

PROVIDER NEWSLETTER

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

First Quarter 2020



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Consumer Assessment of Healthcare (CAHPS)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are a few topics addressed in the survey regarding patient care:

- Getting Needed Care
- Getting Care Quickly
- How Well the Doctors Communicate

Molina Healthcare's 2019 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

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.

Medicaid: In 2019, Molina Healthcare's most improved measures were rating of health care, rating of health plan and rating of specialist. We need to improve on shared decision making, coordination of care and getting members care quickly.

Medicare: In 2019, Molina Healthcare demonstrated improvement in the rating of customer service. Also, our rating of drug plan and getting needed prescription drugs were among the top performing measures. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

Marketplace: In 2019, Molina Healthcare demonstrated improvement in the rating of getting needed care quickly and the number of adults receiving flu vaccinations. Rating of specialist was identified as an area with opportunity for improvement, as well as rating of all health care.

MMP: In 2019, Molina Healthcare's top performing measures were rating of drug plan, rating of health plan and getting needed prescription drugs. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

Behavioral Health Satisfaction

Molina Healthcare also assesses members' satisfaction with their behavioral health services. In 2019, Molina Healthcare improved in the following measures: rating of health plan, getting treatment quickly, member's perceived improvement, and getting treatment and information. Areas for improvement include how well clinicians communicate and members feeling informed about their treatment options.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2019, Molina Healthcare improved its HEDIS® performance in blood pressure control for diabetic members, follow-up care for children prescribed ADHD medication, and immunizations for adolescents. We also improved in statin therapy adherence for members with cardiovascular disease or diabetes.

We need to improve our rates for prenatal and postpartum care, including timeliness of prenatal care.

Medicare: In 2019, Molina Healthcare improved its performance in the areas of medication reconciliation post-discharge and breast cancer screening. Measures that need improvement are related to care for our diabetic members including eye exams, hemoglobin A1c control, blood sugar control and kidney disease monitoring.

Marketplace: In 2019, Molina Healthcare observed improved scores among weight assessment and counseling for nutrition and physical activity for children and adolescents. Areas that need improvement are alcohol and drug dependence treatment and appropriate treatment for children with upper respiratory infection.

MMP: In 2019, Molina Healthcare improved HEDIS® performance for controlling high blood pressure, rheumatoid arthritis management and initiation of alcohol or drug treatment. Areas for improvement include colorectal cancer screening and controlling blood sugar among diabetic members.

Culturally and Linguistically Appropriate Services

Molina Healthcare also assesses the cultural, ethnic, racial and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions. In 2019, the large majority of Molina members across all lines of businesses identified English as their preferred language, followed by Arabic and Spanish. Spanish was the most requested language for Molina's interpreter services, followed by Arabic. Requests for Arabic interpreters increased slightly between 2018 and 2019 among Medicaid and MMP members. Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a new series of short, Cultural Competency training videos available at www.MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources page listed under Health Resources.

Provider Satisfaction

Additionally, Molina Healthcare performs an annual analysis of how well providers' expectations and needs are being met. Areas of success for all lines of business are call center service satisfaction and provider relations satisfaction. Areas for improvement exist around satisfaction with utilization and quality management programs, and availability of specialists and behavioral health providers. We appreciate the responses and encourage physicians. Molina will use the survey results and focus groups to develop a provider satisfaction workplan.

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 Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.



Rybelsus (oral semaglutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, was recently approved in September 2019 by the Food and Drug Administration (FDA) for the treatment of type 2 diabetes in adults. This is the first oral formulation of a GLP-1 receptor agonist to be approved in the US. A once weekly injectable form of semaglutide has been on the US market since 2017. In a series of ten PIONEER phase 3 trials conducted by Novo Nordisk, oral semaglutide performed favorably against other injectable GLP-1 receptor agonists and other currently available antidiabetic medications. It has a list price of \$772 for 30 tablets.

A recent study conducted by the Institute for Clinical and Economic Review (ICER) compared oral semaglutide to liraglutide, empagliflozin, sitagliptin, and ongoing background antihyperglycemic treatment (metformin, sulfonylureas, insulin). In summary, the report found:

- Oral semaglutide reduced HbA1c more than placebo, empagliflozin, sitagliptin, and liraglutide at 52 weeks.
- Oral semaglutide reduced body weight more than placebo, liraglutide, and sitagliptin. Reductions in body weight were similar with oral semaglutide and empagliflozin.
- Oral semaglutide did not have a statistically significant reduction in major adverse cardiovascular events (MACE) compared to placebo. Injectable semaglutide, liraglutide, and empagliflozin did reduce MACE compared to placebo.
- Gastrointestinal effects including nausea, vomiting, and diarrhea were the most common adverse reactions reported with oral semaglutide (up to 20% of trial participants), which led to increased rates of therapy discontinuation.

Table 1: Oral Semaglutide and Comparators

Treatment	Add-On Drug Cost	Complication Cost	Total Cost	MACE	CHF	ESRD	LYs	QALYs
Oral Semaglutide + background treatment	\$46,000	\$208,000	\$295,000	59.9%	29.4%	13.0%	8.18	4.03
Sitagliptin (Januvia®) + background treatment	\$5,000	\$209,000	\$254,000	65.8%	27.6%	14.8%	7.66	3.73
Empagliflozin (Jardiance®) + background treatment	\$16,000	\$204,000	\$263,000	63.4%	22.8%	12.4%	8.07	3.97
Liraglutide (Victoza®) + background treatment	\$60,000	\$203,000	\$305,000	62.2%	23.5%	12.4%	8.06	3.72
Background treatment alone	--	\$208,000	\$250,000	67.2%	27.7%	14.6%	7.55	3.63

Table 1 shows estimated lifetime costs, medical complication costs, major adverse events, life years added, and quality-adjust life years added of oral semaglutide and comparators.

MACE: major adverse cardiovascular event, CHF: congestive heart failure, ESRD: end stage renal disease, QALY: quality-adjusted life years

When considering price, effectiveness, and adherence, ICER found oral semaglutide to be cost-saving compared to liraglutide, sitagliptin, and background treatment alone, but not compared to empagliflozin.

Molina has chosen not to add Rybelsus to the formulary at this time, but Ozempic, Victoza, and Trulicity are the preferred agents for Molina One, and Ozempic and Victoza are the preferred agents for MKP formulary for 2020.

References:

1. Rind D, Guzauskas G, Fazioli K, Hansen R, Kumar V, Chapman R, Borrelli E, Bradt P, Pearson S. Oral Semaglutide for Type 2 Diabetes: Effectiveness and Value. Institute for Clinical and Economic Review, November 1, 2019. <http://icer-review.org/material/diabetes-evidence-report/>

Opioid Use Disorder



The Problem:

Your community, town, or practice is likely no stranger to the Nation's opioid crisis. According to the National Institute of Drug Abuse (NIDA), "Every day, more than 130 people in the United States die after overdosing on opioids" (NIDA 2019) and every 15 minutes a baby is born that will suffer from opioid withdrawal (<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>).

The economic burden of prescription opioid misuse in the United States is estimated to be \$78.5 billion a year. This would include health care costs, lost productivity, addiction treatment and criminal justice involvement with more than a third of these costs being attributable to increased health care and substance abuse treatment costs.

Molina's Solution:

Molina has developed an Opioid Use Disorder (OUD) Model of Care (MOC) to help support the work that our providers are doing everyday by ensuring our internal processes work to remove barriers to care and that our clinicians are equipped with the skills to coordinate care for this vulnerable population. Molina's approach includes assigning a Substance Use Disorder (SUD) Navigator who has completed additional SUD trainings to improve efficiency of care coordination, member engagement and empower members to successfully self-manage post program completion.

Molina Healthcare's OUD MOC has identified opportunities to improve knowledge and processes that impact Molina's effectiveness in caring for members affected by opioid use. The OUD MOC is designed to improve factors related to access, education, appropriateness of treatment, collaboration, engagement, and internal awareness.

The model includes:

- Health Plan Internal Awareness Gap Analysis
- Member (At-risk) Identification
- Enhanced Care Coordination
- Proprietary Screening Tools
- Comprehensive Staff Competency Trainings
- Data Dashboards and Reports
- Feedback and Monitoring

How Can You Help:

Minimize opioid overdose misuse, overdose and addiction by incorporating the following into your practice:

- Familiarize yourself with the latest HEDIS measures and associated tip sheets which include:
 - Risk of Continued Opioid Use
 - Use of Opioids at High Dosage
 - Use of Opioids from Multiple Providers
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Refer members who you identify as possible candidates for care coordination through our OUD MOC to our care management department. You may contact Provider Services at mhmproviderservicesmailbox@molinahealthcare.com
- Consider becoming a Medication Assisted Treatment (MAT) Provider by applying for the DEA X Waiver (resources below) to help close the access to care issues many patients face when attempting to seek help for their opioid addiction

Provider Resources:

- Visit our website (www.molinahealthcare.com) for our Opioid Safety Provider Education Resource Kit which includes free CMEs on Opioid Safety. These resources are located under our Health Resources tab
- Access our latest HEDIS Tip Sheets on the above measures mentioned by contacting your Provider Services team at mhmproviderservicesmailbox@molinahealthcare.com and will soon be available via the Provider Portal

Sources:

National Institute of Drug Abuse. Opioid Overdose Crisis, January 2019.

National Institute of Drug Abuse. Neonatal Abstinence Syndrome. <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013.

Chimeric Antigen Receptor (CAR) T-Cell Therapy

On September 6, 2019 CMS announced that CAR T-cell transfer immunotherapy for select patients with relapsed or refractory cancers are now covered under Medicare Fee-For-Service. Medicare Advantage beneficiaries that meet the criteria will also be covered by Medicare FFS through December 31, 2020. Medicare Advantage plans, such as Molina DSNP and MMP (MI Health Link), will begin to cover the benefit starting in January 1, 2021.

What's Covered Under Medicare FFS?

On or after August 7, 2019, hospitals may submit claims to Traditional Medicare for payment as indicated under the CMS 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>

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

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

What is covered with Medicaid?

CAR-T is a carve out for Medicaid. On January 1, 2019 the Medicaid Program list HCPCS code Q2042 Tisagenlecleucel Car-POS T as a carve and prior authorization is required. The code will be reimbursed fee-for-service (FFS) benefit for all Medicaid Fee for Service (FFS) and Medicaid Health Plan (MHP) enrollees.

The member is removed from the MHP for approximately 3 months and enrolled in Medicaid FFS during the time of treatment. Michigan Medicaid program will pay for the CAR-T therapy and immediate after-therapy and complications. If there are no complications, the member is reinstated into the MHP after 3 months.

Refer to Medicaid Code and Rate Reference Tool in CHAMPS for additional information. Also, for covered physician-administered drugs and fee screens, refer to www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics
https://www.michigan.gov/documents/mdhhs/MHP_CARVE_OUT_622385_7.pdf

If you have any questions, please contact Provider Services at mhmproviderservicesmailbox@molinahealthcare.com

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.

If you have any questions regarding dental services, oral health or care management, please contact your Provider Services Representative or Provider Services at 248.729.0905. For benefit determination contact mhmproviderservicesmailbox@molinahealthcare.com.

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.

Electronic Funds Transfer (EFT)

Molina has partnered with ProviderNet for Electronic Funds Transfer and Electronic Remittance Advice. Below are additional benefits and reminders:

Benefits:

- Providers get faster payment and eliminates mailing time (processing can take as little as 3 days from submission)
- Providers can search for a historical Explanation of Payment (EOP) by claim number, member number, etc.
- Providers can view, print, download and save a PDF version of the EOP for easy reference with no paperwork to store
- Transfer Protocol (FTP) and their associated Clearinghouse
- Electronic Funds Transfers ensure HIPAA compliance
- It's a free service for you!

- ProviderNet only facilitates the payments from Molina to the provider. Questions regarding claims payment should be directed to Provider Services/Call Center.
- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Provider Services/Call Center.
- Providers should be reminded to add all NPI's to their account that receive Molina payments.

Get started today! Provider not registered for EFT payments should contact: Electronic Funds Transfer at: 1-866-409-2935 or Email: EDI.Claims@Molinahealthcare.com

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.

Health Claim Recovery Process

Molina Healthcare will recover Commercial health insurance claims with a date of service up to three (3) years from the date of service.

- Providers must immediately bill the claim to the primary payer along with a copy of the Molina's remittance advice showing the recoupment due to Third Party Liability (TPL).
Molina Healthcare will recover all Medicare Primary claims without regard to the date of service.
- Medicare does not limit providers on timely filing with the reason for the claim submission is a Medicaid take-back.
- Providers have six (6) months from the Medicaid takeback date to submit the claim to Medicare. See Medicare Claims Processing Manual for further instructions.

Secondary claims may be rebilled to Molina for proper Coordination of Benefits within six (6) months of the date of the primary payer's Explanation of Payment (EOP).

- Under Medicaid, Molina Healthcare is the payer of last resort and will not pay any denied or recovered claims as primary if the primary payer's timely claim submission guidelines are not followed.
- Medicaid members should not be billed for TPL denied or recovered claims under any circumstances.
- If the primary payer denies a claim for member not eligible on the date of service:
 - Provider must rebill claim to Molina with a copy of the primary payer's EOP within six (6) months of the date of the EOP
 - Molina's Enrollment Team will send a service request to the State of Michigan to have the TPL coverage updated in the CHAMPS system.

2020 Provider Manual

The 2020 Provider Manuals will be made available on MolinaHealthcare.com website. The Provider Manual is customarily updated annually but may be updated more frequently as policies or regulatory requirements change. The Molina Provider Manual is intended to provide Molina's contracted Providers with guidance in understanding Molina Healthcare's programs, processes and policies. Providers can access the most current Provider Manual at www.MolinaHealthcare.com

If you have questions about the manual or about Molina Healthcare of Michigan (MHM) in general, please contact MHM at 855.322.4077 or your assigned Provider Service Representative.

Claims Disputes/Reconsiderations

Providers disputing a Claim previously adjudicated must request such action within ninety (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 Molina 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:

Fax: 248.925.1768

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

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 are 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

The screenshot shows the 'Manage Users' interface. On the left is a sidebar with navigation and filter options. The main content area includes a 'Find My User' search bar, a 'Manage Users List' table, and a row of action buttons for the selected user. A red box highlights the 'Promote as Admin' button, with a green arrow pointing to it from the right.

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)

Manage Users List

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

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

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

4. The user's status will change to "Admin/Active."
5. This simple step can assist you in delegating responsibilities and ensuring you always have backup support.

Thank you for your commitment to Molina Members.