



Provider Newsletter

For Molina Healthcare of Illinois, Inc. providers

Fourth quarter 2024

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Third-party liability (TPL) on explanation of payments (EOP)

Third-party liability (TPL) refunds are an internal way Molina posts refunds received and do not reflect recoupment from a payee. The Molina 835 will indicate a WO/72 adjustment on the provider-level balance (PLB) segment, indicating the amount (which is the refund) and the claim ID in the reference field. In addition, on the EOP itself, the reversal claim will show a \$0.00 amount, and a remit message will indicate that a TPL refund has been applied. No recoupment occurs to decrease a provider's payment.

Refunds received from a provider will remain on the EOP/835 and reflect in the same fashion, although without the TPL remit description.

If a claim has a \$0.00 refund and reflects a negative amount and no reference in the PLB section, that is an actual recovery performed by Molina that will decrease the payment.

2024-2025 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for all individuals aged six months and older who do not have contraindications. Influenza vaccination is particularly important for those at high risk of serious flu-related complications. These high-risk groups include the elderly, young children, pregnant individuals, and those with underlying medical conditions such as asthma, heart disease, or diabetes. It is also essential for people who live with or care for high-risk individuals to get vaccinated to help reduce the potential spread of the virus.



According to the August 2024 ACIP report, all seasonal flu vaccinations expected to be available in the United States for the 2024-2025 season are trivalent. These vaccines will contain hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, and one influenza B/Victoria lineage virus. Previously, quadrivalent vaccines also included the B/Yamagata lineage, but this strain is not included in the 2024-2025 vaccines due to the absence of naturally occurring B/Yamagata viruses in global surveillance since March 2020. The following vaccine types are expected to be available: inactivated influenza vaccines (IIV3s), recombinant influenza vaccines (RIV3), and live attenuated influenza vaccines (LAIV3).

Other 2024-2025 vaccination recommendations

- For most individuals who need only one dose of the influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination can continue beyond October as long as influenza viruses are circulating, and unexpired vaccines are available.
- Early vaccination (during July or August) is generally not recommended, particularly for adults aged 65 years and older and for pregnant individuals in their first or second trimester, due to concerns about waning immunity later in the season. However, early vaccination may be considered for those unlikely to return for vaccination later or for children who require two doses.
- ACIP recommends specific vaccines for certain populations:
 - Adults aged ≥ 65 years, and
 - Individuals with immunocompromising conditions or chronic medical conditions that prevent them from receiving live attenuated vaccines.

These groups are at a higher risk for severe influenza-related complications, and certain vaccines have demonstrated greater efficacy.

- For adults aged ≥ 65 years, ACIP recommends the preferential use of any of the following higher-dose or adjuvanted vaccines:
 - High-dose inactivated influenza vaccine (HD-IIV3),
 - Recombinant influenza vaccine (RIV3), or
 - Adjuvanted inactivated influenza vaccine (aIIV3).

If none of these vaccines is available at the time of vaccination, any age-appropriate inactivated influenza vaccine may be used. The preference for high-dose or adjuvanted vaccines is based on evidence showing greater efficacy in preventing influenza-related hospitalizations and complications in older adults compared to standard-dose, non-adjuvanted vaccines.

- Immunocompromised individuals, including those with congenital or acquired immunodeficiencies, or those undergoing treatments like chemotherapy or solid organ transplants, should receive either IIV3 or RIV3. These vaccines are not live, meaning they pose no risk of causing influenza in immunocompromised individuals. Live attenuated influenza vaccine (LAIV3) should not be used for this population.
- Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medications may also receive either HD-IIV3 or aIIV3 as acceptable options, based on recent systematic reviews showing their effectiveness and safety. However, there is no preference between these vaccines and other age-appropriate inactivated or recombinant vaccines.

Updates included in 2024-2025 ACIP report

- The ACIP 2024-2025 recommendations include updates to the composition of the U.S. seasonal influenza vaccines and new recommendations for the vaccination of adult solid organ transplant recipients. The composition of the 2024-2025 vaccines includes the following:
 - Hemagglutinin (HA) derived from:
 - Influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or Influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines),
 - Influenza A/Thailand/8/2022 (H3N2)-like virus (for egg-based vaccines) or Influenza A/Massachusetts/18/2022 (H3N2)-like virus (for cell culture-based and recombinant vaccines), and
 - Influenza B/Austria/1359417/2021 (Victoria lineage)-like virus (for egg-based, cell culture-based, and recombinant vaccines).
- Influenza B/Yamagata lineage will no longer be included in vaccines for the 2024-2025 season due to the absence of confirmed detections since March 2020.
- For adult solid organ transplant recipients, ACIP has updated the recommendations for those aged 18 through 64 years who are receiving immunosuppressive medication regimens. These individuals may receive either HD-IIV3 or allV3. Both vaccines are now considered acceptable options, with no preference over other age-appropriate inactivated influenza vaccines (IIVs) or recombinant influenza vaccines (RIVs).
- A systematic review and Grading of Recommendations Assessment, Development, and Evaluation (GRADE) evidence evaluation was conducted to compare the effectiveness and safety of HD-IIV3 and allV3 against standard-dose unadjuvanted IIVs. The review found that both HD-IIV3 and allV3 demonstrated better immunogenicity and were associated with a greater likelihood of seroconversion for influenza A(H1N1), A(H3N2), and B components, particularly for solid organ transplant recipients. However, there was no increased risk of graft rejection observed with either vaccine.

For a complete copy of the ACIP recommendations and updates or for more information on flu vaccine options for the 2024-2025 flu season, please review the report at cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.

Molina Healthcare will cover the following flu vaccines during the 2024 – 2025 flu season:

- Afluria Preservative Free SUSY 0.5ML (2024-2025)
- Afluria SUSP (2024-2025)
- Flublok SOSY 0.5ML (2024-2025)
- Flucelvax SUSP (2024-2025)
- Flucelvax SUSY 0.5ML (2024-2025)



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

According to certain federal guidelines, Molina must provide comprehensive services and furnish all appropriate and medically necessary services to correct and alleviate health conditions. EPSDT is comprised of screening, diagnostic and treatment services; all providers serving eligible members for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- Provide or arrange for the provision of screening services for all children.
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time and in the right setting.

Additional information and training regarding the Illinois Medicaid EPSDT program are available at [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#).

Molina Healthcare's Special Investigation Unit is partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at 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 money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,900 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases known to identify and track fraud, waste and abuse. Our system allows us to track providers' compliance with correct coding, billing, and their provider contractual agreement.

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 relations manager.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. We all should take it seriously because it is important in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the importance of SIU's work. 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**, 24/7. In addition, use the website to make a report at any time at MolinaHealthcare.Alertline.com.

Clinical policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). Providers, medical directors and internal reviewers use these policies to make medical necessity determinations. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Click the line of business to access the appropriate Provider Manual:

- [Medicaid](#)
- [MMP/Dual Options](#)
- [Marketplace \(Exchange\)](#)
- [Medicare \(MAPD\)](#)



Member access to care standards

Molina Healthcare of Illinois is proud to partner with our providers in member care. In addition to providing appropriate and high-quality medical services, we would like to remind you about access to your facilities, member wait times and other regulated standards.

Appointment access

Per state and federal regulations, providers are required to grant appointments to Molina members within specific time frames. These time frames may vary by line of business. Please refer to Molina's Provider Manuals for the appropriate time frames.

Office wait time

For scheduled appointments, the wait time in offices until seen by a primary care provider (PCP) should not exceed 60 minutes from the appointment time. All PCPs are required to monitor waiting times and adhere to this standard.

After hours

Providers must have backup/on-call coverage after hours or during the provider's absence. Molina requires providers to maintain a 24-hour telephone service seven days per week and have a published after-hours telephone number (e.g., an answering service). The service or recorded message should instruct members experiencing an emergency to hang up and call 911 or go immediately to the nearest Emergency Room. Voicemail alone after hours is not acceptable.

Women's health

Molina allows members to seek obstetric and gynecologic care from an in-network obstetrician or gynecologist, or directly from a participating PCP designated as providing these services. Gynecologic services must be provided when requested, regardless of the member's gender status.

Accessibility

The provider's facilities, equipment, personnel and services must be at the level and quality necessary to perform duties and responsibilities to meet all applicable legal requirements, including the accessibility requirements of the Americans with Disabilities Act (ADA). This includes but is not limited to ease of entry into the building, accessibility of space within the office site, and ease of access for physically disabled patients.

Rosters play a role

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as an NCQA-required element. Invalid information can negatively impact member access to care, member PCP assignments and referrals. Additionally, current information is critical for timely and accurate claims processing.

Provider Manuals

For a more detailed explanation of these standards, please refer to the Provider Manuals on the provider website, [Health Care Professionals \(MolinaHealthcare.com\)](https://www.molinahealthcare.com).

MHIL in the community



Back to School with Promise Healthcare, Rantoul

On August 9, MHIL partnered with Promise Healthcare in Rantoul to host the Customer Appreciation and Back-to-School event. We secured a memo of understanding with Promise Healthcare, and they completed over 24 school physicals on the Molina Mobile Health Unit, 16 of which were Molina members.

This year's event featured over 20 vendors, food trucks, school physicals, and most importantly, school supplies. Molina handed out over 400 backpacks to school-aged children. This was the first time we partnered in this event, and over 1,000 people were in attendance.

95th Annual Bud Billiken Parade

MHIL was a proud sponsor of the 95th Annual Bud Billiken Parade in Chicago on August 10. The crowd greeted Molina with smiles and cheers as we walked down Dr. Martin Luther King Dr. from 38th to 51st Street. Dancers, bands, tumblers, elected officials and many more community organizations filled the streets to commemorate the past and celebrate the upcoming school year.

This parade has been uniting the community since 1929, and it's one of the pivotal events where the South Side community can celebrate and praise the historic roots that planted families here. Staff handed out 1,800 Molina-branded fans and over 3,000 pieces of candy along the parade route. We also gave away approximately 30 Bud Billiken youth T-shirts and 75 Molina-branded toothbrush sets.



You can partner with Molina in *your* community! **Contact us** to contribute goods or services, or to provide a venue.



See what you missed recently

Molina reminds providers of recent news pertinent to your practice/facility.

Pro tip: Register for Illinois provider updates so you don't miss any bulletins! [Click here.](#)

- **Rate/Fee Schedule Updates: November 2024** — Medicaid only!
- **Molina's PA Requirements: First Quarter 2025** — Remember, this is for Medicaid.
- **Molina's Marketplace PA Requirements: First Quarter 2025** — Remember, this is Marketplace only.
- **Adult Wellness Incentive Program, MMP/Duals** — Push for preventive care in 2024!
- **Register for November Provider Webinars** — Plenty of learning opportunities ahead!
- **Updates to Molina Clinical Policies, October 2024** — What's new, changed, and retired?
- **Get to Know Your Dedicated Support** — We're not just an MCO; we are your partner in health!
- **Recap of September Provider News** — See what you missed last quarter!
- **Rate/Fee Schedule Updates: October 2024** — Remember, this is Medicaid only.
- **New PA Tool Helps with Home Health Requests** — Another way to make your job a little easier!

Get automatic updates on processes, codes, live training sessions and more!

Register for provider updates curated exclusively for
Molina Healthcare of Illinois providers.

[Register now](#)