

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

## 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 2019–2020 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 2019-2020 flu season and the B viral vaccine component remains the same from the 2018-2019 flu season.

The age indication for Afluria Quadrivalent has been expanded from  $\geq 5$  years to  $\geq 6$  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  $\geq 36$  months ( $\geq 3$  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  $\geq 36$  months ( $\geq 3$  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/>.

## **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 providers by using software that identifies questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse along with concerns involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. 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 [MolinaHealthcare.AlertLine.com](http://MolinaHealthcare.AlertLine.com).

## Patient Driven Payment Model

Effective October 1, 2019 the new Patient Driven Payment Model (PDPM) was implemented by the Centers for Medicare and Medicaid Services (CMS). CMS will 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 is required to modify claim billing practices. There is no transition period between RUG-IV and PDPM. RUG-IV billing ends September 30, 2019. PDPM billing begins October 1, 2019.

CMS has released resources to help you prepare on the PDPM webpage, including fact sheets, FAQs, and training materials. Please visit the CMS website at: [www.cms.gov](http://www.cms.gov) and under the “Medicare” tab find the “Medicare Fee-for-Service Payment” section, then select “Skilled Nursing Facility PPS.”

## Balance Billing

Providers contracted with Molina cannot bill a Molina Member for any covered benefits. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed by Molina to the Provider. Balance billing a Molina Member for services covered by Molina is prohibited. 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

## 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 P&T 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.

## Provider Portal Corner



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

**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	
<input checked="" type="checkbox"/>	Prov_Demo		mi...e.com	09/30/2019	Active

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

And voila! The user's status will change to "Admin/Active."

This simple step can assist you in delegating responsibilities and ensuring you always have backup support.