effective January 1, 2020 provider memo for details.

Reminder: Electronic Claim, Claim Appeals/Dispute Submission
Please remember to submit claims, claim appeals and claim disputes electronically. Paper claims, appeals and disputes will not be accepted.

Electronic Claims Submission
Molina offers two options for electronic claim submission:
- Submit claims directly to Molina via the Provider Portal. The portal is available to all providers at no cost, 24 hours per day, seven days per week.
- Submit claims to Molina via your regular EDI clearinghouse using Payer ID 20934. Molina uses Change Healthcare as its gateway clearinghouse.

Click here for additional information about electronic claims submission.

Electronic Claim Appeal and Dispute Submission
Molina offers two options for submission of claim appeals and disputes:
- Submit claims appeals or disputes, along with supporting documentation, to Molina via the Provider Portal.
- Fax a Claims Dispute Request Form, along with supporting documentation, to Molina at (855) 502-4962.

Click here for additional information about electronic claim appeal and dispute submission.

Adult Kidney Disease Treatment

Molina partners closely with our provider network to care for our members with chronic and end-stage adult 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. For additional questions, please reach out to Molina Provider Services at (855) 866-5462.

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 six months or more before dialysis) and frequent care (at least one nephrology visit every three 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 nine 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 (e.g., metastatic cancer) or patients with a very short expected duration of hemodialysis (e.g., 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.