

PROVIDER NEWSLETTER

The Provider Newsletter is a newsletter available to all network providers serving Molina Healthcare Members

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/>.

Members in all Molina programs have coverage for flu vaccine.

Note: A National Drug Code (NDC) number is required for the Flu Vaccines. The NDC number must be a valid on the date of service.

For a list of codes and age restrictions, please refer to the Practitioners Fee Schedule at: https://www.michigan.gov/documents/mdhhs/Practitioner-102019_667924_7.pdf

Line of Business	Benefit Information
Medicaid	<ul style="list-style-type: none"> ... Covers age 19 years and older ... Health Plan pays for Administration and vaccine ... Vaccine For Children (VFC) Program <ul style="list-style-type: none"> ... 1.Covers age 18 years or younger ... 2.Health Plan Pays for Administration only
Marketplace	<ul style="list-style-type: none"> Covers vaccines for all ages Health Plan Pays for Administration and the vaccine
Medicare	<ul style="list-style-type: none"> Medicare Part B covers one flu shot per flu season

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 claims 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>.

Model of Care

2019 Model of Care Training is Happening Now!

Centers for Medicare & Medicaid Services (CMS) requires all contracted providers directly or indirectly facilitating or providing Medicare Part C or D benefits for Molina SNP and MMP (MI Health Link) 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.

This training will identify how you, as a Provider of care, will support the Special Needs Plan Model of Care, while understanding CMS requirements for managing those Members.

The Model of Care Provider training materials can be found on Molina Healthcare’s Website at <https://www.molinahealthcare.com/providers/common/medicare/PDF/2019-MOC-Provider-Training.pdf>.

In order to ensure compliance with CMS Regulatory Requirements, receipt of your completed Attestation Form is due to Molina Healthcare by **12/31/2019**. If you have any additional questions, please contact your local Molina Healthcare Provider Services Representative at 855.322.4077.

Electronic Funds Transfer EFT

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina.

EFT allows faster access to your payments.

<p>New ProviderNet User Registration:</p> <ol style="list-style-type: none"> 1. Go to https://providernet.adminisource.com 2. Click "Register" 3. Accept the Terms 4. Verify your information <ol style="list-style-type: none"> a. Select Molina Healthcare from Payers list b. Enter your primary NPI c. Enter your primary Tax ID d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare 5. Enter your User Account Information <ol style="list-style-type: none"> a. Use your email address as user name b. Strong passwords are enforced (8 or more characters consisting of letters/numbers) 6. Verify: contact information; bank account information; payment address <ol style="list-style-type: none"> a. Note: Any changes to payment address may interrupt the EFT process. b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in. 	<p>If you are associated with a Clearinghouse:</p> <ol style="list-style-type: none"> 1. Go to "Connectivity" and click the "Clearinghouses" tab 2. Select the Tax ID for which this clearinghouse applies 3. Select a Clearinghouse (if applicable, enter your Trading Partner ID) 4. Select the File Types you would like to send to this clearinghouse and click "Save" <hr/> <p>If you are a registered ProviderNet user:</p> <ol style="list-style-type: none"> 1. Log in to ProviderNet and click "Provider Info" 2. Click "Add Payer" and select Molina Healthcare from the Payers list 3. Enter recent check number associated with your primary Tax ID and Molina Healthcare <hr/> <p>BENEFITS</p> <ul style="list-style-type: none"> ▪ Administrative rights to sign-up/manage your own EFT Account ▪ Ability to associate new providers within your organization to receive EFT/835s ▪ View/print/save PDF versions of your Explanation of Payment (EOP) ▪ Historical EOP search by various methods (i.e. Claim Number, Member Name) ▪ Ability to route files to your ftp and/or associated Clearinghouse
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If a provider has questions regarding the actual registration process, they can contact ProviderNet at: (877) 389-1160 or email: wco.provider.registration@changehealthcare.com.

Providers - please ensure you are registered for EFT for all participating Molina programs.

Balance Billing

Providers contracted with Molina cannot bill Molina Members for any covered benefits. Under no circumstances 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.

The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

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

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 may be 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.”

CHAMPS Enrollment/Requirement for Prescribers

In accordance to Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual medical provider or entity that provides services, or orders and prescribes services for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid. Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS this is in accordance with MDHHS Bulletin (MSA 19-20)

Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

This applies to all providers who prescribe drugs, including medical residents. Prescriptions for MI Medicaid members will **reject at point-of-sale**.

The reject code/message displayed to the pharmacy will read: *“889: Prescriber Not Enrolled in State Medicaid Program”*.

To avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/MedicaidProviders Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at 800.292.2550.

... **Provider General Information:** www.michigan.gov/medicaidproviders

... **CHAMPS Provider Enrollment:** <https://milogintp.michigan.gov>

If you have questions regarding your Molina enrollment due to CHAMPS participation, please call Provider Services at 248.729.0905 or email at MHMProviderServicesMailbox@Molinahealthcare.com.

Provider Access and Availability Standards

Molina is committed to providing timely access to care for all Members in a safe and healthy environment. Molina will ensure Providers offer hours of operation no less than offered to commercial Members. Access standards have been developed to ensure that all health care services are provided in a timely manner. The PCP or designee must be available twenty-four (24) hours a day, seven (7) days a week to Members for Emergency Services. This access may be by telephone. For additional information about appointment access standards, please refer to the Quality section of the Provider Manual.

Evaluation of 2019 HEDIS & CAHPS Results

HEDIS Results

The Healthcare Effectiveness Data Information Set or HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need for prevention and condition specific care. Measures include immunizations, well-child exams, pap tests and mammograms. There are also scores for diabetes care, asthma, prenatal and after-delivery care.

Molina relies on its physician network and rewards performance in many of the HEDIS metrics.

Key Findings of performance measurement results compared to the previous period indicate:

MEDICAID

In 2019, Molina Healthcare improved our HEDIS® performance in the following areas; however only four measures are at the 75th or 90th HEDIS percentile. Molina is working with participating providers to improve these metrics.

- Blood Pressure Control (members with Diabetes),
- Weight Assessment and Counseling for Physical Activity for Children (> 75th percentile)
- Appropriate Testing for Children with Upper Respiratory Infection
- Controlling High Blood Pressure (non-Diabetics)
- Avoid Antibiotic Treatment of Adults with Acute Bronchitis
- Adolescent Immunizations (> 90th percentile)
- Adult Access to Ambulatory Care for Adults 65 and older (>90th percentile)
- Appropriate Testing for Children with Pharyngitis

- Well Child Visits for Children, ages 3 – 6 years old
- Chlamydia Screen for Females, ages 16 – 24 (>75th percentile) and
- Children's Access to Preventive Care ages 12 – 24 months.

Adult BMA Assessment and Cervical Cancer Screen showed a decline in the rate compared to the previous year; however, both scored above the 75th percentile.

MEDICARE

In 2019, Molina Healthcare improved its HEDIS[®] performance in the areas of:

- Breast Cancer Screening improved by 0.60 percentage points, remaining at 3 Stars
- HbA1c Control < 9 improved by 5.32 percentage points and
- Medication Reconciliation Post-Discharge improved by 7.52 percentage points.

Adult BMI Assessment remained at the 5 Stars and Care for Older Adults Medication Review remained at 4 Stars.

Opportunities for improvement include Colorectal Cancer Screen (3 Star), Comprehensive Diabetes Care- Eye Exams (2 Star) and Care for Older Adults – Functional Status Assessment (3 Star).

MEDICARE-MEDICAID (MMP – MI HEALTH LINK)

In 2019, Molina Healthcare improved its HEDIS[®] performance in the areas of:

- Adult BMI Assessment (>90th percentile)
- Comprehensive Diabetes Care – Blood Pressure Control <140/90 (+9.49 percentage points)
- Comprehensive Diabetes Care –HbA1c Testing (>75th percentile).

Comprehensive Diabetes Care – Eye Exam was reported above the 75th percentile and Comprehensive Diabetes Care – Monitoring of Nephropathy remained >90th percentile.

MARKETPLACE

In 2019, Molina Healthcare improved its HEDIS[®] performance, when compared to the previous year, in the areas of:

- Cervical Cancer Screening the performance rate increased by 19.9 percentage points
- Colorectal Cancer Screening increased by 7.2 percentage points
- Comprehensive Diabetes Care-Retinal Eye Exam increased by 8.5 percentage points
- Timeliness of Prenatal Care increased by 6.8 percentage points
- Postpartum Care increased by 10.1 percentage points.

CAHPS Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) is a survey that assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received results of how our members scored our providers and our services. The following results are for CAHPS 2019.

MEDICAID

Molina Healthcare's Rating of the Health Plan improved by 5.8 percentage points and Rating of Health Care improved by 9.0 percentage points when compared to the previous year.

MEDICARE

Molina Healthcare demonstrated improvement in Customer Service, Rating of Drug Plan and Flu Vaccinations. Areas of opportunity include: Getting Needed Care and Getting Care Quickly.

MARKETPLACE

Molina Healthcare demonstrated improvement in the rating of Getting Care Quickly by 1.9 percentage points, Getting Flu Vaccinations and Advising of Smoking Cessation Medications when compared to the previous year. Areas of opportunity include: Rating of Health Care and Rating of the Health Care Specialist.

MEDICARE-MEDICAID (MMP-MI HEALTH LINK)

Molina Healthcare observed improved scores for member getting a Flu Vaccination when compared to the previous year. Rating of the Health Plan, Rating of Drug Plan and Rating of Health Care represent opportunities for improvement when compared to the previous year. There is also opportunity to improve Getting Care Quickly and Getting Needed Care.

Molina looks forward to working with you and your office staff to improve CAHPS and HEDIS scores.

You can look at the progress related to the goals that Molina Healthcare has set for the annual CAHPS® survey results and the annual HEDIS® measures in more detail on the Molina Website. You can also view information about the QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at

<https://www.molinahealthcare.com/providers/mi/medicaid/resource/Pages/HEDIS.aspx>

Provider Dental Information

The Michigan Medicaid program provides good dental care through several established programs with many of the programs administered directly by Molina Healthcare of Michigan. Molina is working with members to educate and encourage members to utilize their benefits to improve their dental and related physical health, including programs to reduce emergency room usage for non-traumatic dental problems.

Please remind your Molina patients of their dental benefits.

For Molina programs, members use their Medicaid ID card to obtain benefits. Molina administers these dental benefits and programs:

Healthy MI - Members in the Healthy MI Plan and MI Health Link have comprehensive dental benefits through Molina Healthcare, including preventive cleanings and x-rays, fillings, extractions, and dentures.



Medicaid Pregnant Members

Molina Healthcare provides dental services to pregnant women, ages 19 to 64. Pregnant Medicaid members will be able to use their Molina Healthcare Medicaid ID card to obtain dental services.

Molina Dental Services under Medicaid are provided to members at no cost. Molina's dental benefit includes cleaning, fillings and other preventive services.

Prenatal Care Visits with a PCP or OB/GYN

Early prenatal care is an important way to prevent complications in pregnancy that can affect the health of both mother and baby. Prenatal visits should begin as soon as the pregnancy is confirmed or immediately after the member is enrolled.

Medicaid Children Fluoride Treatments—

Molina PCPs may provide fluoride treatments to children 0-3 years and submit claims directly to Molina.

When talking with Molina members about oral health and fluoridation, the following are various dental programs available for Molina Medicaid and Fee- For-Service Medicaid members.

Program/Plan	Program/Plan Description	Age	Dental Resource
Medicaid Healthy Kids PCP Fluoride Treatments	<p>This program allows Molina PCP's to provide Fluoride treatments to Molina Medicaid members (0-3) years and submit claims to Molina.</p> <p>Molina PCP's must submit their claims directly to Molina using the following procedure codes:</p> <p>Code Code Description D0190 Screening of a Patient D1206 Topical Fluoride Varnish 99188 App Topical Fluoride Varnish</p>	0-3 Years	www.HealthyKidsDental.org or call 800.482.8915 http://miteeth.org/MiDR.html
Medicaid Healthy Kids	Children who have Medicaid and are not in the Healthy Michigan program and are under the age of 21	0 – 21 Years	www.HealthyKidsDental.org or call 800.482.8915 http://miteeth.org/MiDR.html
Medicaid Healthy Michigan (HMP)	Healthy Michigan is a program that offers low or no cost comprehensive coverage for any covered benefit to those that qualify	19 – 64 Years	https://www.molinahealthcare.com/providers/mi/medicaid/manual/Pages/provmanual.aspx or call Molina Healthcare Dental at 855.609.5158
MI Health Link/Dual Options Plus	MI Health Link is a program jointly run by Michigan and the federal government to provide better health care for people who have both Medicare and Michigan Medicaid	21 Years & Older	https://www.molinahealthcare.com/members/mi/en-US/mem/duals/Pages/duals.aspx or call 855.704.0433
Fee-For-Service Medicaid	There are many community dental programs that provide help to seniors, people with disabilities, the poor, patients on Medicaid, persons with no dental insurance, and persons in need of dental care they can't otherwise afford	Varies	https://www.smilemichigan.com/find-a-dentist/communitydental http://www.fcomi.org/ https://findahealthcenter.hrsa.gov/

If you have any questions regarding dental services, oral health or care management, please contact Provider Services at 855.322.4077.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973, prohibits discrimination against persons with disabilities in the area of employment, public accommodations, state and local government services, and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a non-discriminatory manner. To do so, they may have to modify their policies and procedures, provide auxiliary aids and services for effective communication, remove barriers from existing facilities, and follow ADA accessibility standards for new construction and alteration projects.

Compliance ensures the provision of linguistic access and disability-related access to all Members, including those with Limited English Proficiency and Members who are deaf, hard of hearing, non-verbal, have a speech impairment, or have an intellectual disability.

Policies and procedures address how individuals and systems within the organization will effectively provide services to people of all cultures, races, ethnic backgrounds and religions as well as those with disabilities in a manner that recognizes values, affirms and respects the worth of the individuals and protects and preserves the dignity of each.

The U.S. Department of Justice provides information about the Americans with Disabilities Act (ADA) through a toll-free ADA Information Line. This service permits businesses, State and local governments, or others to call and ask questions about general or specific ADA requirements including questions about the ADA Standards for Accessible Design.

ADA specialists are available Monday through Friday from 9:30 AM until 5:30 PM (Eastern Time) except on Thursday when the hours are 12:30 PM until 5:30 PM. Spanish language service is also available. For general ADA information, answers to specific technical questions, free ADA materials, or information about filing a complaint, call: 800.514.0301 (Voice) 800.514.0383 (TTY).

Additional information is available at www.molinahealthcare.com, from your local Provider Services Representative and by calling Molina Provider Services at 855.322.4077.

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 Pharmacy & Therapeutics Committee 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.

Tobacco Cessation Program

Fact: Tobacco users frequently cite a physician's advice to quit as an important motivator for attempting to stop using tobacco. Because 70 percent of tobacco users see a physician each year, you, the medical provider, are in a unique position to intervene with patients who use tobacco. One simple question can have a huge impact on your patient's health. The question "Are you ready to quit using tobacco?" might just open the door to your patient taking the first step to improve their health and possibly save their life.

At Molina, we understand the risks associated with tobacco use and the benefits of quitting. That's why we are providing you with information about the Michigan QuitLine 800.QUIT.NOW 800.784.8669 tobacco cessation program. The program provides counseling and pharmacological support to all Molina members who enroll.

QuitLogix® Program Components

Participants will have access to a variety of resources:

- Tobacco cessation coaches available 17 hours/day; 7 days/week; 363 days/year
- Five coaching sessions via live text messaging or by phone on a dedicated toll-free number 855.891.9989 or online chat, 9 if pregnant
- Full pharmacotherapy program including Nicotine Replacement Therapy and coordination of pharmacy benefits
- eCoach—a web-based, text messaging, email and mobile program available 24/7
- Clinical oversight and extensive training of coaches and staff by National Jewish Health faculty
- Dedicated teen website at mylifemyquit.com with online enrollment, live chat with a coach, information about vaping and tobacco, and activities to support quitting and stress relief
- Simplified online and mobile program registration to get teens to a coach quicker
- Certificate of program completion

Counseling for Tobacco Cessation during a Provider Office Visit

Remember to submit the appropriate CPT Code when counseling your patient for tobacco cessation during the office visit.

CPT Code	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visits is greater than 3 minutes, but not more than 10 minutes.
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes.

For more information about the QuitLogix® and My Life, My Quit™ programs, visit www.nationaljewish.org or call 877.CALL.NJH. 877.225.5654

Quality Outcomes for Chronic Kidney Disease

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 Dial 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 $<30 \text{ GM mL/min/1.73 m}^2$. (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.

Provider Portal Corner

The Molina Healthcare portal is an important tool to verify enrollment, check claims status, submit claims disputes and appeals, and print payment backup for electronic payments.



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

Welcome to Provider Services
Manage Users

Filter Users
 Administrator(0)
 Locked(0)
 Active(1)
 OHP(0)
 Go

Host Admin(s)
 iL_Prov_Demo

For more information please **Contact Provider Services** Help Desk

Manage Users This page allows you to edit user settings such as lock/unlock, remove access, promote user, invite users and update user roles

Click to invite users to join your group **Invite Users**

Find My User

User ID: Email Address: Date Created: (mm/dd/yyyy) **Search** **Clear**

Manage Users List

Select	User ID	SSO User ID	Email Address	Date Created	Status
<input checked="" type="checkbox"/>	Prov_Demo	mi	...e.com	09/30/2019	Active

undefined 1-1 of 1 10 per page **Export** **Lock** **Unlock** **Remove Access** **Promote as Admin** **Revoke Admin**

Click on the user id to modify level of access for the user.

View Invitations **View Access Requests**

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.

Claim Disputes/Reconsiderations

Providers disputing a Claim previously adjudicated must request such action within 90 days of Molina's original remittance advice date. Regardless of type of denial/dispute (service denied, incorrect payment, administrative, etc.); all Claim disputes must be submitted on the Molina Claims Dispute Request Form (CDRF) found on the Molina Provider website at:

<https://www.molinahealthcare.com/providers/common/PDF/Michigan/Claim-DisputeAppeal-RequestForm.pdf>

The form can also be found on the Provider Portal:

<https://provider.molinahealthcare.com/provider/login>

The form must be filled out completely in order to be processed. Additionally, the item(s) being resubmitted should be clearly marked as reconsideration and must include the following:

Providers should submit the following documentation:

Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the reconsideration request.

The Claim number clearly marked on all supporting documents.

Forms may be submitted via fax, mail or via Provider Portal

Claims Disputes/Reconsideration requested via the CDRF may be sent to the following address:

**Molina Healthcare of Michigan, Inc. Attention: Claims
Disputes / Adjustments
880 West Long Lake Road, Suite 600
Troy, MI 48098**

Submitted via fax: 248.925.1768

Thank you for your commitment to Molina Members.

Have a great Holiday Season!