



PROVIDER NEWSLETTER

A newsletter for Molina Healthcare of New York, Inc. Provider Network

Fourth Quarter 2022



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Get Automatic Approval for Advanced Imaging Prior Authorization Requests

Molina Healthcare is partnering with MCG health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests. This exciting tool will be available soon!

What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare 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 at MolinaHealthcare.com.

How to Access and Learning More

Cite AutoAuth is available in the Prior Authorizations Application on Availity Essentials.

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

Important Provider Updates:

Non-Enrolled Providers and Pharmacies

Practitioners must submit claims for outpatient medications dispensed in office to Managed Care enrollees via the enrollees' Medicaid Managed Care medical benefit or the claim will not adjudicate for reimbursement. Details on this state directive can be found on the provider website within the Communications Section [here](#).

Changes to Prior Authorization Requirements

Molina Healthcare of New York, Inc. is pleased to announce changes to the current prior authorization requirements. The authorization changes will take effect on 11/1/2022. The details of these changes can be found on our provider website, links below:

[Home Health Care Services](#)

[Physical, Occupational, and Speech Therapy](#)

Legacy Affinity Claims

Effective October 31, 2022, Affinity by Molina Healthcare will no longer accept legacy Affinity Health Plan claims for **Dates of Service prior to 11/1/2021**.

Appeals and Grievances Claims

A friendly reminder that Molina strongly encourages the use of the provider portal for clean claims, corrected claims, and to appeal claims. Here is the direct link to the Molina Provider Availity Portal: Availity.com/MolinaHealthcare.

Provider Manual Update - Interoperability:

There has been an update to the Provider Manual surrounding Interoperability. Please take some time to review. The manual can be found on the provider website [here](#), on page 2.

New PsychHub Course Available, Offers CEUs

Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations.

The ACT Foundation's course explores the construct of psychological flexibility.

Learn the action-oriented, empirically based approach to therapy that invites clients to process their feelings while empowering and educating [#mentalhealth](#) practitioners.

Ready to get started? Molina Healthcare network providers can access this and other courses that offer CEUs on the PsychHub platform by clicking this link:

<https://app.psychhub.com/signup/molina-mhp/>



Acceptance and Commitment Therapy (ACT) Foundations

INTERMEDIATE | 2.00-2.50 CE CREDITS | 2 HRS. 33 MIN

After completing this course, you will be able to:

- Explain the key concepts and six core principles of ACT
- Describe the common barriers for practitioners and clients new to ACT and ways to overcome
- Evaluate how to apply the six core principles and the hexaflex model, using metaphor and exercises in conducting individual ACT therapy sessions



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 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 1,300 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 that are known to identify and track fraud, waste, and abuse. Our system allows us the ability to track provider compliance within 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 PSR.

"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, 7 days per week. In addition, use the website to make a report at any time at: <https://MolinaHealthcare.Alertline.com>.

Biosimilars - What To Watch

Biological products are the fastest-growing class of therapeutic products in the United States. Similar to when a generic becomes available, biosimilar and interchangeable products can offer additional options with a potentially lower healthcare cost.

A biosimilar is a highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies. Biosimilars are not considered true generics because unlike traditional drugs, biologics are not synthetically derived but are derived from organic sources, so there are differences between the reference brand biologic and its biosimilars.

Several bodies of experts have published statements in support for the use of biosimilars and integration into clinical practice guidelines, such as the Crohn's and Colitis Foundation, American College of Rheumatology, and the American Society of Clinical Oncology.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

An anticipated launch of the first biosimilars for popular drugs such as Humira and Stelara are just around the corner in the first half of 2023. However, it is important to note that while the competition generated by these new launches can help lower healthcare costs—depending on pricing—biosimilars may not necessarily be the lowest cost option in all therapeutic categories. Other considerations that may affect the savings potential from a biosimilar launch include the reliability of supply, experience of the manufacturer, and patient or prescriber adoption.

Molina continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective, and quality healthcare.

This commitment includes potentially creating a preference for biosimilars when value can be added without compromising member satisfaction and safety.

Food and Drug Administration. Biosimilar and Interchangeable Products. Retrieved from:

<https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

<https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf>

<https://www.rheumatology.org/portals/O/files/biosimilars-position-statement.pdf>

https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf

Balance Billing



Balance billing Molina Healthcare 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 members who are dually eligible for Medicaid and Medicare 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.
3. Charging Molina members fees for covered services beyond copayments, deductibles, or coinsurance.

Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

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

Molina Healthcare is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services; and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations.
- 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, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

2022-2023 Flu Season

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 similar to and confused with COVID-19.

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 2022–23 season.

Important 2022-2023 Updates from the Advisory Committee on Immunization Practices:

1. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from 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/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
2. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from 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/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
3. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from 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/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2022-2023 flu season, please visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

Molina Healthcare will cover the following flu vaccines during the 2022 – 2023 flu season:

- Injectable Seasonal Influenza Vaccine (Quadrivalent) - Available from August-April or per state requirements
- Intranasal Seasonal Influenza Vaccine (FluMist) - Available from August-April or per state requirements
- Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok - Available from August-April or per state requirements
- Injectable Seasonal Influenza - Vaccine High-Dose - Available from August-April or per state requirements.

Clinical Policy Updates Highlights from Third Quarter 2022

Molina Clinical Policies (MCPs) are located at www.molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The third quarter 2022 updates are noted below.

The following policies were revised:

- Epidural Steroid Injections for Back and Neck Pain (previously Epidural Steroid Injections for Chronic Back Pain)
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Spinraza (nusinersen)

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

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Intensity Modulated Radiation Therapy (IMRT)
- Kymriah (tisagenlecleucel)
- Lutathera (lutetium Lu 177 dotatate)
- Proton Beam Radiation Therapy
- Proton Beam Therapy for Prostate Cancer
- Provenge (sipuleucel-T)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

Fraud Waste Abuse

If you suspect cases of fraud, waste, or abuse, you must report it to Molina Health Care. You may do so by contacting the Molina Healthcare Alert Line or submitting an electronic complaint using the website listed below. For more information about fraud, waste and abuse, please see the Compliance Section of the Provider Manual located [here](#).

Molina Healthcare Alert Line: (866) 606-3889

Website: <https://molinahealthcare.alertline.com>

Affinity by Molina Healthcare Member Branding Update Effective 1/1/23

Effective 1/1/23, Molina Healthcare of New York, Inc. will be rebranding the Downstate membership portfolio, Affinity by Molina Healthcare. Although THERE will be a new look, colors, and logo, the benefits will remain the same. Below is a snapshot of the transition, existing to new:



Personal Care Services, Home Health Care Services, Private Duty Nurses and Skilled Nursing:

In accordance with the 21st Century Cures Act, Molina Health New York will be requiring providers to send their EVV data through HHAExchange to process all billing claims starting 01/01/2023. The HHAExchange homecare management Provider Platform will go-live on **December 12, 2022**, for all providers.

We are allowing for a claims grace period of 60 days from January 1, 2023. Claims will start denying as of March 1st, 2023, if you do not register timely.

Next Steps

- **Enrollment Form** – Please complete the HHAExchange Provider Portal Enrollment Form at hhaexchange.com/molinanyportalenrollmentform. This form will provide necessary information for HHAExchange to configure your Provider Platform and allow you to select whether you want to use free HHAExchange EVV tools or use your existing EVV system.
 - If you indicate that you have an existing EVV system you'd like to use, you will receive a follow-up Welcome Packet with the next steps.

Have Questions?

If you have questions or need help, please contact MHNYProviderServices@Molinahealthcare.com. For questions or help with HHAExchange, please contact HHAExchange at support@hhaexchange.com or visit <https://hhaexchange.com/molina-ny/>.

The Connection Between Oral Health and Overall Health and Well-Being

Oral health is much more than just healthy teeth; it also includes the health of many other anatomical structures such as the gums, bones, ligaments, muscles, glands, and nerves

Caswell A. Evans, Jr., D.D.S., M.P.H. University of Illinois at Chicago, College of Dentistry, goes on to say in an article he wrote that "Many medical conditions may affect oral health, and vice versa. For example, the metabolic processes of diabetes mellitus can explain the increased destruction of tissue seen in diabetic periodontitis."

Providers are encouraged to read the full article online [here](#), and to remind patients of the importance of overall oral health.