

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2022

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (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. 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 Healthcare members can call the 24-Hour Nurse Advice Line (888) 275-8750
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services (866) 449-6849.
- Providers can access the Provider Web Portal at provider.MolinaHealthcare.com to:
 - Search for patients & check member eligibility
 - Submit service request authorizations and/or claims & check status
 - Review Patient Care Plan
 - Obtain CAHPS® Tip Sheets
 - Participate in online Cultural Competency trainings (also available at MolinaHealthcare.com, under Health Resources tab)

In this Issue

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey.....	1
Molina Healthcare's 2021 Quality Improvement Results.....	2
Requirement for Submitting Prior Authorizations for Molina	5
Strengthening the Primary Care Setting with Trauma-Informed Care..	6
Secure Messaging from Claim Status Screen Enabled in Availity Essentials Portal	6
Clinician Administered Preferred Drug List 2022	7
Cigna Medicaid and Medicare-Medicaid Plan Members to Transfer to Molina Healthcare, Inc.	11

Please encourage your patients who have received the CAHPS®/QHP Enrollee Experience 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 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 2021 Quality Improvement Results

Molina Healthcare 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®/QHP Enrollee Experience Survey



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 Enrollee Experience Survey results of how our members rated our providers and our services.

Medicaid: In 2021, Molina improved in the following CAHPS measures: Rating of Personal Doctor and Rating of Specialist Seen Most Often.

We need to make improvements in Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service/Plan Administration, Coordination of Care, Rating of Health Care, and Rating of Health Plan.

Medicare: In 2021, Molina improved in the following CAHPS measures: Getting Needed Care, Getting Care Quickly, Customer Service/Plan Administration, Rating of Personal Doctor and Flu Vaccinations.

We need to make improvements in How Well Doctors Communicate, Rating of Specialist Seen Most Often, Rating of Health Plan and Overall Rating of Drug Plan.

Marketplace: In 2021, Molina improved in the following QHP Enrollee Experience Survey measures: Flu Vaccinations, Medical Assistance w/Smoking/Tobacco Use Cessation, Overall Rating of Drug Plan and Getting Prescriptions Filled Easily.

We need to make improvements in How Well Doctors Communicate, Customer Service/Plan Administration, Coordination of Care, Rating of Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan, Access to Care, Access to Information and Cultural Competence.

MMP: In 2021, Molina improved in the following CAHPS measures: Getting Care Quickly, Customer Service/Plan Administration and Flu Vaccinations.

We need to make improvements in How Well Doctors Communicate, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan and Overall Rating of Drug Plan.

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 2021, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Chlamydia Screening in Women (CHL) - Total, Appropriate Testing for Pharyngitis (CWP) - Total, Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment, Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase and Appropriate Treatment for Upper Respiratory Infection (URI) - Total.

We need to make improvements in 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, Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

Medicare: In 2021, Molina improved in Statin Therapy for Patients with Cardiovascular Disease (SPC) - Total Received Statin Therapy, Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment and Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment.

We need to make improvements in Breast Cancer Screening (BCS), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy, Controlling High Blood Pressure (CBP) and Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Statin Adherence 80%.

Marketplace: In 2021, 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, Immunizations for Adolescents (IMA) - Combination #2, Colorectal Cancer Screening (COL), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy and Appropriate Treatment for Upper Respiratory Infection (URI) – Total.

We need to make improvements in Childhood Immunization Status (CIS) - Combination #3, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

MMP: In 2021, Molina improved Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment and Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment.

We need to make improvements in Controlling High Blood Pressure (CBP).

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: Most Medicaid members specified English as their preferred language (89%), while 11% of Medicaid members specified Spanish as their preferred language. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Vietnamese and Arabic.

Medicare: A majority of Medicare members speak English as their preferred language (62%). About 37% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Vietnamese and Arabic.

Marketplace: While most (64%) of Marketplace members do not specify a preferred language, Spanish as a preferred language was identified by 31% of Marketplace members. Spanish was the most requested language among Marketplace members through Molina's interpreter services, followed by Vietnamese and Mandarin.

MMP: A majority of MMP members speak English as their preferred language (86%). About 13% of MMP members identified themselves as Spanish speakers. Spanish was the most requested language among MMP members through Molina's interpreter services, followed by Vietnamese and Arabic.

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 Culturally Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the [Provider Portal](#) and at MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources

are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

The progress related to the goals that Molina has set for the annual CAHPS®/QHP Enrollee Experience 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.

Requirements for Submitting Prior Authorization for Molina



Molina requires prior authorization (PA) for specific services. Molina offers three tools on the MolinaHealthcare.com website to assist you in knowing what services require Prior Authorization: The PA Code Matrix, the PA Guide, and the PA Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. The PA

Code Lookup Tool is conveniently located available on the "home" page of Provider area of MolinaHealthcare.com. Check it out here:

<https://www.molinahealthcare.com/providers/tx/medicaid/home.aspx>. The most efficient prior authorization submission method is through our Provider Portal <https://apps.availity.com/>.

When submitting a prior authorization request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the medical need for the requested service(s)
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approving the service/item

By providing all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding a need to request additional supporting documentation. The Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent. The goal is to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please be sure to reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the

decision and could further delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

Strengthening the Primary Care Setting with Trauma-Informed Care

Molina Healthcare is dedicated to promoting the importance of Trauma Informed Practice. According to the National Council for Mental Wellbeing, an "individual's experience of trauma impacts every area of human functioning- physical, mental, behavioral, social, and spiritual." Implementing a Trauma Informed Care approach in the Primary Care setting can benefit providers, members, and office staff alike. The National Council of Mental Wellbeing reports that Trauma-Informed primary care settings can:

- Create safer spaces for staff
- Improve clinical decision-making
- Equip providers to identify and respond to trauma
- Build collaborative care networks to increase provider capacity to address holistic needs

Molina has adopted the guideline for Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care from The National Council for Mental Wellbeing. For more information, please visit our Clinical Program Guidelines on our provider website or visit the National Council for Mental Wellbeing to access the guideline [here](#).

Secure Messaging from Claim Status Screen Enabled in Availity Essentials Portal

Molina Healthcare strives to offer tools to provider partners so you can get more done with less effort. Molina now offers an integrated messaging feature from the Claim Status screen in the Availity Essentials portal.

You can submit secure messages from the Claim Status screen directly to Molina using Availity's Messaging Application.

Note: You will need the Claim Status and the Messaging App roles to access this function. If you're an administrator for your organization, you can assign roles by selecting Maintain User from your account dashboard. Then, select the user and View/Edit their roles.

Accessing Secure Messaging: Go to Claims & Payments | Claims Status

1. Initiate a message via the "Message this payer" option on the claim status results page. Important: The message must pertain to the current claim listed on the claim status results page.
2. Allow up to two business days for a response.
3. Access the Messaging Queue from the top right corner of your Availity home page.
4. Conversations display as cards. The color of the cards indicates the status.
5. All users have sorting and filtering options. If a message is missing from your queue, clear your filter options

Availity's Messaging App is a faster, more effective platform for resolving simple queries. The next time you have a question about the status of a claim, try messaging.

Customer Support: If you have questions about Messaging from Claim Status, you can reach Availity Client Services at (800) 282-4548 from 7 a.m. to 7 p.m. CT, Monday through Friday.

Additional Questions? We're here to help. Contact your Provider Services Representative or email the MHTXProviderServices@MolinaHealthcare.com For help identifying your Provider Services Representative, visit: MolinaHealthcare.com.

Availity Essentials Portal: We continue our transition to the Availity Essentials portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? [Click here](#) to get started.

Clinician Administered Preferred Drug List 2022

A clinician-administered drug is an outpatient drug other than a vaccine that is typically administered by a health care provider in a clinician's office or other outpatient clinical setting. For example, drugs that are infused or injected are typically clinician-administered drugs.

The Molina Healthcare, Inc. Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Molina Medical Preferred Drug List includes the listed products only and other product may be available under a plan's medical benefit. The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Medicaid Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor), Glassia® (Alpha-1-Proteinase Inhibitor), Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim) Nivestym® (filgrastim-aafi)	Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Neulasta® (pegfilgrastim) Nyvepria™ (pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez)
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Elelyso® (taliglucerase alfa)	Cerezyme® (imiglucerase)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)

<p>Osteoarthritis, Viscosupplements</p>	<p>Gelsyn-3[®] (sodium hyaluronate 8.4mg/ml) GenVisc[®] 850 (sodium hyaluronate) Hyalgan[®] (1% sodium hyaluronate) Hymovis[®] (hyaluronic acid 8mg/ml) Orthovisc[®] (1% sodium hyaluronate) Supartz[®] FX (1% sodium hyaluronate) TriVisc[®](sodium hyaluronate) Visco-3[®] (1% sodium hyaluronate) Synvisc[®] (hylan (Avian) 8 mg/mL)</p>	<p>Euflexxa[®] (1% sodium hyaluronate)</p>
<p>Oncology</p>	<p>**Avastin[®] (bevacizumab)</p> <p>Herceptin[®] (trastuzumab) Herceptin Hycelta[™] (trastuzumab and hyaluronidase-oysk)</p>	<p>Mvasi[™] (bevacizumab-awwb) Zirabev[®] (bevacizumab-bvzr)</p> <p>Herzuma[®] (trastuzumab-pkrb) Kanjinti[™] (trastuzumab-anns) Ogivri[™] (trastuzumab-dkst) Ontruzant[®] (trastuzumab-dttb) Trazimera[™] (trastuzumab-qyyp)</p>
<p>Paroxysmal Nocturnal Hemoglobinuria</p>	<p>Ultomiris[®] (ravulizumab-cwvz)</p>	<p>Empaveli[®] (pegcetacoplan)</p>
<p>Rituximab</p>	<p>Rituxan[®] (rituximab) Rituxan Hycela[®](rituximab-hyaluronidase)</p>	<p>Truxima[®](rituximab-abbs) Ruxience[®](rituximab-pvvr) Riabni[™] (rituximab-arrx)</p>
<p>Retinal Disorders (Eye)</p>	<p>Eylea[®](aflibercept) Lucentis[®] (ranibizumab)</p>	<p>**Avastin[®] (bevacizumab)</p>

Marketplace Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
<p>Alpha-1 Antitrypsin Deficiency</p>	<p>Aralast[®] (Alpha-1-Proteinase Inhibitor), Glassia[®] (Alpha-1-Proteinase Inhibitor), Zemaira[®] (Alpha-1-Proteinase Inhibitor)</p>	<p>Prolastin C[®] (Alpha-1-Proteinase Inhibitor)</p>
<p>Autoimmune</p>	<p>Actemra[®] (tocilizumab) IV, Cimzia[®] (certolizumab pegol), Orencia[®](abatacept)</p>	<p>Envyio[®] (vedolizumab),</p>

		Ilumya™ (tilgrakizumab-asmn), Simoni Aria® (golimumab), Stelara® (ustekinumab)
Botulinum Toxins	Myobloc® (rimabotulinumtoxin B)	Botox® (onabotulinumtoxin A), Dysport® (abobotulinumtoxin A), Xeomin® (incobotulinumtoxin A)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastim) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi), Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Nyvepria™ (pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez), Neulasta® (pegfilgrastim)
Hematologic, Erythropoiesis - Stimulating Agents	Epogen® (epoetin alfa), Mircera® (methoxy polyethylene glycol-epoetin beta), Procrit® (epoetin alfa)	Aranesp® (darbepoetin), Retacrit® (epoetin alfa-epbx)
Hemophilia, Factor VIII	Eloctate® (antihemophilic factor recombinant Fc fusion protein), Helixate® [Antihemophilic Factor (Recombinant), Formulated with Sucrose], Nuwiq® [antihemophilic Factor (recombinant)]	Adynovate® [antihemophilic factor (recombinant), PEGylated], Jivi® [antihemophilic factor (recombinant), PEGylated], Kogenate® [antihemophilic factor (recombinant), Kovaltry® [antihemophilic factor (recombinant), Novoeight® [antihemophilic factor (recombinant)]
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)
Long-Acting Reversible Contraceptives	Liletta® (levonorgestrel-releasing intrauterine system) Nexplanon® (etonogestrel implant)	Kyleena® (levonorgestrel-releasing intrauterine system), Mirena® (levonorgestrel-releasing intrauterine system) Skyla® (levonorgestrel-releasing intrauterine system)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Cerezyme® (imiglucerase)	Elelyso® (taliglucerase alfa)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate 8.4mg/ml) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis® (hyaluronic acid 8mg/ml)	Euflexxa® (1% sodium hyaluronate) Orthovisc® (1% sodium hyaluronate) Monovisc® (sodium hyaluronate)

	Supartz [®] FX (1% sodium hyaluronate) TriVisc [®] (sodium hyaluronate) Visco-3 [®] (1% sodium hyaluronate) Synvisc [®] (hylan (Avian) 8 mg/mL)	
Oncology	NA	Firmagon [®] (degarelix)
	**Avastin [®] (bevacizumab)	Mvasi [™] (bevacizumab-awwb) Zirabev [®] (bevacizumab-bvzr)
	Herceptin [®] (trastuzumab) Herzuma [®] (trastuzumab-pkrb) Herceptin Hycelta [™] (trastuzumab and hyaluronidase- oysk) Trazimera [™] (trastuzumab-qyyp) Ontruzant [®] (trastuzumab-dttb)	Kanjinti [™] (trastuzumab-anns) Ogivri [™] (trastuzumab-dkst)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris [®] (ravulizumab-cwvz)	Empaveli [®] (pegcetacoplan)
Retinal Disorder Agents (Eye)	Eylea [®] (aflibercept) Lucentis [®] (ranibizumab)	**Avastin [®] (bevacizumab)
Rituximab	Rituxan [®] (rituximab) Rituxan Hycela [®] (rituximab-hyaluronidase)	Truxima [®] (rituximab-abbs) Ruxience [®] (rituximab-pvvr) Riabni [™] (rituximab-arrx)
Severe Asthma	Cinqair [®] (reslizumab)	Dupixent [®] (dupilumab) Fasenra [®] (benralizumab) Nucala [®] (mepolizumab) Xolair [®] (omalizumab)

Cigna Medicaid and Medicare-Medicaid Plan Members to Transfer to Molina Healthcare, Inc.

Effective January 1, 2022, Cigna will no longer participate in the Texas STAR+PLUS Medicaid Managed Care Program or the Texas Medicare-Medicaid Dual Eligible Program. Current Cigna members in these programs will become Molina STAR+PLUS and Medicare-Medicaid STAR+PLUS Plan members starting January 1, 2022.

Members are not required to do anything during this transition. Their benefits will automatically transfer with them on January 1, 2022.

- **STAR+PLUS Members** will receive the core health care and prescription drug coverage offered under Texas Medicaid. They will receive the value-added services offered by Molina. These value-added services may be different than the value-added services offered by Cigna.
- **Medicare-Medicaid STAR+PLUS Plan Members** will continue to receive the health care and prescription drug coverage outlined in the Explanation of Coverage or Annual Notice of Change developed by Cigna for 2022.
- Molina will honor authorizations for any ongoing services until the services are complete or a new care plan is developed. Authorizations will be available in the Molina Provider Portal.
- Most health care providers currently serving Cigna members are already contracted with Molina. If you are not currently contracted with Molina for the Medicaid or MMP lines of business, please contact the Molina Contracting Department by emailing MHTContractRequest@MolinaHealthcare.com.

Additional information is provided in the frequently asked questions document located on MolinaHealthcare.com. If you have questions, please contact Provider Services by emailing MHTXProviderServices@MolinaHealthcare.com or by calling (855) 322-4080, Monday through Friday, 8 a.m. – 5 p.m., central time.