PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Providers

Second Quarter 2023

In this Issue

Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to serve Molina providers such as e-check and virtual credit card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx

NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Cultural Competency Resources for Providers and Office Staff

Let's partner to achieve health equity! Complete refresher trainings on Cultural Competency to review topics related to communicating with diverse patient populations available on MolinaHealthcare.com. These trainings offer the opportunity for you and your staff to better understand and address disparities to improve health care. As our partner, assisting you is one of our highest priorities. We look forward to supporting your efforts, so all patients have the equal opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on multicultural healthcare. Cultural and linguistic competency is the ability to provide respectful and responsive care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs.

Molina's Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural Competency can positively impact a patient's health care experience and outcomes. A series of five short Cultural Competency Training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at https://www.molinahealthcare.com.

Training topics:

- Video 1: Introduction to Cultural Competency
  - The Need for Cultural Competency
  - How Culture Impacts Health Care
  - Implicit Bias
  - Federal Requirements Related to Cultural Competency (Affordable Care Act, Americans with Disabilities Act)
- Video 2: Health Disparities
  - Examples of Racial Health Disparities and Health Disparities Among Persons with Disabilities

  - Health Equity
  - Social Determinants of Health

- Video 3: Specific Population Focus – Seniors and Persons with Disabilities
  - Social Model of Disability and Accepted Protocol and Language of the Independent Living/Disability Rights Movement

- Video 4: Specific Population Focus – LGBTQ and Immigrants / Refugees
  - Health Disparities Among LGBTQ Population
  - Clear Communication Guidelines for Healthcare Providers Interacting with LGBTQ Patients
  - Disparities Among Immigrant and Refugee Communities
  - Clear Communication Guidelines for Healthcare Providers Interacting with Immigrant and Refugee Patients

- Video 5: Becoming Culturally Competent
  - Perspective-taking
  - Clear Communication Guidelines
  - Tips for Effective Listening
  - Assisting Patients whose Preferred Language is Not English
  - Tips for Working with an Interpreter
  - Teach Back Method
  - Molina's Language Access Services

Each training video ranges in length from five to ten minutes. Viewers may participate in all five training modules, or just one, depending on topics of interest. Upon completion of the trainings, please complete the provider attestation form that is available on the Culturally and Linguistically Appropriate Resources/Disability Resources page under Health Resources at www.MolinaHealthcare.com. Please contact your Provider Services Representative at MCCAZ-Provider@molinahealthcare.com if you have any questions; or, if you would like to connect with our Cultural Competency Coordinator for additional training opportunities, please contact Cassandra Pena at Cassandra.Pena@molinahealthcare.com

Americans with Disabilities Act (ADA) Resources: Provider Education Series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. Please visit Molina's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at MolinaHealthcare.com to view the materials.

Resources consists of the following educational materials:

- American with Disabilities Act (ADA)
  - Introduction to the ADA and questions & answers for healthcare providers (i.e., which healthcare providers are covered under the ADA; how does one remove communication barriers that are structural in nature; Is there any money available to assist with ADA compliance costs?).

- Members who are Blind or have Low Vision
  - How to get information in alternate formats such as Braille, Large Font, Audio, or other formats that members can use.

- Service Animals

  - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules

- Tips for Communicating with People with Disabilities & Seniors
  - Communicating with Individuals who Are Blind or Visually Impaired; Deaf or Hard of Hearing; Communicating with Individuals with Mobility Impairments; Speech Impairments; and Communicating with Seniors.

Please contact your Provider Services Representative at MCCAZ-Provider@molinahealthcare.com or Cassandra Pena, Cultural Competency Coordinator at Cassandra.Pena@molinahealthcare.com if you have any questions.

Molina's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for Limited English proficiency patients. Molina Healthcare strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Molina Healthcare provides the following services directly to members at no cost, when needed:

- Written material in other formats (i.e., large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and Sign Language Interpreter Services
- Relay Service (711)
- 24 Hour Nurse Advice Line
- Bilingual/Bicultural Staff

In many cases, Molina Healthcare will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call member or provider contact center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services at MCCAZ-Provider@molinahealthcare.com or visit MolinaHealthcare.com.

Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

When submitting prior authorization requests, keep the following items in mind:

- The recommended route for prior authorization submission is through the Availity Essentials portal. Supporting documentation can be submitted though the portal. Additionally, providers may be able to receive immediate authorization approval for advanced imaging requests by utilizing the MCG Cite AutoAuth tool available through portal submissions.

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the

enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina Healthcare Prior Authorization Request Form if requesting via fax.

- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.
- Molina will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

How to submit EDI claims

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare, or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions

- Can I submit COB claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina uses Change Healthcare as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.
- Which claims EDI transactions Molina Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)

  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)

- What is Molina's Payer ID?
  - Molina Healthcare of Arizona's Payer ID is MCC01
- What if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI tab.

2023 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists including Cardiology, Oncology and Gastroenterology to receive training about Molina Healthcare's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at Molinahealthcare.com/model-of-care-Provider-Training. The completion date for this year's training is December 30th, 2023

If you have any additional questions, please contact your local Molina Provider Services Representative at: MCCAZ-Provider@molinahealthcare.com

Availity Essentials is the Official Portal for Molina Healthcare Providers

Availity Essentials is the secure portal for provider transactions with Molina Healthcare. It is available to all Molina providers at no cost. It is designed to reduce administrative burden and make it simple to conduct secure transactions and obtain reports from Molina.

Enhance your workflows on Availity Essentials today and save time using the following:

Within this tool:	Check out these timesavers:
Claim Status	Expanded search options include member name, service dates, claim history, and the 276 HIPAA standard.
Smart Claims	A simplified claim submission tool with only the essential fields you need.
Eligibility & Benefits	Use data from prior eligibility & benefit submissions to search for patients and autofill your claim. On the Eligibility & Benefits Results page, you can also review visit limits, deductibles, and out-of-pocket amounts accumulated toward the plan limit for your Molina Marketplace members and those Medicaid members in NM, SC and UT.
Attachments	Upload supporting documentation (up to 10 attachments) with your claim using the **Send Attachments** feature.
Payer Space	Access applications, resources, and news and announcements specific to Molina Healthcare.

	Access tools still on Molina's legacy portal from the **Resources** tab in the Payer Space: Prior authorization, Appeals or Correct Eligible Claims, Referrals, Member roster, Claims template, Case Managed

Your Blueprint for Success

Learning your way around a new neighborhood is easier with a guide. For a list of tools and features available on Availity Essentials, use the **Crosswalk from Molina Healthcare to Availity Essentials Help Topic.** Or checkout our microsite **www.availity.com/molinahealthcare**. If you're a registered Availity Essentials user, you can also take advantage of our live webinars, "Availity Essentials Provider Portal Overview for Molina Providers," simply login > go to Help & Training > Get Trained to register for a webinar.

Molina's Featured PsychHub Training

Molina's Featured PsychHub Training of the Quarter: Trauma Informed Care

Molina encourages providers to adopt trauma-informed practices in all primary and specialty settings. Trauma-informed care is a practice of identifying and acknowledging a patient's life experiences in order to deliver effective care (SAMHSA). Medical practices which implement trauma-informed care have the potential to improve engagement, adherence, and overall health outcomes for their patients.

Through Molina's partnership with PsychHub, providers and office staff alike can access this two-part training to become more familiar with trauma-informed care and the benefits of applying it with their populations.

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 1)

This course provides a firm foundation before learning about the principles and practice of trauma-informed care. The intended audience for this course includes the healthcare team and behavioral health providers.

Intermediate | 2.25 Hours | 1.50 - 2.00 CE CREDITS

COURSE DETAILS

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 2)

This course continues the learning of Trauma-Informed Care understanding and application that began in Trauma-Informed Care: Foundations (Part 1).

Intermediate | 2.25 Hours | 1.25 - 2.25 CE CREDITS

COURSE DETAILS

PsychHub is an online platform for digital behavioral health education. Molina Providers are able to access PsychHub's online learning courses through PsychHub's Learning Hub for FREE. Continuing Education opportunities are also available to select providers through a variety of courses. Contact your local Molina Provider Services team to learn more.

Click here to visit PsychHub and create your free account!

Helping Your Patients Shouldn't Stop When You Leave Your Office

Now it doesn't have to

Molina Healthcare (Molina) is proud to offer Molina Help Finder – a one-stop resource powered by findhelp – to assist Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder providers can also refer patients in real time, right from Availity Essentials. Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local provider services team at MCCAZ-Provider@molinahealthcare.com. You can also visit MolinaHelpFinder.com to learn more.

Clinical Policy Update Highlights from First Quarter 2023

Molina Clinical Policies (MCPs) are located at www.molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

The following new policies were approved:

- MCP-429: Hemgenix (etranacogene dezaparvovec-drlb)
- MCP-425: Hydrogel Spacer for Prostate Radiotherapy (SpaceOAR)
- MCP-427: Microwave Tumor Ablation
- MCP-428: Mobile Cardiac Outpatient Telemetry
- MCP-426: Stem Cell Therapy for Orthopedic Applications

The following policies were revised:

- MCP-067: Back Braces
  - Coverage Policy section includes TLSO, CTLSO, LSO and other types of back braces.
- MCP-321: Category III CPT Codes
  - Inserted T-code table with code ranges and descriptions.
- MCP-364a: COVID-19 Co-Pays and Cost Share Marketplace
- MCP-364b: COVID-19 Co-Pays and Cost Share Medicaid
- MCP-364c: COVID-19 Co-Pays and Cost Share Medicare
  - Updated limit for 90-day prescription volumes (from “up to three [3] 30 days” to “up to a 90-day supply”). Included Novavax to Overview section.
- MCP-335: Deep Brain Stimulation for Epilepsy
  - Previously Experimental/Investigational – criteria updated to include coverage.
- MCP-406: Enteral Nutrition
  - Added ‘Related Policies’ section with Relizorb (immobilized lipase cartridge) MNR Policy Number: C17943-A (Medicaid) and Relizorb (immobilized lipase cartridge) NC C12081-A (Marketplace).
  - NOTE: Next review expected in Oct 2023.
- MCP-216a: Gender Affirmation Treatment and Procedures Medicaid
- MCP-216b: Gender Affirmation Treatment and Procedures Medicare
- MCP-216c: Gender Affirmation Treatment and Procedures Marketplace
  - Updated the duration of hormone therapy for adults from 12 months to 6 months per WPATH 8 update; included updates to national and specialty organizations, including WPATH 8.
- MCP-312: Magnetic Resonance Guided Focused Ultrasound MRgFUS for Essential Tremor
  - Updated Coverage Policy section to medically necessary.
- MCP-407: Negative Pressure Wound Therapy (formerly Wound Care)
  - Criteria now addresses NPWT only; extraneous criteria removed.
- MCP-275: Noninvasive Positive Pressure Ventilation
  - Coverage Policy section includes criteria for patients with COPD and those when BPAP/CPAP is not indicated. Added Continuation of Therapy section.
- MCP-412: Prescription Digital Therapeutics
  - Added Luminopia One™ (Luminopia, Inc.) and CureSight (NovaSight, Ltd.) for amblyopia; Mahana™ for IBS (Mahana Therapeutics, Inc.); MindMotion™GO (MindMaze) for stroke telerehabilitation; Tidepool Loop (Tidepool) for T1DM.
- MCP-384: Water Vapor Thermal Therapy for BPH

- Coverage Policy section defines 'symptomatic' moderate to severe LUTS with #a and #b (aligns with CMS LCD L37808).
  - From Diagnosis of moderate to severe LUTS (International Prostate Symptoms Score [IPSS] typically 13 or over);
  - To Diagnosis of symptomatic moderate to severe LUTS including:
    - International Prostate Symptoms Score (IPSS) ≥ 13 or over; AND
    - Maximum urinary flow rate (Qmax) of ≤15 mL/s (voided volume greater than 125 cc).
- Updated Limitations and Exclusions to align with CMS LCD L37808):
  - Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines)
  - or a prostate specific antigen (PSA) >10 ng/mL
  - History of bacterial prostatitis in the past three months
  - Prior prostate surgery
  - Neurogenic bladder
  - Active urethral stricture (i.e., the source of the current LUTS)

- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Updated Overview, Coverage Policy, Summary of Evidence and References sections.
  - IRO Peer Review completed by a Board-certified practicing physician in Neurological Surgery.
  - The following criteria were updated:
    - #3: No change in intent of criteria; clarification by addition of 'Clarified genetic confirmation of SMA with bi-allelic mutations' (as per indication)
    - #4 (copies of SMN2 gene): Revised from 'No more than 2 copies of the SMN2 gene' revised to: No more than 3 copies of the SMN gene
    - #5: Removed criterion: Less than 6 months of age at the onset of symptoms
    - #7 (previous treatments): Revised criteria from 'Confirmation/attestation of member's current and previous enrollment in clinical trials, history of treatment with gene therapy, prior antisense oligonucleotide treatment, or cell transplantation related to SMA or Zolgensma, including:' Revised to: Confirmation/attestation of member's current and previous SMA treatments.
  - Criteria updates continued:
    - #7c: Revised criteria to allow for members who are/have been on Evrysdi or Spinraza to receive Zolgensma. Previous criteria only allowed tx-naïve patients.
      - Revised from: Member is not currently receiving therapy with an investigational or commercial product, including Spinraza (nusinersen) or Evrysdi (risdiplam), for the treatment of SMA.
      - Revised to: Zogensma will not be used in combination with an investigational treatment or alternative SMA therapy [e.g., Spinraza (nusinersen), Evrysdi (risdiplam)]. Treatment must be discontinued prior to infusion of Zolgensma].
  - #7c: Revised Molina Clinical Reviewer note.
    - Revised from: Molina Clinical Reviewer: May also engage with Prescriber/treating physicians to determine whether switching to Zolgensma therapy may offer a superior chance of clinical benefit.
    - Revised to: Molina Clinical Reviewer: Review clinical history and profile; terminate current authorizations for SMN modifying therapy upon approval of Zolgensma.
  - Criteria updates continued:

- #11: Revised criterion. Broaden criteria to ensure that member does not have advanced SMA (per labeling):
  - Revised from: Member must not currently require permanent ventilation defined by the need for continuous ventilator support (invasive or non-invasive ventilation) for more than 16 hours during a 24-hour period for at least 14 days without an acute, reversible illness: a. Invasive ventilatory support; b. Pulse oximetry < 95% saturation; c. Use of non-invasive ventilation (BiPAP) beyond use for naps and nighttime sleep
  - Revised to: Member does not have advanced SMA, including but not limited to ANY of the following: a. Complete paralysis of limbs; or b. Invasive ventilatory support (tracheostomy); or c. Non-invasive ventilator support (e.g., CPAP, BPAP) for greater than 16 hours/day
- #12: Added criteria. Member will receive systemic corticosteroids (equivalent to oral prednisolone at 1 mg/kg) prior to and following administration of Zolgensma in accordance with the FDA approved Zolgensma labeling.
- Criteria updates continued:
  Limitations and Exclusions criteria:
  - Removed (under exclusions): 'ANY of the following concomitant medical condition(s)' and added respiratory exclusions as per labeling in 'experimental, investigational, and unproven' section.
  - Removed (under exclusions): Member's weight: At screening visit is < 2 kg, OR Weight-for-age is below the third percentile based on World Health Organization (WHO) Child Growth Standards
  - Revised (under 'experimental, investigational, and unproven'): Revised from 'Prior treatment, or being considered for treatment, with other gene therapy, prior antisense oligonucleotide treatment, or cell transplantation for SMA.' Revised to: 2. Prior treatment, or being considered for treatment, with other gene therapy
  - Removed (under 'experimental, investigational, and unproven'): Type 2 and 3. Clinical evidence for Type 2 and 3 SMA are not available at this time. Clinical trials are currently recruiting (SPRINT trial).
  - Added: Complete paralysis of limbs (FDA approved labeling, 2022)
  - Added: Advanced Spinal Muscular Atrophy (FDA approved labeling, 2022)

<u>Radiology</u>

- MCP-124: 3D Interpretation and Reporting of Imaging Studies
  - Included additional indications in the Coverage Policy section – brain tumors, congenital cardiac/cardiovascular anomalies; complex fractures (especially those extending intra-articularly) ; endovascular intervention for aneurysms; hepatic tumors for targeted radiotherapy or radioembolization; High Intensity Focused Ultrasound ablation of tumors of prostate, liver, pancreas and uterine fibroids; maxillofacial tumors or congenital anomalies; spinal canal or osseous spinal tumor radiotherapy planning; temporal bone procedures involving semicircular canals or cochlear; tumors for planned radiofrequency, microwave, or other thermal ablation; and vascular stents and grafts. IRO review available.
- MCP-614: Chest MRI (reinstated)
- MCP-618: Lumbar Spine CT (reinstated)
- MCP-629: Upper Extremity MRI (reinstated)

The following policies have been retired and are no longer available on the website:

- MCP-639: Abdomen MRI

- MCP-601: Brain CT
- MCP-619: Cervical Spine MRI
- MCP-612: Chest CT
- MCP-647: CT Angiography Heart with 3D Image CCTA
- MCP-620: Thoracic Spine MRI
- MCP-355: Occipital Nerve Block Therapy for Headache and Occipital Neuralgia
- MCP-224: Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

** Note: Policy had an update in January & February 2023.

AHCCCS Opiate Prescribing Policy Requirements and Exclusion

PRIOR AUTHORIZATION REQUIREMENTS FOR LONG-ACTING OPIOID MEDICATIONS

1. PA is required for all long-acting opioid prescription medications unless the member's diagnosis is one of the following:

a. Active oncology diagnosis with neoplasm related pain,

b. Hospice care, or

c. End of life care (other than hospice).

The prescriber shall obtain approval or an exception for all long-acting opioid prescription medications from the Contractor, Contractor's Pharmacy Benefit Management (PBM) or AHCCCS' PBM, as applicable.

5 -DAY SUPPLY LIMIT OF PRESCRIPTION SHORT ACTING OPIOID MEDICATIONS

1. Members under 18 years of age

a. Except as otherwise specified in Section G(1)(b), Conditions and Care Exclusion from the 5-day Supply Limitation, a prescriber shall limit the initial and refill prescriptions for any short-acting opioid medication for a member under 18 years of age to no more than a 5-day supply, An initial prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's PBM prescription profile,

b. Conditions and Care Exclusion from the 5-day Supply Limitation:

i. The initial and refill prescription 5-day supply limitation for short-acting opioid medications does not apply to prescriptions for the following conditions and care instances:

1) Active oncology diagnosis,

2) Hospice care,

3) End-of-life care (other than hospice),

4) Palliative care,

5) Children on opioid wean at time of hospital discharge,

6) Skilled nursing facility care,

7) Traumatic injury, excluding post-surgical procedures, and

8) Chronic conditions for which the provider has received PA approval through

the Contractor.

ii. The initial prescription 5-day supply limitation for short-acting opioid medications does not apply to prescriptions for post-surgical procedures. However, initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more than 14 days. Refill prescriptions for short-acting opioid medications for post-surgical procedures are limited to no more than a 5-day supply.

For additional information on the exclusions, refer to Attachment B.
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-V_AttachmentB.docx

For additional information on the traumatic injury ICD-10 codes, refer to Attachment C
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-V_AttachmentC.xlsx

Members 18 years of age and older

a. Except as otherwise specified in Section G(2)(b), Conditions and Care Exclusion from the 5-day Supply Limitation, a prescriber shall limit the initial prescription for any short-acting opioid medication for a member 18 years of age and older to no more than a 5-day supply. An initial prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's PBM prescription profile,

b. Conditions and Care Exclusion from the 5-day Initial Supply Limitation. The initial prescription 5-day supply limitation for short-acting opioid medications does not apply to prescriptions for the following conditions and care instances:

i. Active oncology diagnosis,

ii. Hospice care,

iii. Palliative care,

iv. Skilled nursing facility care,

v. Traumatic injury, excluding post-surgical procedures, and

vi. Post-surgical procedures.

Initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to are limited to a supply of no more than 14 days.

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-V.pdf, pages 12-13

AHCCCS Medical Policy Manual

Policy 310-V – Attachment B – 5-Day Supply Limit of Short-Acting Opioid and Long-Acting Opoid Medication Exclusion Specifications

I. Active Oncology Diagnosis Exclusion Process Applies To Short-Acting And Long-Acting Opioid Medications

A. Prescriber

The Prescriber must notify the pharmacy that the short-acting opioid prescription is for G89.3 *Neoplasm related pain*. This process may be completed by writing the ICD-10CM code on the hard copy prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy Point Of Sale (POS)

The pharmacy staff must enter the diagnostic code in the prescription claim's NCPDP fields as notated below:

NCPDP Field 492-WE, Enter 02 to notate an ICD-10 CM code.

NCPDP Field 424-DO, Enter G89.3.

II. Hospice Care Exclusion Process Applies To Short-Acting And Long-Acting Opioid Medications

A. Members enrolled in Hospice Care are exempt from this policy. Prescriptions for these members may be obtained from the Hospice Provider's designated pharmacy and they are not billed through the point-of-sale to the AHCCCS Fee-for-Service or Managed Care Contractors' (PBM)

B. Prescriber Requirements

The Prescriber must notify a non-hospice pharmacy that the short-acting opioid prescription is for hospice care. This process may be completed by writing "hospice care" on the hard copy prescription or communicating it telephonically, electronically or via fax to the pharmacy.

C. Pharmacy POS

For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the Pharmacy Benefit Manager's (PBM) helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "hospice care".

III. End-Of-Life Care (Other Than Hospice) Exclusion Process Applies To Short-Acting And Long-Acting Opioid Medications

A. Prescriber

The Prescriber must notify the pharmacy that the short-acting opioid prescription is for "end-of-life care". This process may be completed by writing "end-of-life care" on the hard copy prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy POS

Hospice pharmacies are excluded from the 5-day supply limit of prescription opioid medications.

For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the PBMs helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "end-of-life care".

IV. Palliative Care Exclusion Process Applies To Short-Acting Opioid Medications

A. Prescriber

The Prescriber must notify a non-Hospice pharmacy that the short-acting opioid prescription is for palliative care. This process may be completed by writing "palliative care" on the hard copy prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy POS

Hospice pharmacies are excluded from the 5-day supply limit of prescription opioid medications.

For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the PBMs helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "palliative care".

V. Children On Opioid Wean At Time Of Hospital Discharge Exclusion Process Applies To Short-Acting Opioid Medications

A. Prescriber

The Prescriber must notify the pharmacy that the short-acting opioid prescription is for a child on opioid wean at the time of hospital discharge. This process may be completed by writing the "child on opioid wean at the time of hospital discharge" on the hard copy prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy POS

The pharmacy shall obtain override for the short-acting opioid prescription through the PBMs helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "child on opioid wean at time of hospital discharge."

VI. Skilled Nursing Facility (SNF) Care Exclusion Process Applies To Short-Acting Opioid Medications

A. Prescriber

The Prescriber must notify the pharmacy that the short-acting opioid is for SNF care. This process may be completed by writing "SNF care" on the hard copy of the prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy POS

The pharmacy shall obtain an override for the short-acting opioid prescription through the PBMs helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "SNF care".

VII. Traumatic Injury, Excluding Post-Surgical Procedures Exclusion Process Applies To Short-Acting Opioid Medications

A. Prescriber

The Prescriber must notify the pharmacy that the prescription for the short-acting opioid is for the applicable ICD-10 CM trauma code from Attachment B. This process may be completed by writing the

applicable ICD-10 CM trauma code on the hard copy of the prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. Pharmacy (POS)

The pharmacy staff must enter the diagnostic code in the prescription claim's NCPDP fields as notated below:

NCPDP Field 492-WE, Enter 02 to notate an ICD-10 CM code

NCPDP Field 424-DO, Enter the ICD-10 CM Trauma Code provided by prescriber.

VIII. Post-surgical procedures exclusion process applies to short-acting opioid medications

A. Prescriber

The Prescriber must notify pharmacy that the prescription for the short-acting opioid for 14 days is for post-surgical care. This process may be completed by writing "post-surgical care" on the hard copy of the prescription or communicating it telephonically, electronically or via fax to the pharmacy.

B. The pharmacy POS

The pharmacy shall obtain an override for the short-acting opioid prescription for 14 days through the PBMs helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "post-surgical care".

Incident, Accident, and Death (IAD) Reporting Requirement

Incident, Accident, and Death within 2 business days of the occurrence or notification must be reported to Molina via Arizona Health Care Cost Containment System (AHCCCS) QM Portal, Sentinel IAD event within 24 hours of the occurrence. Molina mortalities must follow the IAD reporting requirement.

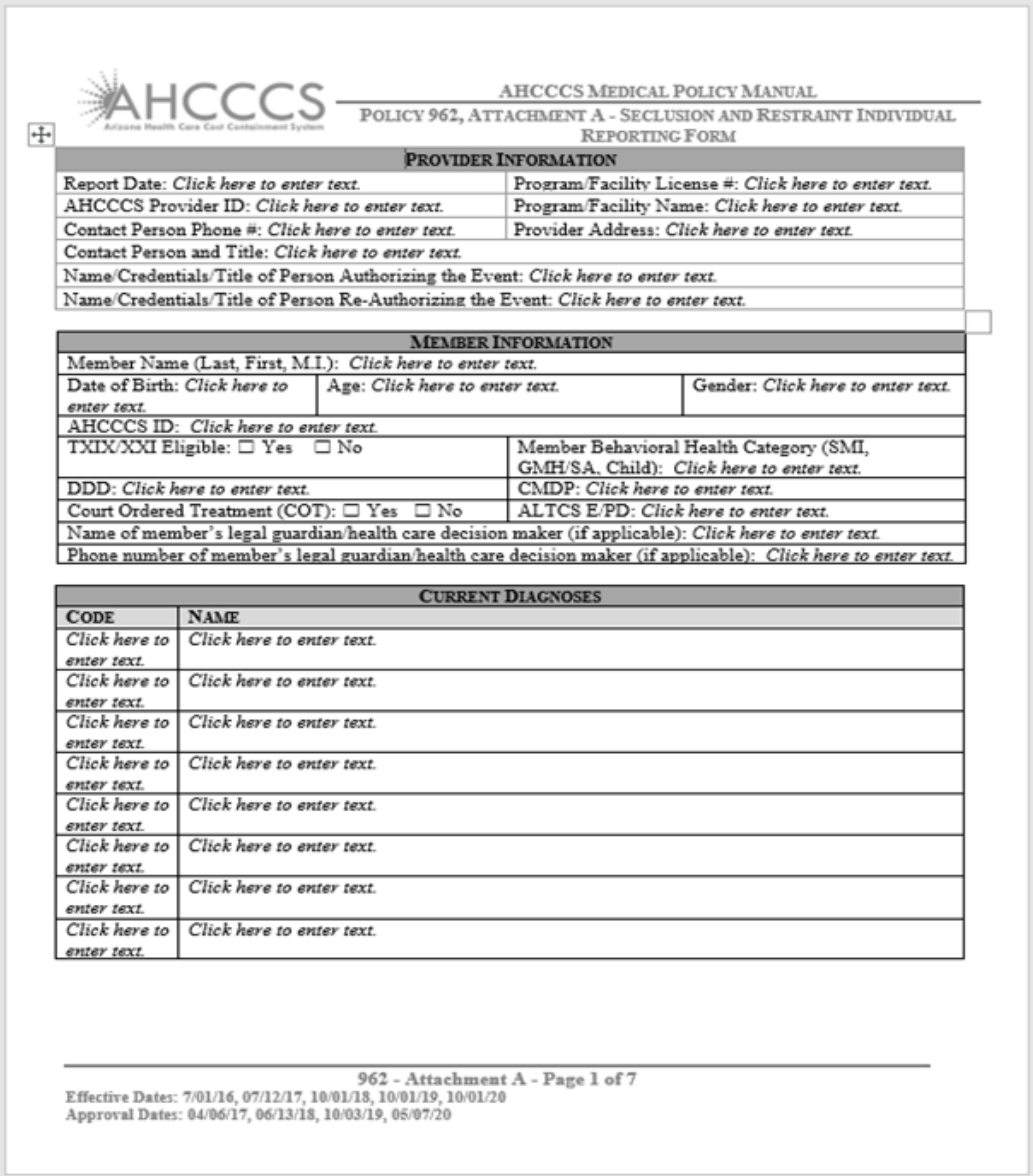
For more details AMPM 961 AHCCCS Medical Policy Manual (AMPM) (azahcccs.gov)

Seclusion and Restraint (SAR) Reporting Requirement

Seclusion and Restraint within five days of the event, must submit Attachment A https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962AttachmentA.docx to MCCAZ-QOC@molinahealthcare.com)

Any seclusion or restraint events resulting in injury or complication requiring medical attention must be reported (as an IAD) to Molina via Arizona Health Care Cost Containment System (AHCCCS) QM Portal within 24 hours of the incident.

For more details AMPM 962 AHCCCS Medical Policy Manual (AMPM) (azahcccs.gov)



AHCCCS

AHCCCS MEDICAL POLICY MANUAL

POLICY 962, ATTACHMENT A - SECLUSION AND RESTRAINT INDIVIDUAL REPORTING FORM

PROVIDER INFORMATION	
Report Date: *Click here to enter text.*	Program/Facility License #: *Click here to enter text.*
AHCCCS Provider ID: *Click here to enter text.*	Program/Facility Name: *Click here to enter text.*
Contact Person Phone #: *Click here to enter text.*	Provider Address: *Click here to enter text.*
Contact Person and Title: *Click here to enter text.*	
Name/Credentials/Title of Person Authorizing the Event: *Click here to enter text.*	
Name/Credentials/Title of Person Re-Authorizing the Event: *Click here to enter text.*	

MEMBER INFORMATION		
Member Name (Last, First, M.I.): *Click here to enter text.*		
Date of Birth: *Click here to enter text.*	Age: *Click here to enter text.*	Gender: *Click here to enter text.*
AHCCCS ID: *Click here to enter text.*		
TXIX/XXI Eligible: ☐ Yes ☐ No	Member Behavioral Health Category (SMI, GMH/SA, Child): *Click here to enter text.*	
DDD: *Click here to enter text.*	CMDP: *Click here to enter text.*	
Court Ordered Treatment (COT): ☐ Yes ☐ No	ALTCS E/PD: *Click here to enter text.*	
Name of member's legal guardian/health care decision maker (if applicable): *Click here to enter text.*		
Phone number of member's legal guardian/health care decision maker (if applicable): *Click here to enter text.*		

CURRENT DIAGNOSES	
CODE	NAME
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
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Effective Dates: 7/01/16, 07/12/17, 10/01/18, 10/01/19, 10/01/20

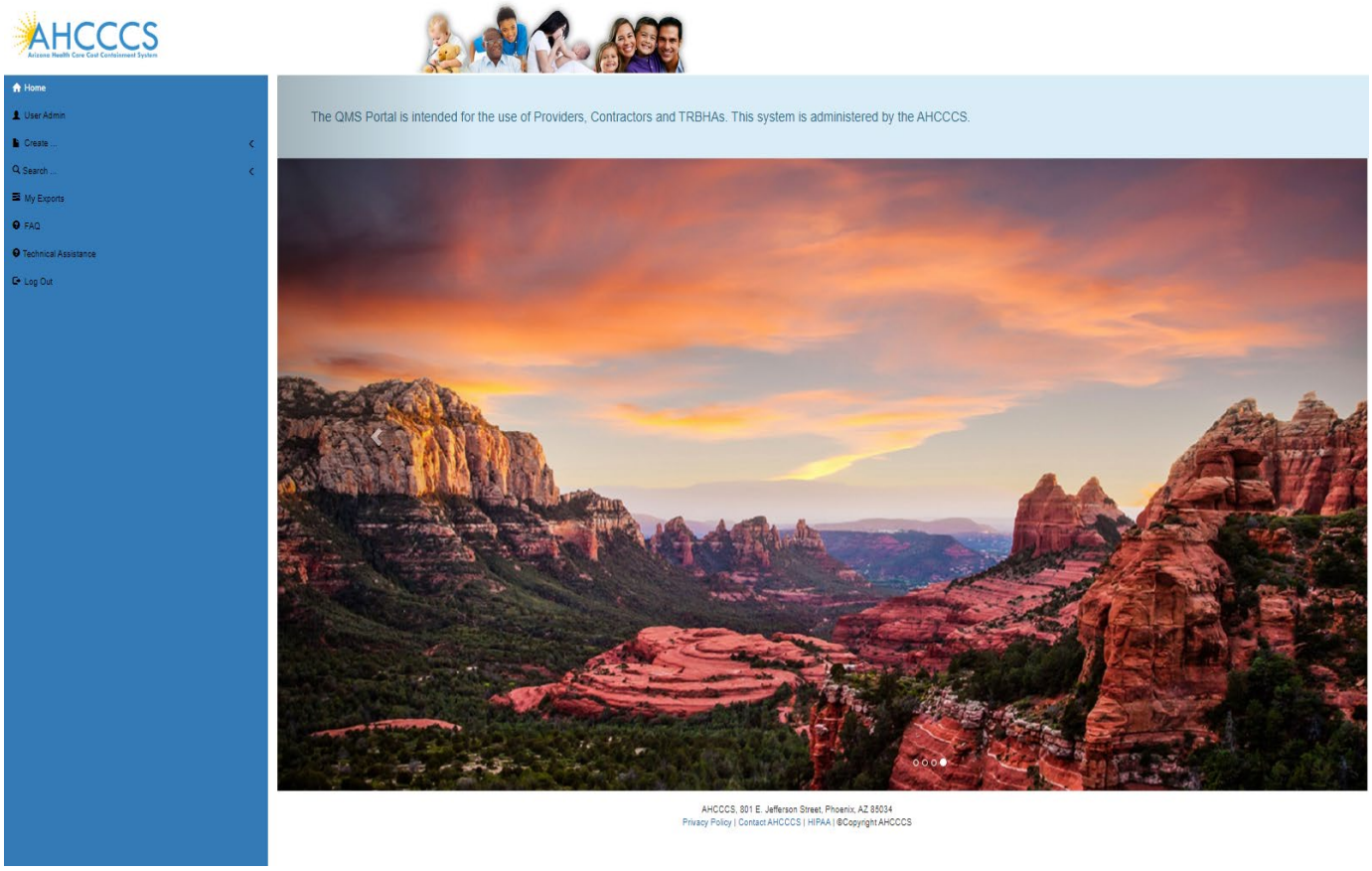
Approval Dates: 04/06/17, 06/13/18, 10/03/19, 05/07/20

AHCCCS Quality Management (QM) Portal

Log In (azahcccs.gov)

Incident, Accident, and Death Reporting Guide

QuickStart_IAD_Report_Submit (azahcccs.gov)



For all questions or requests for reporting requirement education and training, please email MCCAZ-QOC@molinahealthcare.com