NV PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2022

In this issue

Molina's Annual 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

CAHPS®

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

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina 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.

Culturally and Linguistically Appropriate Services

Molina 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.

MolinaHealthcare.com

This Provider Newsletter is available to all network providers serving Molina Healthcare members.

Additionally, Molina has a series of short Culturally Competency training videos available at MolinaHealthcare.com/NV on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. The following disability resources are also available at this location under the Molina Provider Education Series heading:

- Americans with Disability Act (ADA)

- Members who are Blind or have Low Vision

- Service Animals

- Tips for Communicating with People with Disabilities & Seniors

Molina will be conducting the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey in 2022 and reporting on the Healthcare Effectiveness Data and Information Set (HEDIS®) in 2023. Once data is available, you can look at the progress related to the goals that Molina has set for the annual CAHPS® survey results and the annual HEDIS® measures in more detail on the MolinaHealthcare.com/NV. 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 MolinaHealthcare.com/NV

Requirements for Submitting Prior Authorization for Molina

Molina requires prior authorization (PA) for specific services. Molina offers three tools on the MolinaHealthcare.com/NV website to assist you in knowing what services require Prior Authorization: The PA Code Matrix, the PA Guide, and the PA Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. The PA Code Lookup Tool is conveniently located available on the "home" page of Provider area of MolinaHealthcare.com/NV. Check it out here. The most efficient prior authorization submission method is through our Provider Portal: Availity.com/MolinaHealthcare.

When submitting a prior authorization request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the medical need for the requested service(s)
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approving the service/item

By providing all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding a need to request additional supporting documentation. The 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 their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent. The goal is to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please be sure to reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the decision and could further delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

Strengthening the Primary Care Setting with Trauma-Informed Care

Molina Healthcare is dedicated to promoting the importance of Trauma Informed Practice. According to the National Council for Mental Wellbeing, an "individual's experience of trauma impacts every area of human functioning- physical, mental, behavioral, social, and spiritual." Implementing a Trauma Informed Care approach in the Primary Care setting can benefit providers, members, and office staff alike. The National Council of Mental Wellbeing reports that Trauma-Informed primary care settings can:

- Create safer spaces for staff
- Improve clinical decision-making
- Equip providers to identify and respond to trauma
- Build collaborative care networks to increase provider capacity to address holistic needs

Molina has adopted the guideline for Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care from The National Council for Mental Wellbeing. For more information, please visit our Clinical Program Guidelines on our provider website or visit the National Council for Mental Wellbeing to access the guideline here.

Secure Messaging from Claim Status Screen Enabled in Availity Essentials Portal

Molina Healthcare strives to offer tools to provider partners so you can get more done with less effort. Molina now offers an integrated messaging feature from the Claim Status screen in the Availity Essentials portal.

You can submit secure messages from the Claim Status screen directly to Molina using Availity's Messaging Application.

Note: You will need the Claim Status and the Messaging App roles to access this function. If you're an administrator for your organization, you can assign roles by selecting Maintain User from your account dashboard. Then, select the user and View/Edit their roles.

Accessing Secure Messaging: Go to Claims & Payments | Claims Status

1. Initiate a message via the "Message this payer" option on the claim status results page. Important: The message must pertain to the current claim listed on the claim status results page.

2. Allow up to two business days for a response.

3. Access the Messaging Queue from the top right corner of your Availity home page.

4. Conversations display as cards. The color of the cards indicates the status.

5. All users have sorting and filtering options. If a message is missing from your queue, clear your filter options

Availity's Messaging App is a faster, more effective platform for resolving simple queries. The next time you have a question about the status of a claim, try messaging.

Customer Support: If you have questions about Messaging from Claim Status, you can reach Availity Client Services at (800) 282-4548 from 7 a.m. to 7 p.m. CT, Monday through Friday.

Additional Questions? We're here to help. Contact your Provider Services Representative or email our Provider Services Department. For help identifying your assigned Provider Services Representative please visit: MolinaHealthcare.com/NV/ProviderServices

Availity Essentials Portal: We are pleased to offer our providers the Availity Essentials portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? Click here to get started.

Clinician Administered Preferred Drug List 2022

A clinician-administered drug is an outpatient drug other than a vaccine that is typically administered by a health care provider in a clinician's office or other outpatient clinical setting. For example, drugs that are infused or injected are typically clinician-administered drugs.

The Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Molina Medical Preferred Drug List includes the listed products only and other product may be available under a plan's medical benefit. The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Medicaid Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor), Glassia® (Alpha-1-Proteinase Inhibitor), Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim) Nivestym® (filgrastim-aafi)	Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Neulasta® (pegfilgrastim) Nyvepria™(pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez)
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Elelyso® (taliglucerase alfa)	Cerezyme® (imiglucerase)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate 8.4mg/ml) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis® (hyaluronic acid 8mg/ml) Orthovisc® (1% sodium hyaluronate) Supartz® FX (1% sodium hyaluronate) TriVisc®(sodium hyaluronate) Visco-3® (1% sodium hyaluronate) Synvisc® (hylan (Avian) 8 mg/mL)	Euflexxa® (1% sodium hyaluronate)

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Oncology	**Avastin® (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
	Herceptin® (trastuzumab) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk)	Herzuma® (trastuzumab-pkrb) Kanjinti™(trastuzumab-anns) Ogivri™ (trastuzumab-dkst) Ontruzant® (trastuzumab-dttb) Trazimera™ (trastuzumab-qyyp)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris® (ravulizumab-cwvz)	Empaveli® (pegcetacoplan)
Rituximab	Rituxan® (rituximab) Rituxan Hycela® (rituximab-hyaluronidase)	Truxima®(rituximab-abbs) Ruxience®(rituximab-pvvr) Riabni™ (rituximab-arrx)
Retinal Disorders (Eye)	Eylea®(aflibercept) Lucentis® (ranibizumab)	**Avastin® (bevacizumab)

To access this newsletter on the website,
please visit: MolinaHealthcare.com/providers/nv/medicaid/communications/newsletters

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