MOLINA HEALTHCARE®

PROVIDER NEWSLETTER

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

Third Quarter 2019

In this Issue

Provider Satisfaction Survey

WE LOOK FORWARD TO YOUR FEEDBACK!

To improve the quality of service to our provider partners and their staff, MHM is in the process of conducting its annual Provider Satisfaction Survey.

The survey is being conducted by SPH Analytics, a survey research firm. Your office may be randomly selected to participate in this survey.

The survey will give your office the opportunity to share your opinions about the care and service we provide at MHM and help us learn more about provider satisfaction.

Each completed survey is reviewed and analyzed. We use this information to find out how we can better serve you, and more importantly, to find out how we can better work with you to serve Molina members.

We ask that you **please complete the survey** and mail it back in the enclosed postage-paid envelope or complete it on line as noted on the instructions that will accompany the survey.

Thank you for taking the time to share your opinions and thoughts with us and for your commitment to Molina members!

Submitting Electronic Data Interchange (EDI) Claims

Look at all the benefits to using EDI:
- Electronic Claims Submission ensure HIPAA compliance
- Electronic Claims Submission helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission increases accuracy of data and efficient information delivery
- Electronic Claims Submission reduces claims delays since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission eliminates mailing time and claims reach Molina faster!

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a "clearinghouse". You may submit the EDI through your own clearinghouse or use Molina's contracted clearinghouse, Change Health, using payer ID 38334. If you do not have a clearinghouse, Molina offers additional electronic claims submissions options. Log onto Molina's Provider Services Web Portal https://provider.molinahealthcare.com for additional information about the claim's submission options, available to you.

Frequently Asked Questions
- Can I submit COB claims electronically?
  - Yes, Molina and our connected Clearinghouses fully support electronic COB.

- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.

- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina Healthcare uses Change Healthcare as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.

- What claims transactions are currently accepted for EDI transmission?
  - 837P (Professional claims), 837I (Institutional claims).

- What if I still have questions?
  - More information is available at https://www.molinahealthcare.com/providers/mi/medicaid/Pages/home.aspx under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims

Providers may call the Molina EDI Customer Service line at 866.409.2935 or email EDI.Claims@MolinaHealthcare.com for additional support.

Molina Healthcare of Michigan Payer ID: 38334

Electronic Fund 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.

New ProviderNet User Registration:
1. Go to https://providernet.adminisource.com
2. Click "Register"
3. Accept the Terms
4. Verify your information
   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
   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
   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.

If you are associated with a Clearinghouse:
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"

If you are a registered ProviderNet user:
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

BENEFITS
- 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

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 Lines of Business.

Is Your Authorization Request Urgent?

CMS defines expedited/urgent authorization requests as "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function."

When submitting urgent/expedited prior authorization requests, keep the following items in mind to ensure the request is processed without delay:
- Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as routine/ non-urgent.
- Priority is based on turn-around time and then order of receipt.
- Molina Healthcare's regulation turn-around time is up to 72 hours for urgent and up to 14 days for standard, however, Molina strives to provide responses to authorization request with complete medical information as quickly as possible.
- For a smoother, faster process, please remember to include all the supporting clinical/documents in your initial authorization request.

CHAMPS Enrollment/Requirement for Prescribers

In accordance to Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual and entity that provides services, or order 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.

Pharmacy Prior Authorizations

One of the goals of Molina Healthcare's Pharmacy department is to provide appropriate decisions that are consistent with objective clinical evidence. To help us achieve this goal in the timeliest manner, Molina Healthcare requests the following be submitted with each prior authorization:

- A completed Prior Authorization Form including:
    - o Member's Name, Date of Birth, and Member ID Number
    - o Requesting Provider Name and Fax Number
    - o Tax ID Number (for outpatient facility administered drugs)

- o Name of drug being requested
- o HCPCS codes (if applicable)
- o Strength or Dose of drug being requested
- o Number of units requested
- o Administration Instructions of the drug being requested
- o For a blank Prior Authorization form, visit https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/drug-prior-authorization-form.pdf
- Progress notes documenting member's diagnosis being treated and current clinical condition
- Progress notes documenting previous treatments tried and the outcome of the trial
- If applicable, documentation supporting why formulary alternatives are not appropriate. Please visit https://www.molinahealthcare.com/providers/mi/medicaid/drug/Pages/formulary.aspx to review our current formulary
- Current labs
- Height and weight of member

Providing this information with the initial request will decrease the number of unnecessary denials and improve our response times. Molina Healthcare is grateful to have the opportunity to work with you to help keep Molina members healthy.

Model of Care

 The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the Special Needs Plans (SNPs) and Medicare Dual Options (MMP/ MI Health Link). The SNPs and MMP are the plans for delivering coordinated care and care management to special needs Members. SNPs and MMP plans are responsible for conducting their own MOC training, which means you may be asked to complete multiple trainings by different health plans. CMS requires Molina to show evidence of the availability of MOC training materials communicated to providers.

The completion date for this year's training is **October 31, 2019.**

Provider Training material can be found on the Molina Medicare website under Molina Healthcare Model of Care or through the following link: https://www.molinahealthcare.com/providers/common/medicare/PDF/2019-MOC-Provider-Training.pdf

For a copy of the MOC Attestation, please visit the Molina Medicare website at: https://www.molinahealthcare.com/providers/common/medicare/PDF/model-of-care-mi-2019.pdf

If you are completing the training as a group, one MOC Attestation Form that applies to all in the group should be submitted by the individual with authority to sign on behalf of the group. An attendance log **MUST** also be included with your form.

In addition, your Provider Service Representative has available a MOC Attestation Form you can complete in lieu of accessing through the website. Please fax the signed form to 616.222.5221, Attention: Molina Healthcare of Michigan.

If you have any additional questions, please contact your Provider Services Representative at 248.729.0905

Are You Culturally Competent?

Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs. The National CLAS (Culturally and Linguistically Appropriate Services) Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide and facilitate culturally and linguistically appropriate services.
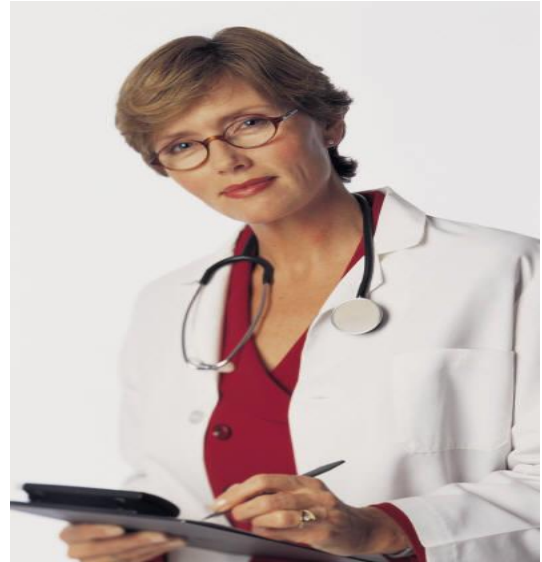
Communicating Across Cultures
Clear communication is the foundation of culturally and linguistically competent care.

Guiding the conversation
- Initial greetings can set the tone for an interaction. If the patient's preference is not clear, ask how they would like to be addressed (i.e. Mr. Jones, Michael, and Ms. Gonzalez).
- Ask open-ended questions whenever possible.
- Some individuals can tell you more about themselves through story telling than by answering direct questions.
- Inquire about preferred language and preferred method of communication (i.e. written, spoken, graphics, sign language, assistive listening devices, etc.). Consider treatment plans with respect to the patient's culture-based beliefs about health.
- Ask about any complimentary or alternative medicine possibly used by the patient.

Assisting patients whose first language is not English
- Speak slowly and try not to raise your voice
- Use simple words and avoid jargon
- Do not use acronyms, idioms and avoid technical language if possible. (i.e. shot vs. injection)

- Please articulate words
- Give information in small chunks and short sentences
- Repeat important information and have the patient repeat information back to you
- Inform the interpreter of any specific patient needs
- Hold a brief introductory discussion
- Reassure the patient about confidentiality
- Allow enough time for the interpreted sessions
- Avoid interrupting during interpretation
- Speak in the first person
- Talk to the patient directly, rather than addressing the interpreter

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

Molina's language access services

Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve the quality of health care for Limited English proficiency patients.

Molina provides the following services to members at no cost, when needed:
- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and Sign Language Interpreter Services
- Relay Service (711)
- 24 Hour Nurse Advice Line
- Bilingual/Bicultural Staff

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services at 800.322.4077 or visit https://www.molinahealthcare.com/providers/mi/medicaid/manual/Pages/provmanual.aspx under the health resources tab.

Sources:
U.S. Department of Health & Human Services: Office of Minority Health. Health Research & Educational Trust, 2013.
Industry Collaboration Effort, Better Communication, Better Care: Provider Tools to Care for Diverse Populations.
Industry Collaboration Effort, Cultural and Linguistic Services, 2017.

Pharmacy Update - Lorbrena

Lorbrena (lorlatinib) is a third-generation tyrosine kinase ALK inhibitor made by Pfizer. It was given accelerated approval by the FDA for the treatment of anaplastic lymphoma kinase (ALK)-positive, metastatic, non-small cell lung cancer (NSCLC) in patients whose disease has progressed on specified therapies (other ALK inhibitors) on November 2, 2018.

Lung cancer is the second most common cancer in the U.S. and the leading cause of cancer deaths. NSCLC is the most common type of lung cancer. Adjuvant therapies typically involve regimens with cisplatin or carboplatin. In metastatic cases that are ALK gene rearrangement positive, alectinib, crizotinib, ceritinib, or brigatinib may be used.

In a non-randomized, multi-center study of a subgroup of 215 patients with ALK positive NSCLC previously treated with one or more ALK inhibitors, the overall response rate with lorlatinib treatment was 48%.

The estimated median response rate was 12.5 months. Common adverse reactions were edema, peripheral neuropathy, cognitive effects, dyspnea, fatigue, weight gain, arthralgia, mood effects, and diarrhea, occurring in greater than or equal to 20% of patients.

Lorlatinib is contraindicated in patients taking strong CYP3A4 inducers. The recommended dose is 100 mg orally daily until disease progression or unacceptable toxicity.

References:
1. Food and Drug Administration. FDA approves lorlatinib for second- or third-line treatment of ALK-positive metastatic NSCLC. https://www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm625027.htm Accessed February 11, 2019.
2. NCCN Guidelines Version 4.2018: Non-Small Cell Lung Cancer.
3. Lorlatinib. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Hudson, OH. Available at https://www.wolterskluwercdi.com/lexicomp-online/ Accessed February 11. 2019.

DirectAssure

Molina is now collaborating with DirectAssure to help maintain a more accurate and timely provider directory. Working in concert with CAQH ProView®, which is accessed by 1.4 million providers to self-report and regularly attest to their professional and practice information, DirectAssure enables providers to update their directory information once and share it with all participating health plans they authorize to receive that data.

Molina encourages all providers to sign up for CAQH ProView® in order to utilize DirectAssure as a tool to easily update and distribute provider directory data to Molina Healthcare. DirectAssure reduces the burden on healthcare providers and health plans alike, eliminating redundant outreach and increasing directory accuracy.

How DirectAssure Works:

- DirectAssure emails reminders, on at least a quarterly basis, to select providers on behalf of participating health plans to review their directory information.
- Providers log in to CAQH ProView®, review a specific dataset in a Provider Directory Snapshot, make any necessary updates and then confirm that the directory information can be published.
- The confirmation is time stamped, and a snapshot of information is taken for audit purposes.
- This directory data includes provider location, contact information, specialty, medical group, institutional affiliation and whether they are accepting new patients.

To register, please visit https://www.caqh.org/. For more information about DirectAssure, visit https://www.caqh.org/solutions/directassure.
If you have any questions, please contact your Provider Services Representative.

Provider Portal Corner

We have enhanced the Provider Portal to include access to the PDF images of the Explain of Payment (EOP) documents that come with your Molina claims payments. EOPs can be accessed for claims that have a paid/denied status. Navigation to the EOP is done through the Claims Inquiry module of the Portal. Search for the desired claim, and from the Claims Details page, select the "EOP" button. This will open the PDF of the EOP.

Claim Details

General Information

Member Name: LNAME, FNAME	Claim Number: 19126123456
Claim Source: EDI	Claim Status Effective: 2/22/2019
Claim Header Status: Denied	Billed Amount($): 166.29
Rendering Provider Name: TESTER, PROVIDER	Check Number: EFT1234567
Rendering Provider NPI: 1234567890	Service Date From: 2/22/2019
Check Paid Date: 05/07/2019	Patient Control Number: 112233A44556
Service Date To: 2/22/2019	Amount Paid($): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Adj Grp Cd	Adj Rsn Cd	Rmk Cd
1	02/22/2019	02/22/2019		99214		1	166.29	0.00	0.00	0.00	0.00	2/22/2019	Denied	OA	18	

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DESCRIPTION OF HIPAA ADJUSTMENT & REMARK

ADJ GRP CODE	DESCRIPTION
OA	Other Adjustment

ADJ RSN CODE	DESCRIPTION
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

Save As Template	Appeal Claim	Void Claim	Correct Claim	View Diagnosis Code	Print Claim Summary	EOP	Back

Pain Safety Initiative (PSI)

Opioid toxicity and abuse is a public health concern in the United States due to the alarming increase in the number of opioid-related deaths. Opioid prescribing continues to fuel the epidemic. Benefits of high-dose opioids for chronic pain are not established and at the same time, risks for serious harm related to opioid therapy increase at higher opioid dosages. Because of this, safe and appropriate opioid prescribing and utilization is a priority in health care.[1]

Molina Healthcare of Michigan (Molina) is committed to stifling the effects of the opioid epidemic on our Members. To this end, Molina has developed a comprehensive substance use disorder plan that includes a Pain Safety Initiative (PSI).

The Pain Safety Initiative (PSI) is composed of over 40 measures that leverage the tools available to us to support judicious prescribing practices, focus on improved member outcomes, identify overuse, misuse and fraud, and support activities that result in safer communities.

Effective July 1st, 2019, to address the goal of reducing the number of new starts, Molina Healthcare of Michigan (Molina) will be implementing limits to the amount of short-acting opioids that a member can receive for acute pain when starting therapy. If the patient does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) in their prescription claim history in the past 180 days (i.e., this is the patient's first fill of an opioid), then the Acute Pain Duration Limit criteria will apply to the incoming prescription drug. If the incoming prescription drug is being filled for more than a cumulative 7-day supply, then the claim will reject with a message indicating that the patient can receive a 7-day supply or submit a prior authorization (PA).

Molina requires Providers to adhere to Molina's drug formularies and prescription policies designed to prevent abuse or misuse of high-risk chronic pain medication.
Providers are expected to offer additional education and support to Members regarding Opioid and pain safety as needed. Providers may access additional Opioid-safety and Substance Use Disorder resources at www.molinahealthcare.com under the Health Resource tab. Please consult with your Provider Network Manager or reference the medication formulary for more information on Molina's Pain Safety Initiatives.

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[1] The Centers for Disease Control and Prevention. Injury Prevention and Control: Prescription Opioid Overdose Data. Available from:
http://www.cdc.gov/drugoverdose/data/overdose.html

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
Beginning in 2018, Medicaid covers dental services for pregnant women, including cleanings, fillings, and other preventive services.

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	This program allows Molina PCP's to provide Fluoride treatments to Molina Medicaid members (0-3) years and submit claims to Molina. Molina PCP's must submit their claims directly to Molina using the following procedure codes: **Code** **Code Description** D0190 Screening of a Patient D1206 Topical Fluoride Varnish 99188 App Topical Fluoride Varnish	**0-3 Years**	www.HealthyKidsDental.org or call 1-800-482-8915 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 1-800-482-8915 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 1-855-609-5158
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 1-855-704-0433
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.