



Provider Newsletter

For Molina Healthcare of Wisconsin, Inc. providers

Fourth quarter 2024

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Model of Care training is underway

Molina Healthcare, Inc. requires primary care providers (PCPs) and key high-volume specialists, including psychiatry, hematology/oncology, and OB/GYN to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC), in alignment with requirements from the Centers for Medicare & Medicaid Services (CMS).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at MolinaHealthcare.com/model-of-care-Provider_Training. The completion date for this year's training is December 31, 2024.

If you have any additional questions, please contact your local Molina Provider Relations representative at MHWIPProviderNetworkManagement@MolinaHealthcare.com.



Third-party liability (TPL) on explanation of payments (EOP)

Third-party liability (TPL) refunds are an internal way Molina posts refunds received and do not reflect recoupment from a payee. The Molina 835 will indicate a WO/72 adjustment on the PLB segment, indicating the amount (which is the refund) and the claim ID in the reference field. In addition, on the EOP itself, the reversal claim will show a \$0.00 amount, and a remit message will indicate that a TPL refund has been applied. No recoupment occurs to decrease a provider's payment.

Refunds received from a provider will remain on the EOP/835 and reflect in the same fashion, although without the TPL remit description.

If a claim has a \$0.00 refund and reflects a negative amount and no reference in the PLB section, that is an actual recovery performed by Molina that will decrease the payment.



2024-2025 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for all individuals aged six months and older who do not have contraindications. Influenza vaccination is particularly important for those at high risk of serious flu-related complications. These high-risk groups include the elderly, young children, pregnant individuals, and those with underlying medical conditions such as asthma, heart disease, or diabetes. It is also essential for people who live with or care for high-risk individuals to get vaccinated to help reduce the potential spread of the virus.

According to the August 2024 ACIP report, all seasonal flu vaccinations expected to be available in the United States for the 2024-2025 season are trivalent. These vaccines will contain hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, and one influenza B/Victoria lineage virus. Previously, quadrivalent vaccines also included the B/Yamagata lineage, but this strain is not included in the 2024-2025 vaccines due to the absence of naturally occurring B/Yamagata viruses in global surveillance since March 2020. The following vaccine types are expected to be available: inactivated influenza vaccines (IIV3s), recombinant influenza vaccines (RIV3), and live attenuated influenza vaccines (LAIV3).

Other 2024-2025 vaccination recommendations

- For most individuals who need only one dose of the influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination can continue beyond October as long as influenza viruses are circulating, and unexpired vaccines are available.
- Early vaccination (during July or August) is generally not recommended, particularly for adults aged 65 years and older and for pregnant individuals in their first or second trimester, due to concerns about waning immunity later in the season. However, early vaccination may be considered for those unlikely to return for vaccination later or for children who require two doses.
- ACIP recommends specific vaccines for certain populations:
 - Adults aged ≥ 65 years, and
 - Individuals with immunocompromising conditions or chronic medical conditions that prevent them from receiving live attenuated vaccines.

These groups are at a higher risk for severe influenza-related complications, and certain vaccines have demonstrated greater efficacy.

- For adults aged ≥ 65 years, ACIP recommends the preferential use of any of the following higher-dose or adjuvanted vaccines:
 - High-dose inactivated influenza vaccine (HD-IIV3),
 - Recombinant influenza vaccine (RIV3), or
 - Adjuvanted inactivated influenza vaccine (aIIV3).

If none of these vaccines are available at the time of vaccination, any age-appropriate inactivated influenza vaccine may be used. The preference for high-dose or adjuvanted vaccines is based on evidence showing greater efficacy in preventing influenza-related hospitalizations and complications in older adults compared to standard-dose, non-adjuvanted vaccines.

- Immunocompromised individuals, including those with congenital or acquired immunodeficiencies, or those undergoing treatments like chemotherapy or solid organ transplants, should receive either IIV3 or RIV3. These vaccines are not live, meaning they pose no risk of causing influenza in immunocompromised individuals. Live attenuated influenza vaccine (LAIV3) should not be used for this population.
- Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medications may also receive either HD-IIV3 or aIIV3 as acceptable options, based on recent systematic reviews showing their effectiveness and safety. However, there is no preference between these vaccines and other age-appropriate inactivated or recombinant vaccines.

Updates included in 2024-2025 ACIP report

- The ACIP 2024-2025 recommendations include updates to the composition of the U.S. seasonal influenza vaccines and new recommendations for the vaccination of adult solid organ transplant recipients. The composition of the 2024-2025 vaccines includes the following:
 - Hemagglutinin (HA) derived from:
 - Influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or Influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines),
 - Influenza A/Thailand/8/2022 (H3N2)-like virus (for egg-based vaccines) or Influenza A/Massachusetts/18/2022 (H3N2)-like virus (for cell culture-based and recombinant vaccines), and
 - Influenza B/Austria/1359417/2021 (Victoria lineage)-like virus (for egg-based, cell culture-based, and recombinant vaccines).
- Influenza B/Yamagata lineage will no longer be included in vaccines for the 2024-2025 season due to the absence of confirmed detections since March 2020.
- For adult solid organ transplant recipients, ACIP has updated the recommendations for those aged 18 through 64 years who are receiving immunosuppressive medication regimens. These individuals may receive either HD-IIV3 or allV3. Both vaccines are now considered acceptable options, with no preference over other age-appropriate inactivated influenza vaccines (IIVs) or recombinant influenza vaccines (RIVs).
- A systematic review and GRADE evidence evaluation was conducted to compare the effectiveness and safety of HD-IIV3 and allV3 against standard-dose unadjuvanted IIVs. The review found that both HD-IIV3 and allV3 demonstrated better immunogenicity and were associated with a greater likelihood of seroconversion for influenza A(H1N1), A(H3N2), and B components, particularly for solid organ transplant recipients. However, there was no increased risk of graft rejection observed with either vaccine.

For a complete copy of the ACIP recommendations and updates or for more information on flu vaccine options for the 2024-2025 flu season, please review the report at cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.

Molina Healthcare will cover the following flu vaccines during the 2024 – 2025 flu season:

- Afluria Preservative Free SUSY 0.5ML (2024-2025)
- Afluria SUSP (2024-2025)
- Flublok SOSY 0.5ML (2024-2025)
- Flucelvax SUSP (2024-2025)
- Flucelvax SUSY 0.5ML (2024-2025)



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program

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

According to certain federal guidelines, Molina must provide comprehensive services and furnish all appropriate and medically necessary services to correct and alleviate health conditions. EPSDT is comprised of screening, diagnostic and treatment services, and all providers serving eligible members for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- 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, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time and in the right setting.

Molina Healthcare's Special Investigation Unit is partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at 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 money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and 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 1,900 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 known to identify and track fraud, waste and abuse. Our system allows us to track providers' compliance with 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 Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. We all should take it seriously because it is important in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the importance of SIU's work. 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 MolinaHealthcare.Alertline.com.

Clinical Policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). Providers, medical directors and internal reviewers use these policies to make medical necessity determinations. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Provider Manual updates

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

- [Medicaid](#)
- [Medicare](#)
- [Marketplace](#)

