

PROVIDER NEWSLETTER

A Newsletter for the Molina Healthcare of Illinois (MHIL) Provider Network

First Quarter 2023

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Claim Submission Best Practices

Molina **strongly encourages** providers to submit claims electronically, including secondary claims. Electronic claims submission provides significant benefits to the provider including:

- Reduces operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina faster

Molina offers the following electronic Claims submission options:

- Submit claims directly to Molina via the Availity Essentials portal.
- Submit claims to Molina via your EDI clearinghouse.

If electronic claim submission is not possible, you may submit paper claims to:

Molina Healthcare of Illinois, Inc.

PO Box 540

Long Beach, CA 90806

When submitting paper claims:

- Paper claim submissions are **not** considered to be "accepted" until received at the appropriate claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black-and-white forms, copied forms, and forms with alterations including handwritten claims.
- Claims must be typed with either 10- or 12-point Times New Roman font using black ink.

Refer to CMS claims submission guidance for details: cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500

CAHPS®/QHP Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits to your practice, including:

- Increasing patient retention.
- Increasing compliance with physician clinical recommendations.
- Improving patient's overall wellness and health outcomes.
- Ensuring preventive care needs are addressed timelier.
- Reducing no-show rates.

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina members can call the 24-Hour Nurse Advice Line:
 - o Medicaid, Medicare, and MMP/Duals:

Nurse Advice Line (HEALTHLINE) 24/7 Year-Round						
English Phone (888) 275-8750	English TTY (888) 735-2929					
Spanish Phone (866) 648-3537	Spanish TTY (866) 833-4703					

o Marketplace:

Nurse Advice Line (HEALTHLINE) 24/7 Year-Round English and Spanish						
Phone (833) 657-1982	TTY 711					

- Molina members can access interpreter services at no cost by calling Member Services:
 - o Medicaid: **(855) 687-7861**, (TTY: 711)
 - o Medicare: **(833) 306-3394**, (TTY: 711)
 - o MMP/Duals: **(877) 901-8181**, (TTY: 711)
 - o Marketplace: (833) 644-1623, (TTY: 711)

Providers can access the Availity Essentials Provider Portal at provider.molinahealthcare.com to:

- o Search for patients and check member eligibility.
- o Submit service request authorizations and/or claims and check status.



- o Review Patient Care Plan.
- o Obtain CAHPS® HEDIS® Tip Sheets.
- Participate in Cultural Competency trainings (also available at MolinaHealthcare.com).

Please encourage your patients who have received the CAHPS®/QHP survey to participate. Some of the questions asked in the survey regarding patient care are:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Molina Healthcare's 2022 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. We'd like to share some highlights.

CAHPS®/QHP Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina members' satisfaction



with their health care. It allows us to better serve our members.

Molina has received the CAHPS® results showing how members rated our providers and services.

Medicaid—In 2022, Molina improved in Getting Care Quickly, Customer Service, Rating of Health Plan, and Ease of Filling Out Forms.

We need to make improvements in Getting Needed Care, Coordination of Care, How Well Doctors Communicate, Rating of Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

MMP—In 2022, Molina improved in Getting Needed Care, Customer Service, and Getting Needed Prescription Drugs.

We need to make improvements in Getting Care Quickly, Care Coordination, Doctors Who Communicate Well, Rating of Health Care Quality, Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Annual Flu Vaccine, and Overall Rating of Drug Plan.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests, and mammograms. Scores for diabetes care, and prenatal and after-delivery care are also included.

Medicaid—In 2022, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Blood Pressure Control



(<140/90 mm Hg), Appropriate Treatment for Upper Respiratory Infection (URI) - Total, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care, and Prenatal and Postpartum Care (PPC) - Postpartum Care.

We need to make improvements in Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Lead Screening in Children (LSC), Breast Cancer Screening (BCS), Appropriate Testing for Pharyngitis (CWP) - Total, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, and Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase.

MMP—In 2022, Molina improved in Controlling High Blood Pressure (CBP) and Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment.

We need to make improvements in Colorectal Cancer Screening (COL), Care for Older Adults (COA) - Medication Review, Care for Older Adults (COA) - Functional Status Assessment, Care for Older Adults (COA) - Pain Assessment, and Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment.

For More Information

The progress related to the goals that Molina has set for the annual CAHPS®/QHP survey results and the annual HEDIS® measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program there and print a copy.

- **Medicaid and MMP**—Please visit Molina's website at MolinaHealthcare.com, select Health Care Professionals, line of business, and Health Resources to access this information.
- Marketplace—Please visit Molina's website at MolinaMarketplace.com, select Providers, and Health Resources to access this information.

Culturally and Linguistically Appropriate Services/Disability Resources

Molina also assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

Medicaid—The majority of Medicaid members specified English as their preferred language (98%). Spanish as a preferred language was identified by 1% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Cantonese and Mandarin.



MMP—The majority of MMP members specified English as their preferred language (99%). Spanish as a preferred language was identified by 1% of MMP members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Polish and Arabic.

Marketplace—According to internal databases, 100% of Marketplace member language is unknown. Among Marketplace members, Spanish was the most requested

language through Molina's interpreter services, followed by Russian and Swahili.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Cultural Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the <u>Availity Essentials Provider Portal</u> and at <u>MolinaHealthcare.com</u> on the Culturally and Linguistically Appropriate Resources/Disability Resources page under Health Resources tab. This page also includes disability resources: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals, and Tips for Communicating with People with Disabilities & Seniors.

Quality Incentive Programs for 2023

Molina Healthcare of Illinois has launched the 2023 Provider Payfor-Performance (P4P) Incentive Programs. These revised programs follow the same structure as those offered in 2022. We still offer providers a Per-Member, Per-Month (PMPM) payout for each HEDIS® measure for which they improve year-over-year performance, and another PMPM payout for each measure that hits an overall performance target.



This year, we made the awards more attainable by offering a 2% or greater increase, and basing them on overall performance at the 75th percentile.

In addition to the PMPM incentive, we will continue to offer an incentive for performing certain services that close HEDIS® gaps. These per-service bonuses include a semiannual payment for rendering providers who complete follow-ups after mental health events in the Emergency Room or inpatient stays, and healthy pregnancy bonuses for seeing pregnant members in the first trimester and for timely postpartum visits.

For best practices on how to maximize the available Provider P4P Incentives through claims coding, reference the HEDIS® Tip Sheets on the <u>Availity Essentials Provider Portal</u>.

Molina's Quality and Provider Network teams strive to provide useful resources to maximize the bonus dollars our providers earn each year.

Reference this chart for more details, along with detailed information sheets on our <u>Quality page</u> at <u>Molinahealthcare.com</u>.

Contact the Quality team at quality-healthcampaigns@molinahealthcare.com with any questions.

Incentive Program	Eligibility	HEDIS® Measure	Service Needed	Eligible Population	Incentive Time Frame	Payment Amount	Payment Frequency	Bonus Recipient
Pay for Performance (P4P)	Provider Group with PCP Clinics	AAP	PCP Wellness Visit	Denominator with ≥30 patients	Jan 1, 2023 through Dec 31, 2023	≥2.00% Improvement: \$0.20 PMPM Annu		Provider Group
		BCS	Breast cancer screening					
		CCS	Cervical Cytology/Pap Test					
		W30^	6+ well-baby visits within the first 15 months of life				Annual	
			2+ well-baby visits between 15–30 months of life			Percentile: \$0.75PMPM		
		WCV	Well-child visit for members ages 3–20 years			Ç0.731 MI M		
BH Bonus Program	Groups with Mental Health Practitioners	FUH-7	Follow-up with a Mental Health Practitioner within 7 days of discharge of IP hospitalization	Members Ages 6+ Years		\$250	Semi-Annual	Provider Group
		FUH-30	Follow-up with a Mental Health Practitioner within 30 days of discharge of IP hospitalization			\$150		
	Groups with PCPs and/or Mental Health Practitioners	FUM-7	Follow-up with a provider within 7 days of discharge of ED visit for Mental Health	Members Ages 6+ Years Members Ages 13+ Years		\$250		
		FUM-30	Follow-up with a provider within 30 days of discharge of ED visit for Mental Health			\$150		
		FUA- 7	Follow-up with a provider within 7 days of discharge of ED visit for Substance Use			\$250		
		FUA-30	Follow-up with a provider within 30 days of discharge of ED visit for Substance Use			\$150		
Healthy Pregnancy	PCP/ OB-GYN	PPC- Prenatal	Prenatal Visit within the first trimester or 42 days of enrollment with Molina	Every qualifying visit*		\$50		Individual PCP/OB-GYN
		PPC- postpartum	Visit 7–84 days after delivery	Every qualifying visit		\$75		

Requirements for Submitting Prior Authorization

Molina Healthcare has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging Prior Authorization (PA) requests.

How Does Cite AutoAuth Work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, health care providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool on the main provider page at MolinaHealthcare.com.

Accessing the Tool and Learning More

Cite AutoAuth can be accessed via the <u>Availity Essentials Provider Portal</u> in Molina's Payer Spaces. It is available 24/7 year-round.

This method of submission is **strongly encouraged** as your primary submission route; however, existing fax/phone/email processes are also available if needed.

Additional information about Cite AutoAuth is available in the Quick Reference Guide.

P2P Online Scheduling Tool for Medicaid



Molina Healthcare of Illinois (Molina) reminds Medicaid providers to use our online scheduling tool when requesting a Peer-to-Peer (P2P) Review. This tool is available to you for your Molina Medicaid patients for certain Medical* services.

Rather than calling Molina, providers can now complete a simple online form to request a P2P Review. <u>Click here for the online P2P Scheduling Tool</u>.

This tool will help you and your practice save time and resources—plus serve your patients better:

- Flexible—Submit the request 24/7 at your convenience.
- **Time Saving**—No wait/hold time on the phone.
- Accurate—Automatic record of your request.
- **Seamless**—Scheduling based on your requested times.
- Efficient—Molina receives and reviews requests more quickly.

Molina's established guidelines for Peer-to-Peer Reviews apply (<u>reference this memo for details</u>); you simply have a more efficient way to request a conversation with a Molina Medical Director.

*The online P2P Scheduling Tool is currently **only** for Medicaid Medical P2P Review Requests, not Advanced Imaging, Behavioral Health, or Pharmacy. The tool is not for MMP/Duals, Marketplace, or Medicare requests.

Council for Affordable Quality Healthcare (CAQH)

What Is CAQH?

CAQH technology-enabled solutions help eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits, and other essential business functions. CAQH offers options to reduce the provider administrative burden.

How Does Molina Use CAQH?

Molina is currently using the CAQH DirectAssure application to provide an opportunity for enrolled providers to attest to their data, update their data in a single place that will be shared by all companies that they are contracted with, and utilize CAQH.

Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.

What Can CAQH Do for You?

- Decreased administrative burden—CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- Increased Molina support—As providers update their information in CAQH, Molina can systemically update our system, freeing up Molina associates to assist providers with other needs.

 More accurate records—Molina will obtain more frequent provider updates and have more accurate provider information.

How Do Providers Use CAQH?

Providers enter updated information one time in CAQH, and the information is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to track who was informed of the changes. The No Surprises Act (NSA) **requires** providers to attest to their data every 90 days, and CAQH provides an effective and efficient way to meet that requirement.

What's Next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies and think of CAQH as a credentialing-only application—but it offers many other features and benefits beyond credentialing attestations.

Molina is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

Urgent Provider Portal News

Availity Essentials is the official secure provider portal for Molina Healthcare providers. The Molina Legacy Provider Portal will be sunset on **March 28, 2023**. After March 28, 2023, Availity will be **the only way** to access Portal functions.

The Availity Essentials Provider Portal helps save you and your practice/facility time and money. Reference this information sheet for more details.

If your organization is not yet registered for Availity Essentials, visit <u>Availity.com/MolinaHealthcare</u> and click the Register button. Availity Client Services is available Monday through Friday, 7 a.m. to 7 p.m. Central Time to provide assistance at **(800) 282-4548**.

Live Webinars Continue

You and your staff are also invited—and encouraged—to take advantage of our live webinars. The content is custom curated for Molina providers, and is presented jointly by Availity and Molina. Important Note: You must log into Availity to register.

- Tuesday, February 7, 2023, 9 a.m. Central
- Wednesday, February 15, 2023, 11 a.m. Central
- Friday, February 24, 2023, 12 p.m. Central
- Thursday, March 9, 2023, 10 a.m. Central
- Tuesday, March 21, 2023, 2 p.m. Central
- Wednesday, March 29, 2023, 11 a.m. Central



On-Demand Training

While logged into Availity Essentials, you can learn about all the features and functionality offered for Molina providers by accessing **Help & Training > Get Trained**. For a comprehensive list of tools and features available on Availity, log in and click on the **Help and Training** dropdown.

Encourage your Patients to use My Health Perks

My Health Perks is the Molina Member Wellness platform providing free educational content on topics like:

- Smoking cessation
- Diabetes management
- High blood pressure
- Managing depression
- Asthma management
- Healthy eating, nutrition, and exercise

Gift Card Incentive Program

Eligible subscribers and dependents 18 years and older have the opportunity to earn a \$50 gift card by completing **both** of the following activities:

- Complete a preventive wellness examination with their Primary Care Provider.
- Complete the designated Health Risk Assessment via the My Wellness tab on the My Molina member portal.

Members who complete **both** incentivized activities will be eligible for either a physical or digital gift card of their choosing, for use at any retailers who accept them.

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. molinamarketplace.com/marketplace/ca/en-us/Members-Members-Resources/My-Health-Perks.aspx



The Redetermination process for Medicaid members will be resuming soon! The Department of Healthcare and Family Services (HFS) will issue the first notices at the end of April for members with a redetermination date of June 30, 2023. The process will continue monthly going forward.

Now is the time to encourage all Medicaid members to update their contact information with the state. They can do this online at <u>medicaid.illinois.gov</u> or by calling **(877) 805-5312**.

Molina has posted a <u>Medicaid Redetermination FAQ</u> for providers to our website and will begin issuing redetermination memos (updates).



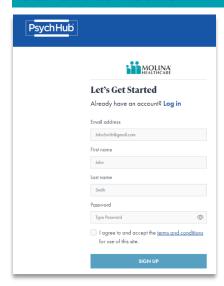
We will also be hosting webinars on redetermination for your staff to learn about the process and timelines, enabling them to provide answers and assistance when your patients have questions. We will send an email with the registration link as soon as it's available.

Note: Only providers and staff who register to receive our Illinois provider updates will receive these emails.

Register for provider updates.



Our Gift to Network Providers: Free PsychHub Subscription



To give our valued network providers access to the most up-to-date behavioral health resources and education, Molina has partnered with PsychHub to offer a subscription at no cost.

PsychHub is an online platform for behavioral health education enabling easy access to learning courses, some of which even offer continuing education opportunities for select licensures. Among the courses are the Mental Health Ally Certification Program, which may benefit office staff or providers interested in enhancing their knowledge about working with the behavioral health population.

Ready to get started? Create your PsychHub account at app.psychhub.com/signup/molina-mhp/.

MHIL's New Medicare Advantage Product

Molina is always working to meet the needs of our members though our diverse Medicare Advantage products offered each year. To help our providers learn more about the new product being offered in Illinois in 2023, we have created a handy summary showing our service areas and highlighting the supplemental benefits. Check it out here: 2023 Medicare Fact Sheet Illinois.



Clinical Policy Updates: Highlights from Fourth Quarter 2022

Molina Clinical Policies (MCPs) are located at <u>molinaclinical policy.com</u>. 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 fourth quarter 2022 updates are noted below.

New Policies

- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

Revised Policies

- MCP-347: Autologous Chondrocyte Implantation Knee
 - o Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
 - Contraindications were added to the Limitations and Exclusions (per MACI labeling).
 - Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.

- MCP-363: Hypoglossal Nerve Stimulation for OSA
 - o Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
 - o DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.
- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
 - Revised Criteria #3a to note "Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid." (Previously read as "Triamcinolone acetonide, intravitreal injection").
- MCP-343: Intervertebral Stabilization Devices
 - o Updated Summary of Medical Evidence section with current studies and guidelines.
 - o Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
 - o Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.
- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)
 - o Previously named Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury
 - o Included FDA-approved powered exoskeletons, in addition to ReWalk.
 - o Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
 - o Included current clinical studies and guidelines in the Summary of Medical Evidence section.

Retired Policies (no longer available on the website)

- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex Dupuytrens Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex_Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

Additional Updates to Molina Clinical Policies for MHIL

The Molina Clinical Policy Committee (MCPC) periodically reviews and updates policies to stay in compliance with current medical practice and to ensure the best outcomes for patients. MCPC is comprised of Molina medical staff, including medical doctors, registered nurses, and pharmacists.

Molina Healthcare of Illinois (Molina) is making providers aware of key updates from the December and January MCPC meetings. **Note**: HFS coverage rules supersede any Molina Clinical Policies.

Revised Policies

For details, please visit MolinaClinicalPolicy.com to access these revised policies:

- MCP-614: Chest MRI
- MCP-618: Lumbar Spine CT

- MCP-275: Noninvasive Positive Pressure Ventilation
- MCP-321: Category III CPT Codes
- MCP-384: Water Vapor Thermal Therapy for BPH
- MCP-348: Zolgensma (onasemnogene abeparvovec)

New Policies

For details, please visit MolinaClinicalPolicy.com to access these new policies:

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

Retired Policies

- 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

New Partners Enhance Services & Support Providers and Members

Molina is entering into several partnerships in 2023, all of which are designed to better support providers and increase the quality of care for our members—your patients. These services are free of charge for providers and members, so we encourage you to take advantage of their offerings.

DentaQuest

DentaQuest became our dental vendor/partner for Medicaid and MMP/Duals on January 1, 2023. (**Note**: Avēsis Vision continues as our vendor for routine vision services.) Benefits will remain the same for members. Through DentaQuest, members can receive basic/routine dental care, including regular exams. Members don't need Prior Authorization (PA) for routine dental care. **Read More Here**



Please visit <u>dentaquest.com/dentists</u> to learn about contracting with DentaQuest, or call Provider Services at **(800) 508-6780**.

Healthmap Solutions

On February 1, 2023, Healthmap Solutions (Healthmap) began providing comprehensive care plans for members with Chronic Kidney Disease (CKD). Healthmap's Kidney Health Management (KHM) program provides support for you and your patients with CKD Stages 3, 4, 5, Unspecified and End-Stage Renal Disease (ESRD). Read More Here



To learn more about Healthmap, visit healthmapsolutions.com or call Healthmap at (877) 546-7004.

New Century Health

Effective April 1, 2023, Molina Healthcare of Illinois (Molina) will partner with New Century Health (NCH) to provide a comprehensive care plan for Medicaid and MMP/Duals members in need of non-pediatric oncology and cardiology care. Read More Here



Learn more about New Century Health by visiting the website <u>newcenturyhealth.com</u>, or by calling NCH at **(888) 999-7713** from 7 a.m. to 7 p.m. Central Time.

As always, contact your Provider Network Manager with questions or to get started with a care plan for our members.

MHIL 2022 Community Engagement Flashback

The MHIL Community Engagement team hosted and attended **more than 316** community events, including eight major festivals, throughout Illinois this past year. Events varied from giveaways to services, including:

- Heroes Lunches for first responders
- Mobile Health Unit for wellness checks, immunizations, school physicals, and more
- Pride Fest and Fiesta del Sol sponsorships
- Molina Cares scholarships
- Molina Closets for personal care items and essentials
- Housing and food for the homeless during the December polar vortex

2022 was the definition of Molina Proud!



LWHea