

Provider Newsletter
April 2021

APRIL IS ORAL CANCER AWARENESS MONTH



Oral care is such a vital part of our overall health and wellbeing. Monroe Plan and Molina Healthcare of New York, Inc. would like to remind providers to encourage patients to visit the Dentist 2x a year for a check-up and cleaning. Oral cancer screenings are a routine part of these visits.

Patients can be directed to **(800) 468-0608** or Healthplex.com for questions about dental benefits or for help finding a dentist in their area.

“Close to 54,000 Americans will be diagnosed with oral or oropharyngeal cancer this year. It will cause over 9,750 deaths, killing roughly 1 person per hour, 24 hours per day.”
– *The Oral Cancer Foundation*

Signs and Symptoms of Oral Cancer

- Soreness that does not go away
- Red or white patches
- Pain or numbness
- Lumps & bumps
- Crusty or rough spots
- Difficulty chewing, swallowing, or speaking

COVID-19 VACCINE INFORMATION

In March, all Molina Healthcare of New York, Inc. members, ages 16 and up, were mailed a post card with guidance and resources about the FDA approved COVID vaccines. Molina also created a customized landing page with similar information located [here](#) for members to reference. Providers can reference this page or access the provider specific COVID resource page located [here](#) for the latest information.

PHARMACY BENEFIT CARVE-OUT POSTPONED

Announcements

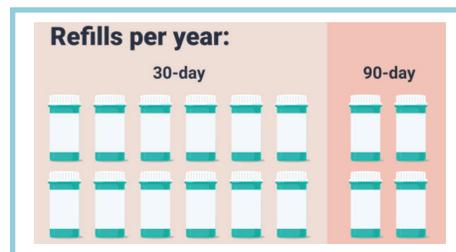
The FY 2022 Enacted Budget delays the transition of the Medicaid pharmacy benefit by two years, until April 1, 2023.

Per the above announcement posted on the health.ny.gov site, the transition of pharmacy benefits for Medicaid members enrolled in mainstream Medicaid Managed Care Plans, HARP, and HIV-Special Needs Plans to a Medicaid Fee-For-Service Pharmacy Program (instead of through their Medicaid MC Plan), originally planned for May 1, 2021, has been postponed to April 2023.

MAKING THE CASE FOR 90 DAY REFILLS

There are compelling practical, cost, and outcome-based reasons to write new scripts for patients to allow for 90-day refills. Writing for 90-day refills for allowable medications:

1. Reduces access barriers for patients
2. Increases adherence to medications
3. Contributes to significant increases in quality scores (see *example below*).



Quality Metric Improvements after implementation of Retail 90 day-day Medication Fills

(Source: YourCare Health Plan)

Antidepressant Medication Management Composite Score

2018: 42.15%

2019: **53.71%**

NYS 90th %tile: 46.33%

Result: Increased 11 Percentage Points and Exceeded NYS 90th Percentile

COVID-19 IMPACT:

MENTAL HEALTH, SUBSTANCE USE DISORDERS, SEXUALLY TRANSMITTED and HIV INFECTIONS

April is Stress, Alcohol, and STI Awareness Month. It is worth noting that Monroe Plan's IPA Network has seen an increase in the use of services including counseling and addiction treatment, as well as a significant rise in STI's and new HIV diagnosis. There is also clear evidence that the pandemic has affected the community member's willingness to engage in care with their physicians when they are feeling unwell.

In a report from the New York State Health Department (*Feb 2021*) Monroe County reported a 77% increase in cases of gonorrhea in 2020 compared with 2019 – the highest countywide increase in the state, and Erie County was second with a 56% increase.

Please remember to screen your patients for depression, substance use disorder, STI's and HIV. NYS Public Health Law **mandates** that providers offer HIV testing to all patients age 13 or older receiving primary care services at an outpatient clinic or primary care services from a physician, physician assistant, nurse practitioner or midwife. HIV testing no longer requires written informed consent from the patient.

If your practice would like support or guidance navigating these health concerns, please reach out to providerrelations@monroeplan.com. In addition, Monroe Plan for Medical Care has Licensed Mental Health, Social Work and Registered Nurse Case Managers to support you and your patients. Please email cmtriage@monroeplan.com.

MEDICAID MANAGED CARE NETWORK: PROVIDER ENROLLMENT



The 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with State Medicaid programs no later than January 1, 2018. Providers must enroll and remain actively enrolled to remain in the Medicaid Managed Care provider network.

The New York State Medicaid provider enrollment process ensures appropriate and consistent screening of providers and improves program integrity. To enroll, go to [Provider Index](#), navigate to your provider type, and then print and review the instructions and enrollment form. Additional resources include a [Provider Enrollment Guide](#) and the [How Do I Do It?](#) resource guide.

HELPFUL HINTS FOR ENROLLMENT FORMS

Unsure which form to use? See the descriptions of frequently used Monroe Plan forms below:

Practitioner Enrollment Application – Use this form when enrolling brand new providers to the health plan. Examples: Audiologists, Diabetic Educators, Podiatrists, Medical Doctor, Midwives, Chiropractors, Occupational Therapists, Optometrists, Oral Surgeons, Osteopathic Doctors, Physical Therapists, Speech Pathologists, and Pain Management Physicians.

Non - Credentialed Application – Use this form when enrolling providers who do not require credentialing. Examples: Nurse Practitioners, Physician Assistants, CRNA, Registered Dietician, Emergency Room Physicians, Pathologists, Anesthesiologist, and Hospitalists.

Demographic Change Form – Use this form when an update needs to be made for an existing group, facility, or individual practitioner. These updates could include: Name Changes, TIN Changes, Additional Locations, Terminations, Remit Changes, Sponsoring MD Changes, etc.

LEAD SCREENING FOR CHILDREN

Lead Screening for Children is an important pediatric quality measure and is also part of the ongoing New York State Performance Improvement Project. [New York State Public Health Law and Regulations](#) require health care providers to:

- Test all children at age 1 year and again at age 2 with a blood lead test.
- Assess all children ages 6 months to 6 years at every well child visit for risk of lead exposure and obtain a blood lead test if there is a positive response to ANY of the questions in [Does Your Child Need a Lead Test?](#)
- Report point-of-care blood lead test results to the NYS DOH in accordance with [guidance](#).
- Provide parent or guardian of the child the result of the blood lead test. [What Your Child's Blood Lead Test Means](#) is a helpful resource to provide with the test results.
- Provide anticipatory guidance to all parents or guardians of children as part of routine care, which may include the [Lead Poisoning is a Danger for Every Baby and Child](#).

For more information, please visit https://www.health.ny.gov/environmental/lead/health_care_providers/

REMOVAL OF KNEE REPLACEMENT PROCEDURE CODE

Effective April 12, 2021, Molina Health Care of New York, Inc. will continue to follow CMS Guidelines by removing some procedure codes from the Inpatient Only List (IPO).

Knee Replacement Surgery (Arthroplasty) Total and Partial performed during a hospital outpatient stay is one of them (the Principal Codes CPT 27446 and 27447). If needed, an observation stay will be authorized. This applies to all products - Medicaid Managed Care, Child Health Plus, the Essential Plan and HARP.

Ambulatory surgery is defined in the regulations of Article 28 of the Public Health Law as those surgical procedures which need to be performed for safety reasons in an operating room on anesthetized patients requiring a stay of less than a 24-hours duration.

There will be occasions when hospital outpatient procedures are not appropriate for varied reasons, including comorbid conditions. Molina will continue to reimburse providers for Knee Replacement Surgery (Arthroplasty) Total and Partial as an inpatient procedure if the patient's admission spans at least two midnights. These exceptions should follow the current Prior Authorization Process and each case will be reviewed by a Molina Medical Director.

For additional information please see 2019, 2020 and 2021 CMS Inpatient Only List (IPO) and NY State Article 28 of the Public Health Law. Please direct any questions to Molina's Provider Services Department at **(877) 872-4716**.

FRAUD, WASTE AND ABUSE



If you suspect cases of fraud, waste, or abuse, you must report it to Molina Health Care. You may do so by contacting the Molina Healthcare Alert Line or submitting an electronic complaint using the website listed below. For more information about fraud, waste and abuse, please see the Compliance Section of the Provider Manual located [here](#).

Molina Healthcare Alert Line

Phone: (866) 606-3889

Website: <https://molinahealthcare.alertline.com>

MONROE PLAN'S PROVIDER PORTAL– Register Today!

Monroe Plan is dedicated to providing outstanding service and support to our provider network. Our latest enhancement is our Provider Portal! The portal centralizes forms and useful resources and tracks communications and transactions-so you don't have to. Email providerrelations@monroeplan.com to learn more or to register, go to <https://monroeplan.healthtrioconnect.com>.
