

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2022



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“My Health Perks” Program is Live!

Molina Healthcare Marketplace subscribers and dependents 18 years and older are eligible for Molina’s health and wellness program: “My Health Perks.” Besides providing access to a suite of interactive disease management programs and healthy lifestyle information, all eligible members will 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 (PCP); and,
- Complete the designated Health Risk Assessment via the My Wellness tab on the My Molina portal.

Members who complete both incentivized activities will be eligible for a physical or digital gift card, available from hundreds of vendors and brands, or the member may elect a standard, nondescript VISA gift card. Members are permitted to use the gift cards at 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 Member Services for additional information.

Get Automatic Approval for Advanced Imaging Prior Authorization Requests

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

MCG Auto-Authorization is available for Molina of Ohio:

- Marketplace live as of Feb. 16, 2022
- Medicaid live as of May 4, 2022
 - The future state for Medicaid MCG Auto-Authorization is to-be-determined as Molina works with the Ohio Department of Medicaid (ODM) on process updates once the Next Generation Medicaid Program Phase 3 launches on Feb. 1, 2023.

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 the potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs (magnetic resonance imaging), CTs (computerized tomography), and PET (positron emission tomography) scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at MolinaHealthcare.com and the [PA Code List](#) on the Provider Website.

How to Access and Learn More

Cite AutoAuth can be accessed via the [Avality Essentials Portal \(Avality\)](#) in the Molina Payer Spaces. It is available 24 hours per day/7 days per week.

This method of submission is strongly encouraged as your primary submission route. This submission method is an alternative to the existing submission process.

Watch the Provider Website for updates and additional information about Cite AutoAuth.

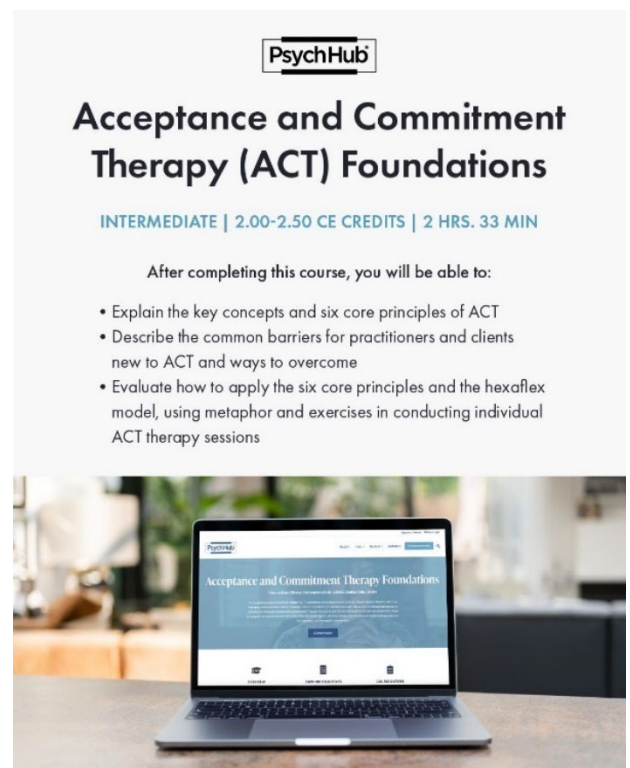
New PsychHub Course Available, Offers CEUs

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 network providers can access this and other courses that offer Continuing Education Units (CEUs) on the PsychHub platform at app.psychhub.com/signup/molina-mhp/.



The image shows a laptop displaying the PsychHub course page. The page features the PsychHub logo at the top, followed by the course title 'Acceptance and Commitment Therapy (ACT) Foundations'. Below the title, it indicates the course level as 'INTERMEDIATE' and provides details: '2.00-2.50 CE CREDITS | 2 HRS. 33 MIN'. A list of learning objectives is presented, stating that after completion, users will be able to explain key concepts, describe barriers, and evaluate the application of ACT principles. The background of the page is a blurred office setting.

Model of Care Training is Underway

Molina is actively reaching out to providers who are required to complete the 2022 Model of Care training. In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, Molina PCPs and key high-volume specialists must complete Molina's Model of Care training each year. The providers included in this training requirement are:

- Primary Care Providers (all specialties for PCP Physicians)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Note: Providers only participating in the Medicaid, MyCare Ohio, and Marketplace lines of business do not need to complete this training.

If not already completed, please take the Model of Care training at this time, and return the [OH MOC Attestation Form](#) to Molina no later than Dec. 31, 2022.

- **Online Training:** The [2022 Model of Care Provider Training](#) is available on the Medicare Provider Website under "Model of Care." This quick training will describe how Molina and providers work together to successfully deliver coordinated care and case management to members.
- **Molina Live Training:** Molina of Ohio hosts a monthly Model of Care provider training to help train you and your staff and address questions. The final Model of Care provider training for 2022 is available [Fri., Dec. 16, from 2 to 3 p.m.](#)

Reminder, individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the "Export to PDF" button on the Provider Website
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
 - Name of the provider giving the training
 - Clinic/Practice name
 - Clinic/Practice address
 - Tax Identification Number (TIN)
 - The method used to train office staff and providers
 - The date the office staff and providers were trained
 - The date the office staff and providers sign the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at [cms.gov](https://www.cms.gov) in section "[C. MOC Training for the Provider Network](#)" in Chapter 5 – Quality Assessment of the Medicare Managed Care Manual.

If you have additional questions, please contact your local Molina Provider Services Team at OHProviderRelations@MolinaHealthcare.com.

Molina'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, 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 provider contractual agreement requirements.

As a result, providers may receive a notice from the SIU if they have been identified as having outlier claims 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 the SIU team using the number provided in the notice.

"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 service's website to make a report at any time at: 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 of 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 is 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, the 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: [fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars](https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars)
- [nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf](https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf)
- [rheumatology.org/portals/0/files/biosimilars-position-statement.pdf](https://www.rheumatology.org/portals/0/files/biosimilars-position-statement.pdf)
- [crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf](https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf)

Note: Medications covered under the pharmacy benefit for Medicaid should be billed through ODM's Single Pharmacy Benefit Manager (SPBM) Gainwell Technologies and follow all applicable program guidelines. Find more information in the Molina of Ohio [November Provider Bulletin](#).

Balance Billing

Balance billing Molina members for covered services is prohibited other than for the member's applicable copayment, coinsurance, and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require PA.

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 a Molina member liable for Medicare Part A and B cost sharing when they are dually eligible for Medicaid and Medicare.
2. Requiring a Molina member to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees.
3. Charging a Molina member a fee 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, known as Healthchek in Ohio, 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 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 inform them 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.

Additional information and training regarding Molina's EPSDT program are available at MolinaHealthcare.com/OhioProviders, under the "Health Resources" tab, under "[Healthchek-EPSDT](#)."

2022-2023 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza (flu) 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 (Coronavirus).

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 available for the 2022–23 season.

Important 2022-2023 Updates from the ACIP:

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 United States (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 [cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm](https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm).

Molina 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.

Note: Medications covered under the pharmacy benefit for Medicaid should be billed through ODM's Single Pharmacy Benefit Manager (SPBM) Gainwell Technologies and follow all applicable program guidelines. Find more information in the Molina of Ohio [November Provider Bulletin](#).

Clinical Policy Updates Highlights from Third Quarter 2022

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://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)