



Provider Newsletter

For Molina Healthcare of Arizona, 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 gastroenterology, rheumatologist, and cardiologists 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 30, 2024.

If you have any additional questions, please contact your local Molina Provider Relations representative at MCCAZ-Provider@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.

Additional information and training regarding Molina’s EPSDT program are available in the Molina Provider Manual and online at [here](#).

Providers seeing EPSDT-aged individuals are required to adhere to the AHCCCS EPSDT Periodicity Schedule ([AMPM Policy 430, Attachment A](#)) and the Dental Periodicity Schedule ([AMPM Policy 431, Attachment A](#)).

Screenings included in EPSDT care include:

- Comprehensive history
- Developmental/behavioral health screening
- Comprehensive, unclothed physical examination
- Appropriate vision testing
- Hearing testing
- Laboratory tests, such as blood lead testing
- Dental screenings
- Immunizations

EPSDT providers must document immunizations in the Arizona State Immunization Information System (ASIS) and enroll every year in the Vaccine for Children program.

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 [MolinaHealthcare.com/providers/az/medicaid/manual/medical.aspx](https://www.molinahealthcare.com/providers/az/medicaid/manual/medical.aspx).



Quality Improvement Program (QIP) overview

Molina's Quality Improvement Program (QIP) is dedicated to enhancing health care outcomes by focusing on key HEDIS® measures, such as Well-Child Visits (WCV), Cervical Cancer Screenings (CCS), Childhood Immunization Status (CIS) and Oral Evaluation (OEV) measures for dental care. By improving performance in these areas, Molina aims to ensure patient care and comprehensive preventive services across medical and dental health.

New initiatives and focus areas

In the fourth quarter, Molina is launching several **new initiatives**:

- **Outcome tracking:** We are asking provider groups to introduce a centralized workbook to track patient outcomes for all measures, including dental **OEV**, allowing us to monitor real-time progress and target areas for improvement.
- **Flu vaccinations:** Special attention will be given to increasing **flu vaccination rates** during the season, ensuring vulnerable populations receive necessary protection.
- **Supplemental data:** A continued focus will be on gathering and incorporating **supplemental data** to ensure the accuracy of performance metrics for HEDIS® measures, including those tied to dental care like **(OEV)**.
 - If you haven't done so already, please allow Molina access to your EMR system, or collaborate with our network/IT department to set up an SFTP pathway to facilitate secure data sharing. This will ensure timely and accurate data exchange, supporting our joint efforts to improve care coordination and quality outcomes. If you need assistance, our network team is available to guide you through the setup process.
 - You may also submit supplemental data/records through Availity and our CDA team email MHI-AZ-HEDIS@MolinaHealthcare.com to ensure proper documentation and close gaps in care more efficiently.

Additional considerations for the final quarter

1. **Chronic disease management:** We encourage providers to focus on members with chronic conditions like hypertension and diabetes. Reminding providers about controlling high blood pressure (CBP) and ensuring patients complete A1c screenings will help improve outcomes in these areas as we make a final push for the year.
2. **Follow-up after hospitalizations and ED visits:** Timely follow-up after hospitalizations and ED visits is critical to reducing **Potentially Preventable Readmissions (PCR)** and improving follow-up rates for mental health, medical and substance use visits. Adding a reminder to schedule these follow-up visits can help us meet these goals.
3. **Pay-for-quality:** By linking gap closure and HEDIS® performance to potential financial gains, providers can see this as a win-win, further driving engagement and improving outcomes in the final quarter.

Tips & best practices

Molina would like to remind our providers on tips to improve performance across all key measures, including dental:

- **Early scheduling:** Schedule well-child visits (WCVs), dental evaluations (OEV), and screenings well ahead of deadlines to ensure compliance and avoid last-minute delays.
- **Patient outreach:** Use patient portals, calls and reminders to ensure patients are aware of their appointments, vaccinations and oral evaluations.
- **EMR optimization:** Ensure all data is correctly entered into EMR systems for seamless data retrieval and to avoid gaps in reporting.

Provider role in achieving QIP goals

Providers, both medical and dental, are essential to the success of the QIP. Your role in patient engagement, preventive care and accurate data reporting is critical. To support provider efforts, we host webinars every six weeks, focused on new initiatives, best practices and strategies to improve HEDIS® measures, including the dental **OEV** measure. Consistent participation in these webinars ensure alignment in our quality improvement efforts, driving better patient outcomes across medical and dental care.

Quality management

Incident, accident and death (IAD) reporting and timeliness requirements

Molina requires all providers to have a reporting mechanism in place for incident, accident or death (IAD) events reporting to Molina quality management (QM), regardless of primary or secondary insurance.

Sentinel events

Sentinel IADs shall be submitted by the provider into the AHCCCS QM portal within one (1) business day of the occurrence or within one (1) business day of becoming aware of the occurrence.

Non-sentinel events

All non-sentinel IADs shall be submitted into the AHCCCS QM portal within two (2) business days of the occurrence or within two (2) business days of notification to the provider of the occurrence.

Providers are to report sentinel and non-sentinel events to Molina QM via the AHCCCS QM portal immediately upon provider and provider staff becoming aware of a member's incident.

*For a list of all sentinel and non-sentinel reportable events, see AMPM Policy 961.

There are several ways to notify Molina Quality Management of reportable or sentinel events:

- AHCCCS QM portal
- Email: MCCAZ-QOC@MolinaHealthcare.com
- Member's case manager, if applicable
- **Member Services: (800) 424-5891**

AHCCCS Quality Management System (QMS) Portal Review & Policy Guidance

- AHCCCS portal: www.qmportal.azahcccs.gov/Default.aspx
- Incident, Accident, and Death Reporting Guide: www.qmportal.azahcccs.gov/UserGuides/QuickStart_IAD_Report_Submit.pdf

Reporting and monitoring of seclusion and restraint (SAR)

Molina requires all providers to have a reporting mechanism in place for reporting seclusion and/or restraint events to Molina QM, regardless of primary or secondary insurance.

Molina QM SAR timeliness requirements:

SAR events

- Within five (5) business days of a SAR event, submit Attachment A to MCCAZ-QOC@MolinaHealthcare.com
- Any seclusion and/or restraint events resulting in injury or complications requiring medical attention must be reported as an IAD to Molina QM via the AHCCCS QM portal within 24 hours of the incident.

Monthly SAR reporting

- Molina QM has fully reinstated the requirement for monthly SAR reporting by day five of each month.
- If you need a copy of the SAR monthly reporting form, and/or have any questions involving SAR reporting, please contact Molina Quality Management at MCCAZ-QOC@MolinaHealthcare.com.



Accessing services for Autism Spectrum Disorder

Molina aims to ensure the availability and provision of services to our members diagnosed with, or at risk of, Autism Spectrum Disorder (ASD), by informing all referring providers, including PCPs and pediatricians, on how to help members access these specialized ASD diagnosing providers.

Southwest Autism Center of Excellence (SACE), a program of Southwest Behavioral & Health Services, serves as Molina's Center of Excellence for any of our members with, or at risk of, ASD. SACE offers functional behavioral assessments, focused applied behavioral analysis and therapeutic and social groups. Providers can refer members by visiting [SACE's website](#) or by calling **(602) 388-1700**. Members can also self-refer to SACE and any other in-network ASD provider.

While Molina encourages members and providers to consider seeking treatment from our preferred providers, we also value member voice and choice to receive care from the provider that is the best fit for them. Molina maintains an updated list of ASD diagnosing and treating providers that can be found on our member-facing website under Helpful Resources. Members and providers are encouraged to use this list as a resource to identify a provider who can best assist the member.

