

Provider Newsletter

FOR MOLINA HEALTHCARE OF ILLINOIS PROVIDERS



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Claims submission

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

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

Molina offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house (Payer ID 20934).

If electronic claims submission is not possible, please submit paper claims to the following address:



Molina Healthcare of Illinois, Inc.
P.O. Box 540
Long Beach, CA 90806

When submitting paper claims:

- Submissions are not considered “accepted” until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Claims will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering— including handwritten claims.
- Claims must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see the Centers for Medicare & Medicaid Services (CMS) claims submission guidance at [cms.gov/medicare/billing/electronicbillingEDltrans/1500](https://www.cms.gov/medicare/billing/electronicbillingEDltrans/1500).

Drug coverage change

Updated 2024 Part B Step Therapy Grid

Molina has updated medical Part B drug injectable (HCPCS codes) Step Therapy requirements. They are online at [Pharmacy and Prescription Benefits | Medicare \(MolinaHealthcare.com\)](https://www.molinahealthcare.com/Pharmacy-and-Prescription-Benefits-Medicare).

Step Therapy is buy and bill medications, provided from the physician/facility stock and administered in the office/facility. The preferred drug list (Step Therapy) is a list of medications that Molina requires the provider to use before a non-preferred. If there is a medical reason why the preferred medicines cannot be used, Molina can approve a non-preferred with a prior authorization, regardless of whether it is buy or bill.

Part B Step Therapy requirements only apply to new therapy—existing therapies will not require Step Therapy utilization.



Medicare 2024 formulary removals and alternatives

Significant formulary changes for 2024 are summarized, along with covered formulary alternatives, on the next page. Full formularies can be found online at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Drug and drug class	Formulary alternatives
Antilipemics	
PRALUENT®	Repatha®
Antidepressants	
VIIBRYD® starter kit	vilazodone tabs (generic for VIIBRYD®)
Auvelity™	bupropion, bupropion SR, or bupropion XL
Diabetes	
Levemir®	BASAGLAR®, LANTUS®, Tresiba®, Toujeo®
NovoLog®	Fiasp, Admelog (biosimilar to Novolog and Humalog)
Victoza®	Trulicity®, BYETTA®, Ozempic®, Bydureon®, RYBELSUS®
Pulmonary agents	
ADVAIR DISKUS/HFA	Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA®
FLOVENT DISKUS/HFA	ARNUITY ELLIPTA
PULMICORT®	ARNUITY ELLIPTA
SYMBICORT®	Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA®

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention, but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce 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
- Molina members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at MolinaHealthcare.com to:
 - Search for patients and check member eligibility
 - Submit service request authorizations and/or claims and check status
 - Review Patient Care Plan
 - Obtain CAHPS® Tip Sheets
- Participate in online Cultural Competency trainings (also available at MolinaHealthcare.com)

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- 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's 2023 Quality Improvement Results

Molina conducts an annual program evaluation to assess how well we meet the 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. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina has received the CAHPS®/QHP results of how our members rated our providers and our services.

Medicaid: In 2023, Molina improved in Coordination of Care and Rating of All Health Care.

We need to make improvements in Getting Care Quickly, Getting Needed Care, Rating of Personal Doctor, and Rating of Health Plan.

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Rating of Specialist Seen Most Often. This limited Molina's ability to make a direct comparison with the 2023 ratings.

MMP: In 2023, Molina improved in Getting Care Quickly and Rating of Drug Plan.

We need to make improvements in Getting Needed Care, Customer Service, and Annual Flu Vaccine.

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Coordination of Care, Rating of All Health Care, and Getting Needed Prescription Drugs. This limited Molina's ability to make a direct comparison with the 2023 ratings.

In both 2022 and 2023, Molina remained the same for Rating of Health Plan.

Marketplace: In 2023, Molina did not complete the QHP survey.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or 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. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2023, Molina improved in Plan All-Cause Readmissions - Observed-to-Expected Ratio 18-64 Years (PCR), Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies (UOP), Antidepressant Medication Management - Effective Continuation Phase Treatment (AMM), Appropriate Testing for Pharyngitis (CWP), Appropriate Treatment for Upper Respiratory Infection (URI), Asthma Medication Ratio - Total (AMR), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women - Total (CHL), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7-Day Follow-Up Total (FUA), Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase (ADD), Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD Treatment Total (IET), Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing Total (APM), Pharmacotherapy Management of COPD Exacerbation - Bronchodilator (PCE), Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% Total (SPC), Statin Therapy for Patients with Diabetes - Statin Adherence 80% (SPD), and Use of Imaging Studies for Low Back Pain (LBP).

We need to make improvements in Risk of Continued Opioid Use - 31-Day Total (COU), Use of Opioids at High Dosage (HDO), Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Annual Dental Visits - Total (ADV), Blood Pressure Control (<140/90) for Patients With Diabetes (BPD), Childhood Immunization Status - Combination #10 (CIS), Controlling High Blood Pressure (CBP), Eye Exam for Patients With Diabetes (EED), Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up Total (FUH), Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up Total (FUM), Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up Total (FUI), Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8%) (HBD), Immunizations for Adolescents - Combination #2 (IMA), Kidney Health Evaluation for Patients with Diabetes (KED), Pharmacotherapy for Opioid Use Disorder - Total (POD), Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroids (PCE), Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC), Prenatal and Postpartum Care - Postpartum Care (PPC), Prenatal Immunization Status - Combination Rate (PRS), Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total (SPC), Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD), Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Total (APP), and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (WCC).

MMP: In 2023, Molina improved in Antidepressant Medication Management - Effective Continuation Phase (AMM), Breast Cancer Screening (BCS), Care for Older Adults - Medication Review (COA), Care for Older Adults - Pain Screening (COA), Colorectal Cancer Screening (COL), Diabetes Care Blood Sugar Controlled (HBD), Diabetes Care Eye Exam Total (EED), Follow-Up After Hospitalization for Mental Illness - 30-Day Rate Total (FUH), Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment Total (IET), Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 18-64) (PCR), Statin Therapy for Patients with Cardiovascular Disease - Received Total (SPC), and Transitions of Care - Medication Reconciliation Post-Discharge (TRC).

We need to make improvements in Controlling High Blood Pressure (CBP), Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment Total (IET) and Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 65+) (PCR).

In both 2022 and 2023, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Osteoporosis Management in Women Who Had a Fracture (OMW).

Marketplace: In 2023, Molina met the goal for Kidney Health Evaluation for Patients With Diabetes (KED).

We did not meet the goal for the following measures: Cervical Cancer Screening (CCS), Controlling High Blood Pressure (CBP), Eye Exam for Patients With Diabetes (EED), Hemoglobin A1c Control for Patients With Diabetes (HBD), Proportion of Days Covered - RAS Antagonists (PDC), Proportion of Days Covered -Diabetes All Class (PDC), and Proportion of Days Covered - Statins (PDC).

In 2023, Molina reported 'NA' (i.e., less than 30 members in the denominator) for the following measures: Annual Dental Visit (ADV), Annual Monitoring for Persons on Long-term Opioid Therapy (AMO), Antidepressant Medication Management - Effective Acute Phase Treatment (AMM), Antidepressant Medication Management - Effective Continuation Phase Treatment (AMM), Asthma Medication Ratio (AMR), Appropriate Testing for Pharyngitis (CWP), Appropriate Treatment for Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Breast Cancer Screening (BCS), Childhood Immunization Status - Combination #10 Total (CIS), Chlamydia Screening in Women - Total (CHL), Colorectal Cancer Screening (COL), Follow-Up After Hospitalization for Mental Illness - 30 Day Follow-Up Total (FUH), Follow-Up After Hospitalization for Mental Illness - 7 Day Follow-Up Total (FUH), Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment Total (IET), Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment Total (IET), Immunizations for Adolescents - Combination #2 Total (IMA), International Normalized Ratio Monitoring for Individuals on Warfarin (INR), Plan All-Cause Readmission (PCR), Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC), Prenatal and Postpartum Care - Postpartum Care (PPC), Use of Imaging Studies for Low Back Pain (LBP), Well-Child Visits in the First 30 Months of Life - First 15 Months (W30), Well-Child Visits in the First 30 Months of Life - First 15-30 Months (W30), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Total (WCC), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition Total (WCC), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity Total (WCC), and Child and Adolescent Well-Care Visits - Total (WCV).

The progress related to the goals that Molina Healthcare of Illinois 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 and print a copy if you would like one. Please visit the provider page on Molina's website at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Requirements for prior authorization submission

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

What is Cite AutoAuth, and how does it work?

Providers can receive an expedited – often immediate – response by attaching the relevant care guideline content to each PA request and sending it directly to us. Through a customized rules engine, Cite AutoAuth matches Molina’s specific criteria to the clinical information and attached guideline content to potentially authorize the procedure automatically.

Self-services available in the Cite AutoAuth tool include, but are not limited to:

- MRIs
- CTs
- PET scans

If you want to see the complete list of imaging codes requiring PA, you can refer to the PA Code LookUp Tool online at MolinaHealthcare.com.

How to access and learn more

Cite AutoAuth can be accessed online via the Availity Essentials provider portal at provider.MolinaHealthcare.com in **Molina’s Payer Spaces**. It is available 24 hours per day, seven days per week.

This submission method is strongly encouraged as your primary submission route. However, existing fax/phone/email processes are also available.

Additional information about Cite AutoAuth is available in the quick reference guide on [here](#).

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](#)

What is CAQH?

Council for Affordable Quality Healthcare (CAQH) technology-enabled solutions 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 administrative burden for providers.

How does Molina use CAQH?

Molina uses the CAQH DirectAssure application to allow enrolled providers to attest and update their data in a single place shared by all companies contracted with and utilizing 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.

How does using CAQH help me?

- **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, we can automatically update our system, enabling our associates to assist providers with other needs.
- **More accurate records:** By obtaining more frequent provider updates, we'll have precise provider information available for members.

How does CAQH work?

Providers enter updated information once in CAQH, which is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administrative work and reduces the need to track changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days. CAQH provides an effective 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, but CAQH offers many other features and benefits beyond credentialing attestations. [Visit CAQH](#) to learn more.

We're excited to continue improving our automation of provider information processes to reduce the administrative burden on providers.

Availity Essentials: Our exclusive provider portal

Availity Essentials is Molina Healthcare's official, secure provider portal for traditional (non-atypical) providers (i.e., personal care, adult day care, taxi services, or home modifications). Some core features available in Availity Essentials for Molina include eligibility and benefits, attachments, claim status, Smart Claims, and Payer Space (submit and check prior authorizations and appeal status and appeal/dispute).

Several new features and enhancements have recently been added to Availity Essentials for Molina providers. If you missed it, check out the latest enhancements to simplify workflows and reduce administrative burden!

What's new?	How does it benefit me?
Appeals	Submit your appeal and dispute requests online for Molina's finalized claims. Check the status of your requests submitted on Availity Essentials. View and import requests initiated through outside channels (fax, etc.) and complete them within your Availity Essentials workflow. Upload supporting documentation for online requests. Receive a notification when requests have been finalized and processed by Molina.
Claims corrections	Access a new claims correction feature from the claim status page. Claims correction allows you to correct and resubmit a paid or denied claim from the claim status response page.
Overpayments	Eliminate mail and fax for faster dispute resolution and ensure overpayment requests are current. View the status and details of any claim Molina has identified as an overpayment. Request additional information, dispute or resolve the overpayment.
Patient search	Save time entering patient information for eligibility and benefits inquiries. Enter the patient's member ID or last name, first name and date of birth (DOB), then select the patient matching the criteria. The information will automatically populate on the request.
Molina Medicare is now included in the Molina Healthcare Payer Option.	Select only one option in the payer field. The Molina Medicare option no longer displays in the payer field. When you select the Molina Healthcare option, the plan coverage for the member includes Dual-Eligible, Marketplace, Medicare, and Medicaid.

Not registered with Availity Essentials?

If your organization is not yet registered for Availity Essentials, please visit [availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare) and click **Register**.

Call Availity Essentials Client Services at **(800) AVAILITY (282-4548)** for registration issues. Assistance is available Monday through Friday from 7 a.m. to 7 p.m. Central Time.

Dive deeper into Availity Essentials

Once you have your Availity Essentials account, you can learn more about the features and functionality offered to Molina providers. Log in and go to **Help & Training** -> **Get Trained** to register for a free webinar.

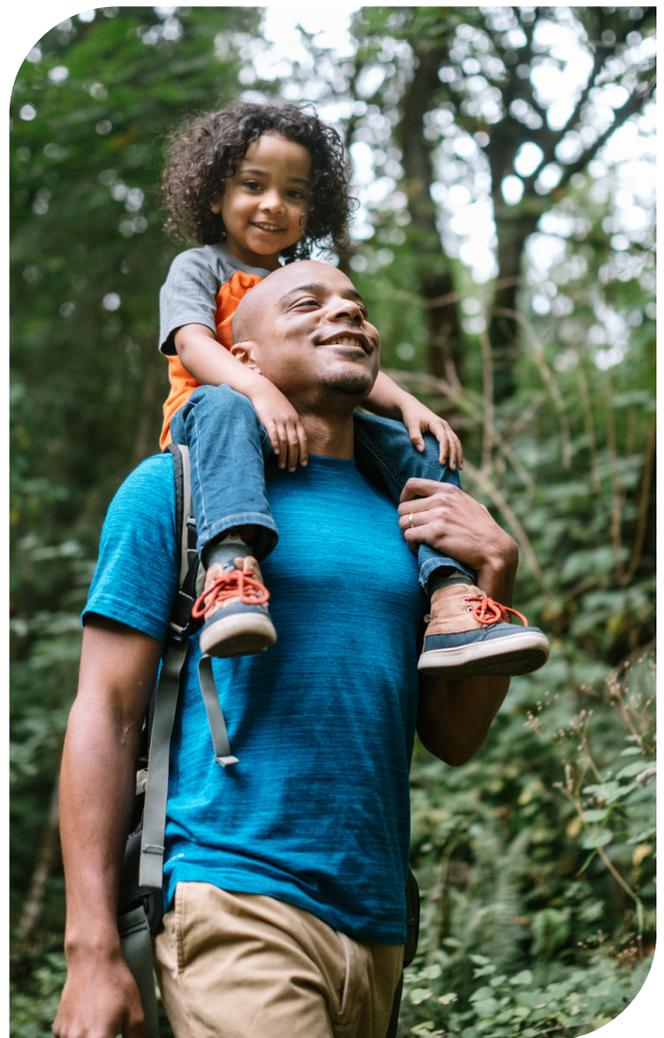
Encourage your patients to use My Health Perks

Back for 2024: the My Health Perks program

Molina Marketplace subscribers and dependents 18 years and older are eligible for our health and wellness program: My Health Perks. The program provides access to interactive disease management programs and healthy lifestyle information. All eligible members will have the opportunity to earn a **\$100 gift card** by completing **both** of the following activities:

- A preventive wellness examination with their primary care provider.
- The My Health Perks wellness assessment via the My Wellness tab on the My Molina® member portal.

Eligible members who complete **both** activities will be notified via email and within the My Molina member portal to select a physical or digital gift card. Please encourage members to learn more about My Health Perks online via the **My Wellness** tab in their member portal. Members can also contact Member Services for additional information.



Molina's Silver 12 plan offers members four no-cost PCP or mental health visits

For 2024, Molina has added a new, low-cost Silver 12 plan, which includes four no-cost primary care or mental health visits to allow members to establish a strong relationship with their PCP within a plan year. The Silver 12 plan also offers simple cost shares – including low co-pay specialist and urgent care visits before a deductible. Most services are subject to a simple coinsurance structure.

Our gift to our providers: PsychHub subscription!

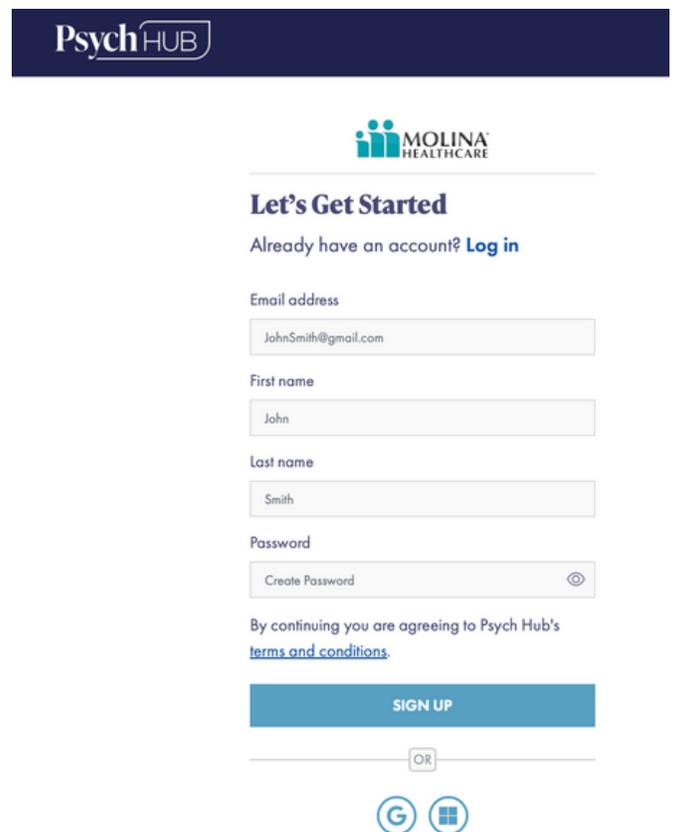
Molina has partnered with PsychHub to offer our valued network providers a no-cost subscription to the PsychHub platform.

PsychHub is an online digital behavioral health education platform that providers can access PsychHub's online learning courses. Some of these courses offer continuing education opportunities for select licensures. Various learning courses – including the Mental Health Ally Certification Program – may benefit office staff and/or providers interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account:

app.psychhub.com/signup/molina-mhp/

Contact your Provider Services representative to set up an overview of the PsychHub platform and its resources.



Clinical policy updates from the fourth quarter 2023

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). The policies are used by providers, 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-447: Casgevy (exagamglogene autotemcel)
- MCP-443: Fractional Laser Treatment of Traumatic and Burn Scars
- MCP-444: Implantable Peripheral Nerve and Nerve Field Stimulators for Chronic Pain
- MCP-445: Speech Generating Devices
- MCP-448: Lyfgenia (lovotibeglogene autotemcel)
- MCP-446: Wheelchair-Mounted Robotic Arm Devices

The following policies have coding updates only:

- MCP-436: Elevidys
- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-433: Roctavian
- MCP-357: Skin Substitutes

The following policies were revised:

- MCP-406: Enteral Nutrition
 - Coverage indications updated to include chronic indications.
- MCP-245: Heart Transplantation with a Total Artificial Heart
- MCP-117: Small Bowel Multivisceral Transplantation
- MCP-114: Liver Transplantation (Adult and Pediatric)
 - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, added active pregnancy to absolute contraindications, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-115: Lung Transplantation
 - Removed rapid fall in forced expiratory volume in one second (FEV1) in the presence of cystic fibrosis as an indication, added other end-stage lung disease as a potential indication for transplant, age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-272: Hematopoietic Stem Cell Transplantation for Ewings Sarcoma
- MCP-194: Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders
- MCP-193: Hematopoietic Stem Cell Transplantation for Neuroblastoma

- MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis
- MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia
 - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-309: Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS)
 - Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation, added Molecular International Prognostic Score System (IPSS-M) score of 1 or more in the presence of other qualifying indications.
- MCP-121: Inhaled Nitric Oxide iNO for Neonatal Hypoxic Respiratory Failure
 - Updated indications to include failed trial of high-frequency jet oscillation and removed oxygenation index requirement.
- MCP-132: Percutaneous Ventricular Assist Devices
 - Coverage indications updated to include contraindications for Impella RP & RP Flex, and Impella therapy used in conjunction with ECMO or IABP. TandemHeart information removed.
- MCP-390: Radiofrequency Ablation (RFA) of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
 - Coverage indications updated to cover RFA in the appropriate setting.
- MCP-348: Zolgensma (onasemnogene abeparvovec)
 - Removed reference to SMA clinical subtype as a criterion. Updated to allow four copies of the SMN2 modifier gene to be present for approval. Added new warning from prescribing information about fatalities related to liver failure. Added requirement of recent (within 30 days of request) complete blood count within normal limits.

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

- MCP-234: Bioimpedance Analysis for Lymphedema Assessment (see MCG)
- MCP-370: Durysta (bimatoprost implant) (see policy under pharmacy)
- MCP-282: Ozurdex (dexamethasone intravitreal implant) (see policy under pharmacy)
- MCP-243: Gastrointestinal Electrical Stimulation GES for Obesity (see policy 414)
- MCP-392: Monarch External Trigeminal Nerve Stimulation eTNS System (see MCG)
- MCP-391: Radiofrequency Ablation of Primary or Metastatic Liver Tumors (see MCG)
- MCP-134: Therapeutic Apheresis (see MCG)

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the current Provider Manual online at

MolinaHealthcare.com/members/il/en-us/health-care-professionals/home.aspx.

All 2024 Illinois Provider Manuals are currently available. Click the line of business to access the appropriate Provider Manual:

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

See what you missed this quarter!

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

Pro tip: Register for Illinois provider updates at MolinaHealthcare.activehosted.com/f/1 so you don't miss any bulletins! Click below to view the memos online.

- [Monthly Memo Roundup: Recap of February Provider News](#)—See what you missed in February.
- [Molina's PA Requirements: Second Quarter 2024](#)—For Medicaid and MMP/Duals.
- [Molina's Marketplace PA Requirements: Second Quarter 2024](#)—For Marketplace only.
- [Register for March Provider Webinars](#)—Many great learning opportunities!
- [Rate/Fee Schedule Updates: March 2024](#)—Remember, this is for Medicaid.
- [Update on Optum-Change Healthcare Outage](#)—What providers need to know.
- [*Updated* Copays commencing for HBIA and HBIS programs](#)—Molina is applying copays for certain services, per HFS guidance.
- [Roster training and resources for providers](#)—Become an expert with these tools and tips!
- [Monthly Memo Roundup: Recap of January Provider News](#)—See what you missed in January.
- [Reminder: Use Availity Essentials portal for Advanced Imaging PAs](#)—Designed to facilitate timely care for members.
- [2024 Provider Manuals available](#)—See what's been updated for 2024.

HBIA/HBIS program is active in Illinois

Molina reminds providers that the Health Benefits for Immigrant Adults (HBIA) for ages 42-64 and Health Benefits for Immigrant Seniors (HBIS) for ages 65+ programs are active. We began welcoming qualifying individuals as Molina members on **January 1, 2024**. Individuals covered in the program had been covered under fee-for-service, administered by HFS. Most of those covered will be moved to managed care throughout the year.

Covered services

Most services covered by HBIA and HBIS will be free to members outside of the hospital setting and billed by the provider, including:

- Doctor care (PCPs and specialists)
- Vaccinations at PCP or pharmacy
- Hospital care
- Lab tests
- Rehabilitative services such as physical and occupational therapy
- Home health, mental health, and Substance Use Disorder (SUD) services
- Kidney and stem cell transplant services
- Dental, transportation, and vision services
- Prescription drugs
- Post-inpatient nursing rehabilitation (up to 90 days)

Services not covered

- Long-term care (nursing home, etc.)
- Transplant services (exception: kidney and stem cell transplant services)
- Home and Community-Based Services (waiver services)



Cost sharing/copay

As of **February 1, 2024**, HFS has authorized copays for certain services.

Important: Providers should tell members if they will be charged cost sharing and what the amount will be **before** providing the service. Providers should be aware that payments will be reduced by the copay amount. Cost share will be limited to:

- Nonemergency inpatient hospitalizations—up to a **\$250 copay**.
- Nonemergency hospital or Ambulatory Surgical Treatment Center (ASTC) outpatient services—**up to 10%** of the Medicaid payment. The amount charged will vary depending on the service.
- Dental, transportation, and vision—**no copays**.
- **Change:** Nonemergency hospital emergency room visits—**no copays**.

Learn more

Review these recent provider memos:

- [Copays Commencing for HBIA and HBIS Programs, Provider Memo, MHIL, Molina Healthcare of Illinois](#)
- [Updates to HBIA and HBIS Programs, Provider Memo, MHIL, Molina Healthcare of Illinois](#)

Plus, register for our upcoming **live** provider webinar:

- [March 13, 2024, at 1 p.m.](#)



Become a roster expert

Molina wants to remind providers that the Illinois Association of Medicaid Health Plans (IAMHP) is your go-to source for education and resources related to provider rosters. The IAMHP universal roster is **statutorily required** to be accepted by all Medicaid health plans (such as Molina) and is **statutorily required** to be completed by all providers participating in Medicaid networks. IAMHP offers many resources to assist providers with completing and submitting rosters.

Roster tools

- IAMHP standardized roster materials, including FAQs and more: [Illinois Association of Medicaid Health Plans \(iamhp.org\)](https://iamhp.org)
- Download the [universal roster template](#)
- Use the [IAMHP pre-submission Roster Validation Tool](#)
- IAMHP provider webinars detailing the universal roster:
 - July 3, 2024, at 12 noon: [Sip & Refresh](#)
- IAMHP roster training video on YouTube: [IAMHP Universal Standardized Roster](#)
- Molina Roster Training webinar PDF: [MHIL Roster Training Presentation](#)
- Molina Roster Training FAQs: [MHIL Provider Roster Template FAQ](#)

Please contact your dedicated Provider Relations Manager with any roster questions.

MHIL in the community: Expungement event

On Monday, January 15, MHIL co-hosted a legal expungement event commemorating Dr. Martin Luther King, Jr. Day at Healthy Food in Chicago in collaboration with Social Change.

We created a warm and friendly ambiance by supplying hot coffee, cocoa, croissants, bagels, donuts, and water, enhancing the overall experience for attendees. We also distributed laundry bags, as well as general health and redetermination information. Attendees also received a pack of diapers, and fresh fruits and vegetables.

Learn more at [DailyHerald.com](https://www.dailyherald.com).

