



Provider Newsletter

For Molina Healthcare of Iowa, Inc. providers

Fourth quarter 2024

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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.

Additional information about the TPL verification process for Molina Iowa

Molina partners with vendors to support TPL verification. Vendors should send Molina new TPL or updates to existing TPL on a daily or weekly basis (depending on vendor). Molina also has a dedicated TPL team within payment integrity that re-verifies active TPL policies monthly. Molina staff utilizes electronic payer portals and phone outreach to verify coverage details.

Iowa members and providers may call their respective contact center to inform us of new or updated TPL information.

Provider Services Contact Center: (844) 236-1464

Member Services Contact Center: (844) 236-0894

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.
- 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 allV3 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.

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](https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm).

Molina Healthcare of Iowa will cover the following flu vaccines during the 2024 – 2025 flu season. Please confirm with Iowa Medicaid fee schedule for correct code coverage.

- Afluria Preservative Free SUSY 0.5ML (2024-2025)
- Afluria SUSP (2024-2025)
- Fluad (2024-2025)
- Fluarix (2024-2025)
- Flublok SOSY 0.5ML (2024-2025)
- Flulaval (2024-2025)
- Fluzone Trivalent (2024-2025)
- FluMist trivalent (2024-2025)

Pharmacy reminder

Respiratory Syncytial Virus Prophylaxis:

This is for pediatric use in newborns and babies under 1 year of age, born during or entering their first RSV season, and children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season.

- The use of nirsevimab (Beyfortus) does NOT require a prior authorization and must be billed through the medical benefit.
- Synagis will continue to require a prior authorization. Please provide a reason why Beyfortus cannot be used. Synagis can be billed through the medical or pharmacy benefit.

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

Additional information and training regarding Molina's EPSDT program are available at [Molina Healthcare | Preventative Health](#).



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.molinahealthcare.com/clinical-policy). 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 [Molina Iowa | Provider Resources](#).

Molina launches Provider Collaboration Portal through Availity

Molina is pleased to announce the release of the Provider Collaboration Portal through the [Availity Essentials](#) Payer Spaces. The portal will allow individual providers to view quality care gaps for their assigned Molina members. PCPs and specialists in active Molina value-based purchasing arrangements will be able to view incentive progress. For more information about the Molina Provider Collaboration Portal, contact your local Provider Relations representative or quality relations representative.

Not registered with Availity Essentials?

If your organization is not yet registered for [Availity Essentials](#) and you're responsible for the registration, please visit [Availity.com/MolinaHealthcare](https://www.availity.com/molinahealthcare) and click the register button. For registration issues, call **Availity Client Services** at **(800) AVAILITY (282-4548)**. Assistance is available Monday-Friday from 7 a.m. to 7 p.m. CT.

Availity: MCG Cite Auto Auth feature

Advanced imaging Cite Auto Auth submissions are done via the [Availity Essentials](#) portal. QRG can be accessed here at [Availity Essentials - Advanced Imaging Cite Auto Auth via MCG - QRG](#). Additionally, [click here](#) for a step-by-step video on Cite Auto Auth.

PA code updated list

Molina is posting a quarterly PA notice on the [provider website](#). You can access this notice under **Claims & Authorizations > Authorizations**.

Quick reminder: the most up-to-date resource is the PA Look Up Tool.



Iowa Molina Provider Advisory Council (IMPAC)

The Iowa Molina Provider Advisory Council's (IMPAC) purpose is to gather input from Molina Iowa providers. This is also a forum to identify challenges and barriers to providing care for our members. The council solves problems and collectively finds ways to improve and strengthen the health care service delivery system. IMPAC is one of many ways Molina plans to present new information and get direct feedback from the provider network.

We had two successful council meetings in our first year of implementation! We encourage participation and look forward to the next virtual meeting in Spring 2025. If you are interested in joining IMPAC, please sign up [here](#). We also include a Home and Community-Based Services (HCBS) work group session at the end of the council meeting. If you are interested in participating, please sign up [here](#).

Newly contracted with Molina?

If you have not done so, please sign up for the next live provider education [what? Meeting? Webinar], held the last Thursday of every month via Webex. Click [here](#) to register!

POD update

We would like your help collecting your business's up-to-date website link and confirmation that your provider has completed cultural competency training and is multilingual. You may include these in roster submissions and/or send them directly to IAPODUpdate@MolinaHealthcare.com.

Provider Relations

The Provider Relations team is always ready to assist you. Please utilize our [Contact Us](#) page on our website, and search the territory map for your Provider Relations representative. We're happy to hear from you!

Provider communications

We have partnered with Constant Contact as our secured email vendor. Sign up [here](#) for regular news, updates and announcements! For any general provider communications questions, please reach out to Tiffany.Verhey@MolinaHealthcare.com.