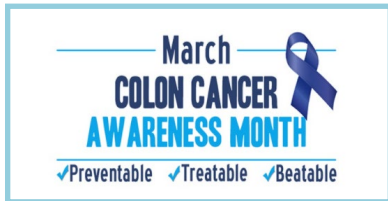# Provider Newsletter
March 2021

MARCH IS NATIONAL COLORECTAL CANCER AWARENESS MONTH

Each year, almost 4,600 men and about 4,400 women are diagnosed with colorectal cancer and over 1,500 men and over 1,500 women in New York State die from this disease. It is estimated that one in 20 people will develop colorectal cancer sometime in their life.

As COVID-19 gripped the country, like many other health screenings, colorectal cancer screenings plummeted. The Colorectal Cancer Alliance (CCA) is calling on every ally to help make colorectal health a priority. CCA has a variety of ready-made print and social media tools for providers at https://thesocialpresskit.com/colorectal-cancer-alliance.

For assistance in establishing FIT or Cologuard testing within your practice, please contact Samantha Tolbert, Manager of Quality Initiatives at stolbert@monroeplan.com.

UPCOMING PHARMACY BENEFIT CARVE-OUT- MAY 1, 2021

Effective 5/1/21, Medicaid and HARP member's subscriptions will not be covered by Managed Care Organizations. Instead, they will be covered by Medicaid Fee for Service. This change will not impact Essential Plan and Child Health Plus members.

Most pharmacies in New York State take Medicaid Fee for Service and the copayment structure will not be changing. Member notification began this week. Molina will update all providers as more information is received in the coming weeks.

MONROE PLAN'S PROVIDER PORTAL SAVES TIME – Register Today!

Monroe Plan for Medical Care Provider Portal is live and centralizes essential tools and forms in one place!
- ✓ Submit Roster Updates
- ✓ Access Demographic, Credentialing and Administrative Forms
- ✓ Utilize Coding Tip Sheets
- ✓ Find Training Tools, Resources and more!

To register, go to https://monroeplan.healthtrioconnect.com.

MONROE PLAN'S CODING UNIVERSITY
Tuesday, March 30
12:00-1:00 PM
*Recording will be available @ www.monroeplan.com

Monroe Plan's clinical quality team is now offering a live quarterly coding university to assist our practices in learning how effective coding strategies can increase their quality achievement. Using specific quality measures as examples, these sessions will assist with:

- o *Submission of accurate claim/encounter data for each service offered*
- o *Use of CPTII codes to reduce medical record requests*
- o *Increase in quality measurement outcomes*

Please contact Samantha Tolbert, Manager of Quality Initiatives at stolbert@monroeplan.com to register.

United Hospital Fund launches Pediatrics for an Equitable Developmental Start (PEDS) Learning Network
New Program to Enhance Pediatric Care

2020 was a tragic and challenging year for New Yorkers, with many dark days still ahead. But it was particularly tough time for New York's children; on the heels of the devastating opioid epidemic, an estimated 4,200 children lost a parent between March and July 2020, and 325,000 were driven into poverty. In the current surge, those numbers will certainly get worse. In September 2020, the United Hospital Fund (UHF) launched its Pediatrics for an Equitable Developmental Start (PEDS) Learning Network.

The PEDS Learning Network is designed to boost healthy early childhood development, address unmet social needs, and strengthen the families with young children in New York State through primary care-based interventions. The initiative has three components: a pediatric fellowship (all slots are currently full); a rich online resource center; and an ongoing series of Learning Collaborative webinars launched with a presentation by nationally renowned pediatrician, Tiffani Johnson, MD, *Health Equity: Theory to Practice* (https://uhfnyc.org/events/event/peds-network-learning-collaborative-health-equity-theory-practice). This presentation, although held in 2020, continues to be available for viewing.

Additional information on the PEDS Learning Network is available on the UHF website (https://uhfnyc.org/our-work/initiatives/peds-learning-network/).


ROSTER REMINDER
To ensure accurate and current data is captured, please send updated provider practice rosters to Monroe Plan at pfmemails@monoreplan.com. Thank you!

HEDIS CHART COLLECTION CONTINUES THROUGH APRIL
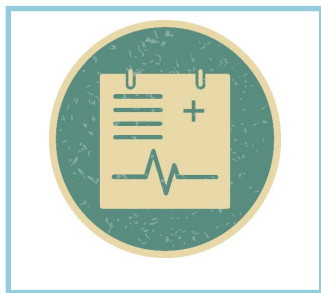
Molina Healthcare uses the Healthcare Effectiveness Data and Information Set (HEDIS®) tool and Risk Adjustment (RA) every year for quality reporting. This is done by looking at the type of care and services provided to members in the Healthcare Plan. Risk Adjustment (RA) is a form of predictive modeling to assess the relative risk that a patient will incur medical expenses above or below the average, over a defined time; charts may be collected throughout the year. **Provider offices may be contacted to submit specific medical records for review, this is an integral part of the HEDIS® data / RA collection process.**

MOLINA INTRODUCES NEW PROVIDER PORTAL - AVAILITY
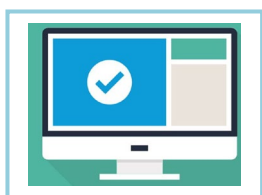
Molina is excited to announce we will be improving our Provider Portal experience. The effective dates will be a tiered structure. Those providers who are currently using Availity through other health plans will go live with Molina on Availity on 4/1/2021. Those providers new to Availity will follow soon after. As we move closer to the 4/1/21 date, further communication and training opportunities will be released.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)
Every Member Counts

Every Member Counts is a Molina education program to raise awareness of how daily work activities impact customer service, member satisfaction and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results. The CAHPS survey gives our members the opportunity to provide feedback on the health care and customer service that we provide.

2021 CAHPS SURVEY DATES:

CHILDREN and ESSENTIAL PLAN
February thru May.
Survey conducted by Molina's vendor SPH, Analytics.

ADULT
November thru January
Survey conducted by NYS.

This random sample survey is conducted via phone and mail.

Why is CAHPS Important to MOLINA, to YOU, AND to our MEMBERS?
- Survey results are critical to our overall quality ratings through NCQA and CMS.
- Molina envisions a future where everyone receives quality healthcare and listening to the member is essential.
- NYS ties quality to dollars.
- The Molina commitment = positive experiences = increase to STAR ratings.

IMPORTANT PRIOR AUTHORIZATION UPDATES FROM MOLINA

Prior Authorizations Related to COVID-19 Resumed on 2/21/21

Effective February 21, 2021, the New York State Department of Financial Services has expired the specific Covid-19 prior authorization requirements that were waived on December 23, 2020. The communication is located on the MHNY website via this link. Additional information can be found on the New York State Department of Financial Services' Website. Please continue to use our Prior Authorization look up tool located on our Website and Provider Portal.

Prior Authorization Changes - J-Codes
There are some new CPT codes that will require prior authorization before the services are rendered. Please go to Molina's website, Provider Notices Section and the Pharmacy Section to view the related memos with details.

_____

MOLINA TO USE LOCUS/CALOCUS CLINICAL GUIDELINES

Effective April 1, 2021, Molina Healthcare of New York, Inc. will transition to using LOCUS/CALOCUS for all Mental Health Levels of Care determinations. These guidelines align with the New York Office of Mental Health Guiding Principles which can be located https://omh.ny.gov/omhweb/bho/omh_mnc_guiding_principles.pdf.

We are excited to make this change which provides the benefit of:
- More effective healthcare with evidence-based care guidelines
- Increased provider satisfaction via standardized clinical criteria review process
- Improved Quality of Care
- Better health outcomes through more collaborative and effective utilization management

The adoption of these new guidelines will not affect your process for notifying Molina Healthcare of admissions or for seeking prior authorization approval.

Please note that LOCADTR 3.0 will still be used for Substance abuse levels of care and that MCG would only be used for procedures such as ECT or psychological testing.

ACCESS AND AVAILABILITY

Primary Care Providers (PCPs) (Family Practice, Internal Medicine, Obstetrics/Gynecology (OB/GYN), Pediatricians), and Behavioral Health Providers who contract with Medicaid Managed Care Plans must meet specific appointment and availability standards to ensure that enrolled Medicaid members have appropriate access to necessary health care. New York State routinely completes surveillance activities to evaluate compliance with the following appointment availability standards, (Medicaid Model Contract 15.2, Appointment Availability Standards):

NYSDOH Appointment Standards	
Type of Visit	**Required Timeframe**
Urgent care visit	Within 24 Hours
Non-urgent sick visits	Within 3 days
Routine, preventive care visit	Within 4 weeks
First pre-natal visit	Within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
First newborn visit	Within 2 weeks of hospital discharge
First family planning visit	Within 2 weeks
Follow-up visit after mental health/substance abuse ER or inpatient visit	Within 5 days
Non-urgent mental health or substance abuse visit	Within 2 weeks
Adult baseline and routine physicals visit	Within 12 weeks

NYSDOH Appointment Standards for Behavioral Health Services	
Type of Visit	**Required Timeframe**
Behavioral Health Specialist Referral Non-Urgent	Within 24 Hours
For Continuing Day Treatment, Intensive Psychiatric Rehabilitation, Treatment programs and Rehabilitation services for residential Substance Use Disorder treatment services	Within 2 to 4 weeks of request
For PROS programs other than clinic services	Within 2 weeks of request
Non-urgent mental health or Substance Use Disorder visits with a Participating Provider that is a Mental Health and/or Substance Use Disorder Outpatient Clinic, including a PROS clinic	Within 1 week of request
Provider visits to make health, mental health, and substance abuse assessments for the purpose of making recommendations regarding a recipient's ability to perform work when requested by a LDSS	Within 10 days of request by an MMC Enrollee