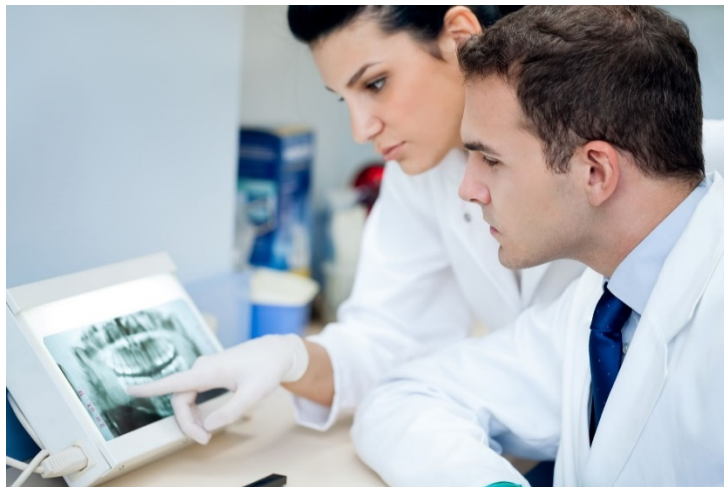


# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

## Fourth Quarter 2021



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## 2022 Molina Marketplace My Health Perks” is Coming!

Beginning on January 1, 2022, all Molina Marketplace subscribers and dependents 18 years and older will be eligible for Molina’s new health and wellness program: My Health Perks. Besides providing access to a suite of interactive disease management programs and healthy lifestyle information, all eligible members will have the opportunity to earn a \$50 gift card upon completion of the following activities:

- Complete an annual routine wellness exam with their Primary Care Provider
- Complete a Health Risk Assessment via the My Wellness tab on the My Molina portal

Members who complete both incentivized activities will be eligible for either a physical or digital gift card of their choosing. Please encourage members to learn more about the My Health Perks program online via the My Wellness tab on the My Molina portal. Members can also contact Customer Support for additional information.

## MCG Cite Guideline Transparency Tool Offers Medical Determination Transparency

**What is Cite Guideline Transparency?** MCG guidelines are proprietary to MCG and Molina is not able to distribute them without the permission of MCG. Cite Guideline Transparency is a tool offered through MCG that allows providers to view all MCG guidelines that Molina currently uses.

Access to Cite Guideline Transparency is available via the Molina Provider Portal and Availity Portal. Within both Portals providers will find a link to view the evidence-based criteria used to support member care decisions.

Molina has deployed the Transparency tool and it is now live. We are excited to offer this enhancement that will provide medical determination transparency to our provider partners.



### Molina Healthcare, Inc. Guidelines

- ▶ Ambulatory Care
- ▶ Behavioral Health Care
- ▶ General Recovery Care
- ▶ Home Care
- ▶ Inpatient & Surgical Care
- ▶ Recovery Facility Care

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## Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. 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 that are the legal obligation of Molina to the provider. Examples of balance billing include:

1. Holding the Molina D-SNP members liable for Medicare Part A and B cost sharing
2. Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees; and



3. Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance

## **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 provider claims by using software to identify questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement. This includes investigating potential fraud, waste and abuse. 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, contact the Molina AlertLine toll-free at (866) 606-3889 24 hours per day, seven days per week. In addition, use the website to make a report at any time at: <https://MolinaHealthcare.Alertline.com>.

## **New Products Under Medicare**

Molina's Medicare Advantage product offerings are growing in New Mexico, and Molina is excited to share the latest Medicare Market Information. We continue to expand our portfolio to include a broader scope of Medicare beneficiaries including those currently in Molina's Medicare Advantage footprint, aging into Medicare from Marketplace or other special election period.



Click on this link [www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/NM Medicare Fact Sheet R.pdf](http://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/NM%20Medicare%20Fact%20Sheet%20R.pdf)

to see the new product offerings in your area and let us know if you'd like to learn more as Molina continues to strive to provide a better member experience by offering more innovative benefits, and designing products that align with the member needs for Medicaid and Marketplace.

## Suicide Prevention

Forty-five percent of individuals who die by suicide visit their primary care physician within a month before their death and 67% of those who attempt suicide receive medical attention as a result of their attempt (SAMHSA.gov).

In recognition of National Suicide Prevention Month, which occurred in September, Molina introduced an enterprise-wide Suicide Prevention Program—an organizational strategy to provide more awareness and education around preventing suicides.

To better support our network providers, Molina offers resources related to assessment and intervention for suicidal ideation through the <https://www.molinamarketplace.com/marketplace/nm/en-us/Providers/Health-Resources/Behavioral-Health-Toolkit.aspx#skipToMain>, located on the provider pages of the [MolinaHealthcare.com](https://www.molinahealthcare.com) website.

Additionally, to support provider office staff, Molina has partnered with PsychHub, the world's most comprehensive multimedia platform for mental health education. We are excited to offer providers and provider office staff the opportunity to become a Certified Mental Health Ally. With the Mental Health Ally Certification, Molina can help equip staff with valuable tools and resources to support mental health in the provider offices and beyond. The Mental Health Ally Certification program is an eight-module training program now available to provider offices with the use of the Cohort Code. Through this course, you will learn about critical mental health topics and gain actionable skills to help others during difficult times.

To access the Mental Health Ally Certification Program and other PsychHub education resources, please visit <https://lms.psychhub.com/> and create an account using Cohort Code: sGDcuXXmQXZEGsu.

## 2021-2022 Flu Season



similar to and confused with COVID-19.

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least six months of age and older and who does not have contraindications. 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. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2021–22 season.

Important 2021-2022 Updates from the Advisory Committee on Immunization Practices:

1. All seasonal influenza vaccines expected to be available for the 2021–22 season are quadrivalent, containing hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, one influenza B/Victoria lineage virus, and one influenza B/Yamagata lineage virus.
2. The composition of the 2021–22 U.S. seasonal influenza vaccines includes updates to the influenza A(H1N1)pdm09 and influenza A(H3N2) components. For the 2021–22 season, U.S.-licensed influenza vaccines will contain an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines); an influenza A/Cambodia/e0826360/2020 (H3N2)-like virus; an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
3. One labeling change is described. In March 2021, FDA granted approval for the use of Flucelvax Quadrivalent (cell culture–based quadrivalent inactivated influenza vaccine [ccIIV4]) for children aged 2 through <4 years. Flucelvax Quadrivalent had previously been approved for persons aged ≥4 years; approval for those aged 4 through <18 years was based on immunogenicity data and required a post marketing efficacy study. The new approval is based on a randomized observer-blinded clinical efficacy study conducted among children aged 2 through <18 years over three seasons, in which Flucelvax Quadrivalent demonstrated efficacy against laboratory-confirmed influenza of 54.6% (95% confidence interval [CI] = 45.7%–62.1%) compared with a noninfluenza control vaccine. Flucelvax Quadrivalent is now approved for persons aged ≥2 years (21).
4. Guidance regarding administration of influenza vaccines with other vaccines has been updated to reflect consideration for COVID-19 vaccination, which is expected to continue in the United States before and during the 2021–22 influenza season. Current guidance for the use of COVID-19 vaccines indicates that these vaccines can be coadministered with other vaccines, including influenza vaccines. Providers should consult current COVID-19 vaccine recommendations and guidance for up-to-date information. ACIP recommendations for the use of COVID-19 vaccines are available at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>. Interim clinical guidance for the use of COVID-19 vaccines is available at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>. These pages should be checked periodically for updated information.
5. Guidance concerning timing of vaccination has been modified. Women in the third trimester of pregnancy may now be considered for vaccination soon after the vaccine is available. As in previous seasons, children who need 2 doses of influenza vaccine administered ≥4 weeks apart (those aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥2 doses) are recommended to receive the first dose as soon as possible after vaccine becomes available. For nonpregnant adults, early vaccination (i.e., in July and August) should be avoided unless there is concern that later vaccination might not be possible.



6. Contraindications and precautions to the use of cclIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is a precaution to use of cclIV4. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, cclIV, or LAIV of any valency is a precaution to use of RIV4. Use of cclIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction. For cclIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any cclIV of any valency or any of component of cclIV4 is a contraindication to future use of cclIV4. For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency or any component of RIV4 is a contraindication to future use of RIV4. For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2021-2022 flu season, please visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm>.