

# PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Provider Networks

## Fourth Quarter 2020



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## 2020–2021 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 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 (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2020–21 season. Most available influenza vaccines will be quadrivalent except MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.

**Important 2020–2021 Updates:**

1. The composition of the 2020–21 U.S. influenza vaccines includes updates to the influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria lineage components. These updated components will be included in both trivalent and quadrivalent vaccines. Quadrivalent

vaccines will include an additional influenza B virus component from the B/Yamagata lineage, which is unchanged from that included in quadrivalent influenza vaccines used during the 2019–20 season. For the 2020–21 season, U.S. egg-based influenza vaccines (i.e., vaccines other than ccIIV4 and RIV4) will contain hemagglutinin (HA) derived from an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/2671/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and (for quadrivalent egg-based vaccines) an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus. U.S. cell culture-based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/45/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

2. Two new influenza vaccine licensures:

- Fluzone High-Dose Quadrivalent is approved for use in persons aged  $\geq 65$  years. For the 2020–21 season, Fluzone High-Dose Quadrivalent is expected to replace the previously available trivalent formulation of Fluzone High-Dose (HD-IIV3). The dose volume for Fluzone High-Dose Quadrivalent (0.7 mL) is slightly higher than that of trivalent Fluzone High-Dose (0.5 mL). Fluzone High-Dose Quadrivalent, like Fluzone High-Dose, contains four times the amount of HA per vaccine virus in each dose compared with standard-dose inactivated influenza vaccines (60 $\mu$ g per virus, versus 15 $\mu$ g in standard-dose IIVs).
- Fluad Quadrivalent is approved for use in persons aged  $\geq 65$  years. For the 2020–21 season, both Fluad Quadrivalent and the previously licensed trivalent formulation of Fluad (aIIV3) are expected to be available. Fluad Quadrivalent, like Fluad, contains the adjuvant MF59.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2020-2021 flu season, please visit the Centers for Disease Control and Prevention at [www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm).

## 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 (3%) 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 analyzes providers by using software that identifies questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse along with concerns involving medical necessity. 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 Network Manager.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explained 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, you may contact the Molina AlertLine toll-free at **(866) 606-3889** 24 hours per day, 7 days per week. In addition, you may use the service’s website to make a report at any time at: [MolinaHealthcare.Alertline.com](https://MolinaHealthcare.Alertline.com).

## Addressing Anxiety and Depression

The work that you do in your primary care or specialty care setting is vital and is often the first place where anxiety and depression present themselves. While addressing anxiety and depression in your care setting may be no new concept, what might be new is the alarming rate of increased reports of anxiety and depression symptoms since the start of the COVID-19 pandemic. A recent report published by Kaiser in July 2020 found that their weekly poll of adults who self-reported symptoms of anxiety and depression for June 2020 was 36.5%, which is up 11% from 2019.\* Additionally, Mental Health America (MHA) reports record highs on their online mental health screening program indicating that “More than a Quarter Million People Screened Positive for Depression, Anxiety Since Start of the Pandemic” (MHA August 2020).



What is contributing to the rise of anxiety and depression symptoms? According to respondents of the MHA online anxiety and depression screening tools, reasons include:

- Loneliness or isolation
- Grief or loss
- Coronavirus
- Past trauma
- Relationship problems
- Current events (news, politics, etc.)
- Financial problems
- Racism

Proactive screening and follow-up with patients are key to ensuring their anxiety and depression symptoms are quickly identified and managed accordingly (e.g., use of medications, referral/follow-up for treatment). Molina provides evidence-based resources and guidance regarding mental health conditions via our Behavioral Health Tool Kit for providers.

\*Mental Health and Substance Use State Fact Sheets, Kaiser, 2020

You will find links to these resources on the provider pages of our MolinaHealthcare.com website: [molinahealthcare.com/providers/il/medicaid/resource/behavioral-health.aspx](https://molinahealthcare.com/providers/il/medicaid/resource/behavioral-health.aspx).

We recommend the use of standardized, evidence-based screening tools such as the PHQ-9 (Patient Health Questionnaire 9), which screens for depression and anxiety; screening tools such as the GAD-7 (seven-question screening tool to identify generalized anxiety disorder); or the four-item screener such as the PC-PTSD (Primary Care Post-Traumatic Stress Disorder) to assess for symptoms of PTSD.

Molina's Care Management team is also available to assist you and the patient for additional ongoing care-coordination needs such as referrals for treatment through a behavioral health provider. Patients can also access our Coronavirus Chatbot, an enhanced digital tool for members seeking information about COVID-19 risk factors; this tool can also assist them in screening for concerns about their mood and provides the necessary referral options, depending on the member's answers to the questions. Members can access it by going to [molinahealthcare.com](https://molinahealthcare.com) and clicking the Coronavirus Chatbot icon at the top right-hand corner of the page.

An orange rectangular button with the text "Coronavirus Chatbot" in white, sans-serif font. The button is positioned to the right of the main text block.

For more information about anxiety and depression, contact your Provider Network Manager.

**Resources:** More than a Quarter Million People Screened Positive for Depression, Anxiety Since Start of the Pandemic, August 2020. Mental Health America (MHA): [MHA Link](#)

Mental Health and Substance Use State Fact Sheets, July 2020. Kaiser: [July 2020 Fact Sheet Link](#)

## Early and 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 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. 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.

## Biosimilar Drugs



Effective July 1, 2020, Molina Healthcare has implemented a list of health care-administered preferred drugs. In the fourth quarter of 2019, the National Pharmacy and Therapeutics committee voted unanimously to approve the following biosimilar position statement:

“A biosimilar is 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.”

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.

Molina Healthcare continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective, and quality health care. This commitment includes potentially creating a preference for biosimilars when value can be added without compromising patient satisfaction and safety.

Currently, unless state regulations are contradictory, Molina Healthcare prefers all biosimilars prior to access to an originator product.

For further information and complete list of drug preferences, please see the provider website.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Autoimmune	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda)
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi) Zarxio® (filgrastim-sndz)
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta® (pegfilgrastim)	Fulphila™ (pegfilgrastim-jmdb) Udenyca® (pegfilgrastim-cbqv) Ziextenzo® (pegfilgrastim-bmez)
Oncology- bevacizumab	Avastin (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
Rituximab	Rituxan® (rituximab)	Truxima® (rituximab-abbs) Rituxan Hycela® (rituximab-hyaluronidase) Ruxience® (rituximab-pvvr)
Trastuzumab	Herceptin® (trastuzumab)	Herzuma® (trastuzumab-pkrb) Herceptin Hycela Kanjinti™(trastuzumab-anns) Trazimera™ (trastuzumab-qyyp) Ogivri™ (trastuzumab-dkst)

## Balance Billing

Balance billing Molina members for covered services is prohibited other than the member’s applicable co-payment, 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:

- Holding the Molina D-SNP members liable for Medicare Part A and B cost sharing.
- Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider’s usual and customary fees.
- Charging Molina members fees for covered services beyond co-payments, deductibles, or coinsurance.

## Chimeric Antigen Receptor (CAR) T-Cell Therapy is Now Covered Under Molina Medicare Advantage and MMP

Starting January 1, 2021, if proven medically necessary, CAR T-cell transfer immunotherapy for select patients with relapsed or refractory cancers will be covered under Medicare Advantage; with required prior authorization, CAR T-cell Therapy will continue to be covered under Original Medicare fee-for-service through the remainder of the 2020 year.

### What’s Covered Under Medicare Advantage?

On or after January 1, 2021, hospitals may submit claims to Medicare Advantage for payment as indicated under the CMS MLN Reference Number: SE19024.

More information about this benefit is available on the CMS website, using the link below:

[cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf)

<p>Outpatient Hospital Setting</p>	<p><b>Medication:</b>                  Q2041 - Axicabtagene ciloleucel, up to 200 million t-cells per dose                  Q2042 - Tisagenlecleucel, up to 600 million t-cells, per dose  <b>Administration:</b>                  0540T w/ revenue code 0874 - CAR T-cell administration</p>
<p>Inpatient Hospital Setting</p>	<p>0537T w/ revenue code 0871 or 0891 - Harvesting blood-derived T cell                  0538T w/ revenue code 0872 or 0891 - Preparation of blood-derived T cells for transportation                  0539T w/ revenue code 0873 or 0891 - Preparation of T-cells for administration                  The above codes will appropriately receive Reason Code W7111</p>

Revenue codes 087x (Cell/Gene Therapy) and 0891(Pharmacy)

**Requests are subject to prior authorization.** Please refer to [MolinaHealthcare.com](https://www.molinahealthcare.com) for the most current Prior Authorization Guide and Code Matrix.

For any questions, please call the Provider Network Management team at **(855) 866-5462**.

## Telehealth

The COVID-19 pandemic has changed the way health care companies and medical professionals approach delivery of care, with telehealth playing a vital role. Molina is contracted with providers nationwide who are more actively using this mode of care through telecommunications.



The benefits of utilizing telehealth include increased access to coordinated care for those in rural communities, opportunities for providers to monitor members’ progress while preempting inappropriate hospital admissions with early intervention, scheduling flexibility for members, and reducing potential transportation issues.

We support our members receiving quality care through telehealth in a secure, private manner that also is convenient for them. Members can access these services across our various products for Medicaid, Medicare, and Marketplace. Depending on the specialty and the member’s situation, telehealth can be used for diagnosis, consultation, or treatment.

**Note:** Benefits for telehealth vary depending on product guidelines and local regulations. Not all members are appropriate candidates for telehealth. With this new format for care, Molina will look to our providers to make available appropriate education and screening protocols to help our members have a positive productive experience with telehealth.

Molina wants to make it easy for providers to use telehealth to serve our members. Telehealth visits can be conducted via telephone, FaceTime, or online video calling platform (Zoom, Skype, etc.). Below are some of the billing codes available for telehealth services:

Description	Codes		
Telehealth Modifier	GT	WITH	POS: 02
Telephone Visits	CPT®: 98966-98968, 99441-99443		
Online Assessments with MD or APN (E-visits or Virtual check-in)	CPT®: 98970-98972, 99421-99423, 99458 HCPCS: G2010, G2012, G2061-G2063		

Telehealth is not limited to these codes. Currently, services that can be rendered in their entirety via phone/video call can be billed via telehealth.

Molina’s [Provider Online Directory](#) now allows members to search for providers who offer telehealth. Molina has pre-populated the service indicator for providers who are submitting telehealth claims. **If you want the service indicator added for your practice, contact your Molina Provider Network Manager.**

We realize that providers are on a spectrum in terms of level of engagement and knowledge for telehealth. For practitioners and organizations with an interest, we recommend accessing support available through local Regional Telehealth Resource Centers and also the American Telemedicine Association (ATA).

Telehealth is quickly evolving, including new legislation being considered and passed at both state and federal levels. Please stay tuned for more information from Molina. We recommend for providers to take time to review the latest on local market and clinical specialties regarding telehealth practices and guidelines.

We appreciate your collaboration in keeping Molina up to date on your telehealth services and offerings. **If you have questions or updates on your offerings, please contact your Molina Provider Network Manager.**

## Model of Care



Molina is actively reaching out to providers who need to complete the 2021 Model of Care Training!

CMS requires that contracted providers directly or indirectly facilitating or providing Medicare Part C or D benefits for Molina SNP Members complete Model of Care training. This quick training will describe how Molina Healthcare and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If you have not already done so, please complete your training now. Receipt of your [completed Attestation Form](#) is due to Molina Healthcare by **November 30, 2020**.

If you have any additional questions, please contact your local Molina Healthcare Provider Network Manager at **(855) 866-5462**.

## Verifying NPPES Data

CMS recommends that providers routinely verify and attest to the accuracy of their National Plan and Provider Enumeration System (NPPES) data.

The NPPES now allows providers to attest to the accuracy of their data. If the data is correct, the provider is able to attest and NPPES will reflect the attestation date. If the information is not correct, the provider is able to request a change to the record and attest to the changed data, resulting in an updated certification date.

Molina supports the CMS recommendations around NPPES data verification and encourages our provider network to verify provider data via <https://nppes.cms.hhs.gov>. Additional information regarding the use of NPPES is available in the Frequently Asked Questions (FAQs) document published on the CMS website at the following link: [cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index](https://cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index).

## We Want You for the BEP Program

Through the [MolinaCares Accord](#), Molina Healthcare is committed to addressing the main social issues that negatively impact the delivery of quality health care, including racial disparities in the access to, and delivery of, care.

These values align with those of the state's Business Enterprise Program (BEP), which are, "fostering an inclusive and competitive business environment that will help business enterprise increase their capacity, grow revenue, and enhance credentials." Molina encourages more Women Business



Enterprises (WBE), Minority Business Enterprises (MBE), and Women Minority Business Enterprises (WMBE) to join both our vendor and provider networks.

The purpose of the BEP program is to help businesses owned by minorities, women, and people with disabilities gain access to the State of Illinois' procurement process and to opportunities with other public and private entities, such as Molina, that are looking for diverse suppliers, vendors, and providers.

BEP certification is done at the state level by the Illinois Department of Central Management Services (CMS) and is free of charge for all applicants.

If you are interested in becoming BEP certified, please reach out to your Provider Network Manager so we can help you obtain the Letter of Intent (LOI) documentation required by CMS. We can also connect you with resources to help you with the certification process, such as the [BEP Certification Checklist](#).

You can start the process online at [cms.diversitycompliance.com](https://cms.diversitycompliance.com). Click "Apply for BEP and/or VBP Certification," then, you can login or create an account.

**Already BEP certified?** Reach out to your Provider Network Manager so we can work with you to complete the BEP Letter of Intent.

Not sure who your Provider Network Manager is? Send an email to the Provider Network Management team at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

## SUPR Grant Funds Tackle Increasing BH Needs

In the second quarter of 2020, HFS allowed the state's Managed Care Organizations to utilize 2020 quality withhold dollars to benefit their providers and the communities served. Molina chose to prioritize several Behavioral Health (BH) providers throughout its service areas for two reasons:

1. Funding has adversely affected many of these providers in the past.
2. Adverse statewide trends in behavioral health diagnoses and hospitalizations should be addressed.

Molina felt that an investment into our state's BH providers might help contribute to reversing these trends through positive and more intensive engagement with providers and members alike.

Five of Molina's Substance Use Prevention and Recovery (SUPR) providers accepted grants of \$100,000 each for use in one of three areas:

1. Maintenance or improvement in physical care structures where members are provided care.
2. Financing for reserved, priority room(s) for Molina admissions.
3. Support for staffing resource(s) for the primary purpose of reduction in readmissions through discharge planning.

These SUPR providers serve mainly rural service areas throughout the State of Illinois: Centerstone, Chestnut, Cornell Interventions, Haymarket House, and Family Guidance Center. Each has also agreed to engage with Molina clinical staff in monthly clinical rounds, wherein we partner to review our members who have the greatest challenges with their substance-use recovery. To date, the clinical rounds have been extremely helpful for both teams as we pool our knowledge for shared, member-specific care planning.



## New Authorization Lookup Tool

Molina Healthcare of Illinois is introducing a new tool that will streamline the process of verifying prior authorization requirements for HCPC/CPT codes.

The Molina PA Lookup Tool is an interactive Prior Authorization system that will help providers determine prior authorization requirements, including whether a code:

- Requires a PA and under what circumstances.
- Does not require a PA.
- Is not a covered benefit.
- Is delegated to eviCore, Molina's partner for diagnostic imaging review requests.

**Need a Prior Authorization?**

[Code LookUp Tool](#)

The tool is configured to match the PA grid currently being used (including all state exceptions). Molina will keep things current within the tool by installing updates for state-specific code requirements, state notes, code notes, etc. Providers will have access on the Provider Page of the Molina website or after logging into the Molina Provider Portal.

Download this [simple step-by-step guide](#) to help you get started. If you have any questions, call your Provider Network Manager, who will be happy to walk you through it. If you aren't sure who your Provider Network Manager is, please send an email to the Provider Network Management team: [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

## Molina Welcomes New Transportation Provider

As of October 1, 2020, the new non-emergent transportation vendor for Molina Healthcare of Illinois is [MTM Inc.](#) Pre-booked and standing orders for trips scheduled for October 1 and later were automatically transferred to MTM (for example, trips to dialysis or chemotherapy).

Health care providers and facilities that need to arrange for member transportation should use the same phone number **(855) 740-3105**—this number is exclusively for scheduling transportation.

A Physician Certification Statement (PCS) is still required when transportation is initiated from a hospital or Long-Term Care (LTC) facility, except for hospital-to-hospital transports.



The MTM process is to determine the most appropriate mode of transportation for our members, which is done with the help and cooperation of the member's provider. MTM will fax a Level of Need (LON) form to the member's provider of choice. MTM requests that the form be completed and faxed back within two weeks. We appreciate your assistance to ensure that the members continue to receive transportation services in the setting best suited for their health needs.

For more information on transportation claims with MTM, please refer to [this detailed billing memo](#). Additionally, transportation billing webinars will be scheduled for the 2021 education calendar, which is still in development. Please reach out to the [Provider Network Management](#) team with any questions.

## Two Emails in One: Consolidating Emails for Your Convenience

We want to make sure you stay connected! Beginning on January 1, 2021, Molina will no longer receive email messages through the old Provider Information Management address: [MHIL\\_Provider\\_Information\\_Management@MolinaHealthCare.com](mailto:MHIL_Provider_Information_Management@MolinaHealthCare.com). On January 1, 2021, this email address will be retired from service.

From now on, all email inquiries not specifically intended for your own Provider Network Manager should be sent to the Provider Network Management team at its primary address: [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com). This includes all email inquiries regarding provider rosters, roster submissions, provider loading, updates, and change requests.

For a brief transitional period, messages received at the old Provider Information Management address will be forwarded to Provider Network Management, and the sender will receive an automated reminder that the address will be retired from service. Then the old address will stop receiving emails.

To ensure uninterrupted communication with us, please begin using [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com) immediately.