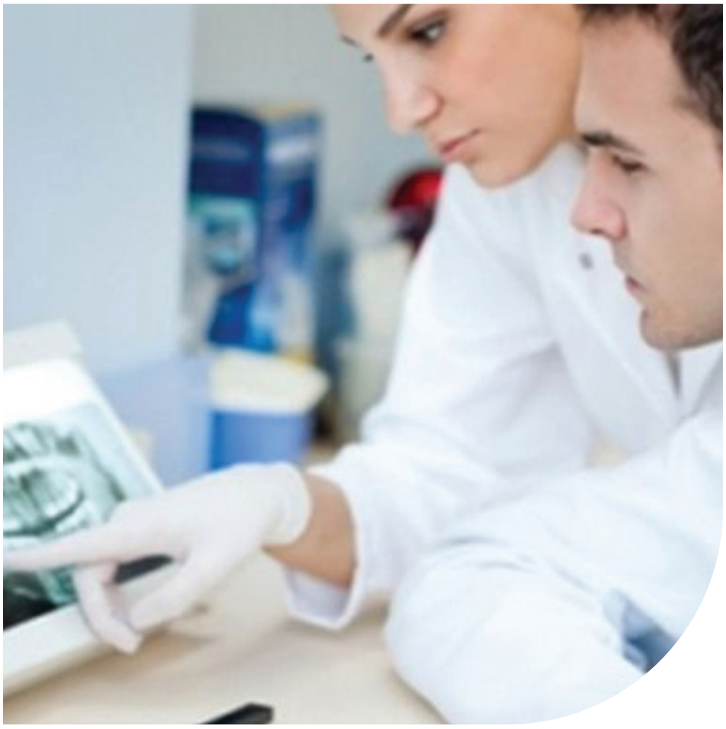
PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2021



In this issue

MCG Cite Guideline Transparency Tool Offers Medical Determination Transparency

What is Cite Guideline Transparency? MCG guidelines are proprietary to MCG and Molina is not able to distribute them without the permission of MCG. Cite Guideline Transparency is a tool offered through MCG that allows providers to view all MCG guidelines that Molina currently uses.

Access to Cite Guideline Transparency is available via the Molina Provider Portal and Availity Portal. Within both Portals providers will find a link to view the evidence-based criteria used to support member care decisions.

Molina has deployed the Transparency tool and it is now live. We are excited to offer this enhancement that will provide medical determination transparency to our provider partners.

MolinaHealthcare.com

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This Provider Newsletter is available to all network providers serving Molina Healthcare members.

Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, 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:

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

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 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 provider claims by using software to identify questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement. This includes investigating potential fraud, waste and abuse. 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 Services Representative.

"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, seven days per week. In addition, use the website to make a report at any time at: https://MolinaHealthcare.Alertline.com.

Suicide Prevention

Forty-five percent of individuals who die by suicide visit their primary care physician within a month before their death and 67% of those who attempt suicide receive medical attention as a result of their attempt (SAMHSA.gov).

In recognition of National Suicide Prevention Month, which occurred in September, Molina introduced an enterprise-wide Suicide Prevention Program—an organizational strategy to provide more awareness and education around preventing suicides.

To better support our network providers, Molina offers resources related to assessment and intervention for suicidal ideation through the bh_toolkit (molinahealthcare.com) , located on the provider pages of the MolinaHealthcare.com website.

Additionally, to support provider office staff, Molina has partnered with PsychHub, the world's most comprehensive multimedia platform for mental health education. We are excited to offer providers and provider office staff the opportunity to become a Certified Mental Health Ally. With the Mental Health Ally Certification, Molina can help equip staff with valuable tools and resources to support mental health in the provider offices and beyond. The Mental Health Ally Certification program is an eight-module training program now available to provider offices with the use of the Cohort Code. Through this course, you will learn about critical mental health topics and gain actionable skills to help others during difficult times.

To access the Mental Health Ally Certification Program and other PsychHub education resources, please visit https://lms.psychhub.com/ and create an account using Cohort Code: sGDcuXXmQXZEGsu.

Early 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 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 of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children; and
- 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.

2021-2022 Flu Season

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

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 expected to be available for the 2021–22 season.

Important 2021-2022 Updates from the Advisory Committee on Immunization Practices:

1. All seasonal influenza vaccines expected to be available for the 2021–22 season are quadrivalent, containing hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, one influenza B/Victoria lineage virus, and one influenza B/Yamagata lineage virus.
2. The composition of the 2021–22 U.S. seasonal influenza vaccines includes updates to the influenza A(H1N1)pdm09 and influenza A(H3N2) components. For the 2021–22 season, U.S.-licensed influenza vaccines will contain 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/Cambodia/e0826360/2020 (H3N2)-like virus; an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
3. One labeling change is described. In March 2021, FDA granted approval for the use of Flucelvax Quadrivalent (cell culture–based quadrivalent inactivated influenza vaccine [ccIIV4]) for children aged 2 through <4 years. Flucelvax Quadrivalent had previously been approved for persons aged ≥4 years; approval for those aged 4 through <18 years was based on immunogenicity data and required a post marketing efficacy study. The new approval is based on a randomized observer-blinded clinical efficacy study conducted among children aged 2 through <18 years over three seasons, in which Flucelvax Quadrivalent demonstrated efficacy against laboratory-confirmed influenza of 54.6% (95% confidence interval [CI] = 45.7%–62.1%) compared with a noninfluenza control vaccine. Flucelvax Quadrivalent is now approved for persons aged ≥2 years (21).
4. Guidance regarding administration of influenza vaccines with other vaccines has been updated to reflect consideration for COVID-19 vaccination, which is expected to continue in the United States before and during the 2021–22 influenza season. Current guidance for the use of COVID-19 vaccines indicates that these vaccines can be coadministered with other vaccines, including influenza vaccines. Providers should consult current COVID-19 vaccine recommendations and guidance for up-to-date information. ACIP recommendations for the use of COVID-19 vaccines are available at https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html. Interim clinical guidance for the use of COVID-19 vaccines is available at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html These pages should be checked periodically for updated information.
5. Guidance concerning timing of vaccination has been modified. Women in the third trimester of pregnancy may now be considered for vaccination soon after the vaccine is available. As in previous seasons, children who need 2 doses of influenza vaccine administered ≥4 weeks apart (those aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥2 doses) are recommended to receive the first dose as soon as possible after vaccine becomes available. For nonpregnant adults, early vaccination (i.e., in July and August) should be avoided unless there is concern that later vaccination might not be possible.
6. Contraindications and precautions to the use of ccIIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is

a precaution to use of ccIIV4. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency is a precaution to use of RIV4. Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction. For ccIIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency or any of component of ccIIV4 is a contraindication to future use of ccIIV4. For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency or any component of RIV4 is a contraindication to future use of RIV4.For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2021-2022 flu season, please visit the Centers for Disease Control and Prevention at https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.