

PROVIDER NEWSLETTER

A newsletter for Senior Whole Health Providers

Fourth Quarter 2022



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Get Automatic Approval for Advanced Imaging Prior Authorization Requests

Senior Whole Health of New York has partnered with MCG health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

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 Senior Whole Health of New York providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Senior Whole Health of New York's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at SWHNY.com.

How to Access and Learning More

Cite AutoAuth can be accessed via the [Avality Essentials portal](#) in the Senior Whole Health of New York's 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, existing fax/phone/email processes are also available.

New PsychHub Course Available, Offers CEUs

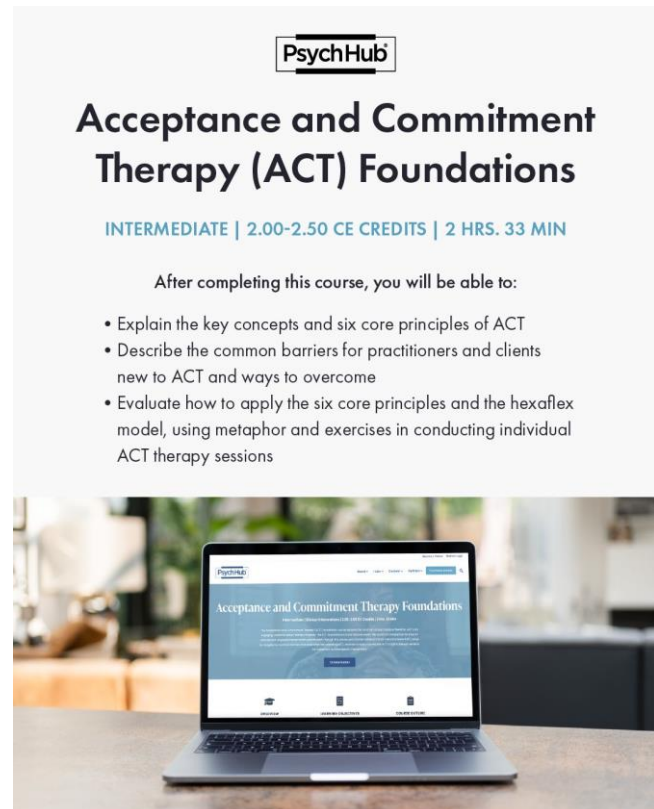
Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations.

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? Senior Whole Health of New York network providers can access this and other courses that offer CEUs on the PsychHub platform by clicking this link:

<https://app.psychhub.com/signup/molina-mhp/>



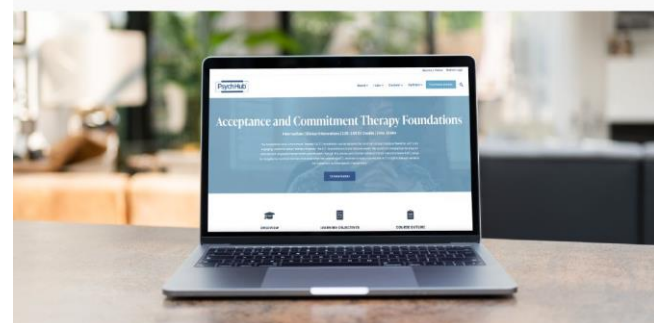
PsychHub

Acceptance and Commitment Therapy (ACT) Foundations

INTERMEDIATE | 2.00-2.50 CE CREDITS | 2 HRS. 33 MIN

After completing this course, you will be able to:

- Explain the key concepts and six core principles of ACT
- Describe the common barriers for practitioners and clients new to ACT and ways to overcome
- Evaluate how to apply the six core principles and the hexaflex model, using metaphor and exercises in conducting individual ACT therapy sessions



Model of Care Training is Underway

Senior Whole Health of New York is actively reaching out to providers who are required to complete the 2022 Model of Care training. In accordance with Centers for Medicaid and Medicare Services (CMS) requirements, Senior Whole Health of New York PCPs and key high-volume specialists including Cardiologist, Endocrinologist and Gastroenterologist must complete Senior Whole Health of New York's Model of Care training each year. This quick training will describe how Senior Whole Health of New York and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If not already completed, please take this training now, and return the Attestation Form to us no later than . The training is available at:

<https://www.molinahealthcare.com/providers/ny/swh/comm/training.aspx>.

If you have additional questions, please contact your local Senior Whole Health Provider Services Representative at SWHNY-Provider Relations NY <SWHNY-ProviderRel-NY@MolinaHealthCare.Com

Our 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. Senior Whole Health by Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Our 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 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 SWHNY-Provider Relations NY <SWHNY-ProviderRel-NY@MolinaHealthCare.Com.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the 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."

We appreciate 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 website to make a report at any time at:

<https://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 for 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 are 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, experience of the manufacturer, and patient or prescriber adoption.

Senior Whole Health of New York 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:

<https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

<https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf>

<https://www.rheumatology.org/portals/0/files/biosimilars-position-statement.pdf>

https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf

Balance Billing



Balance billing Senior Whole Health of New York 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 Senior Whole Health of New York member be liable to the provider

for any sums owed that are the legal obligation of Senior Whole Health of New York to the provider.

Examples of balance billing include:

1. Holding members who are dually eligible for Medicaid and Medicare liable for Medicare Part A and B cost sharing.
2. Requiring Senior Whole Health of New York members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees.
3. Charging Senior Whole Health of New York members fees for covered services beyond copayments, deductibles, or coinsurance.

2022-2023 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 2022–23 season.

Important 2022-2023 Updates from the Advisory Committee on Immunization Practices:

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 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

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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 <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

Senior Whole Health of NY 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.

Clinical Policy Updates Highlights from Third Quarter 2022

Molina Clinical Policies (MCPs) are located at 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)