

Provider Newsletter

FOR MOLINA HEALTHCARE PROVIDERS



In this issue

- 1** Model of Care training is underway
- 1** 2023-24 flu season
- 4** NovoLog® (insulin aspart) removed from Molina Medicare formularies for 2024
- 5** Early and Periodic Screening, Diagnostic, and Treatment program
- 6** Molina's Special Investigation Unit
- 7** Suicide prevention awareness
- 8** Clinical policy update highlights from third quarter 2023
- 8** Provider Manual updates

Model of Care training is underway

Molina Healthcare of Nevada is actively reaching out to providers who are required to complete the 2023 Model of Care training. In accordance with Centers for Medicare & Medicaid Services (CMS) requirements, Molina primary care providers (PCPs) and key high-volume specialists – including cardiology, hematology and oncology must complete our Model of Care training on an annual basis.

This training will describe how Molina and providers work together to deliver coordinated care and case management to members with Medicare **and** Medicaid successfully.

If you haven't completed this training, please take it immediately and return the attestation form to us no later than December 31, 2023. The training is available online at MolinaHealthcare.com/Providers/Common/Medicare/~media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.

You may submit your signed training attestation by clicking the submit button on the web page or emailing NVProviderRelations@MolinaHealthcare.com.

If you have additional questions, please contact your local Provider Services representative at **(833) 685-2103**.

2023-24 flu season

The Advisory Committee on Immunization Practices (ACIP) continues its recommended annual influenza vaccinations for **everyone** at least six months of age and older who do not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of serious flu-related complications or because they live with or care for people with an increased risk of developing flu-related complications.

As stated in the August 2023 ACIP report, **all** seasonal flu vaccinations expected to be available in the United States for the 2023-24 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. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) are also expected to be available.

Other 2023-24 vaccination recommendations

- Vaccinations were first available in September-October for those people who needed only a single dose of influenza vaccine for the season. However, vaccination should continue after October and throughout the season as long as influenza is circulating and unexpired vaccines are available.
- ACIP makes preferential recommendations for a specific vaccine for those 65 and older, those with immunocompromised conditions and some chronic medical conditions who cannot receive live attenuated viral vaccines. Please talk with your patients about the right vaccinations for them.
- ACIP recommends that adults 65 years of age and older preferentially receive any of the following higher-dose or adjuvanted influenza vaccines: Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4) or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these vaccines are available for administration, any other age-appropriate influenza vaccine should be used.

Updates included in 2023-24 ACIP report

- ACIP 2023/2024 recommendations include changes to the composition of 2023-2024 United States seasonal influenza vaccines related to the influenza (H1N1)pdm09 component.
- U.S.-licensed influenza vaccines will contain HA derived from:
 - a. An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines).
 - b. 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 and recombinant vaccines).
 - c. An influenza B/Austria/1359417/2021 (Victoria lineage)-like virus.
 - d. An influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus and updated recommendations regarding influenza vaccination for persons with an egg allergy.
- ACIP recommends that everyone six months or older with an egg allergy receive an influenza vaccine. Any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for the recipient's age and health status can be used.
- ACIP no longer recommends that persons who have had an allergic reaction to eggs involving symptoms other than urticaria be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider. An egg allergy alone does not necessitate additional safety measures for flu vaccination beyond those recommended for any vaccine recipient. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

For a complete copy of ACIP recommendations and updates for information on flu vaccine options for the 2023-24 flu season, please review the report online at [cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

Molina will cover the following flu vaccines during the 2023-24 flu season:

- Injectable seasonal influenza vaccine (Quadrivalent), available from August to April or per state requirements.
- Intranasal seasonal influenza vaccine (FluMist), available from August to April or per state requirements.
- Intradermal influenza vaccine quadrivalent (short needle) and Flublok, available from August to April or per state requirements.
- Injectable seasonal influenza (high-dose) vaccine, available from August to April or per state requirements for members aged 65 and older.



NovoLog® (insulin aspart) removed from Molina Medicare formularies for 2024

NovoLog® (insulin aspart) will be a non-formulary product on the Molina Medicare formulary for 2024. Two different preferred alternatives for rapid-acting insulins, Fiasp and ADMELOG® will be added for 2024. Fiasp® contains the same active ingredient as NovoLog® (insulin aspart). There is a 1:1 dosing conversion for patients already on NovoLog®. One difference between these two insulin aspart brands is the timing of administration. Fiasp® is given at the start of a meal or within 20 minutes afterward, whereas NovoLog® is given 5-10 minutes before a meal.



ADMELOG® contains the same active ingredient as Humalog® (insulin lispro).

Humalog® is not available on the formulary and is non-preferred. Both ADMELOG® and Humalog® are injected within 15 minutes before or immediately after a meal. Below are details of the specific products that will be available on the formulary for 2024. You may begin to transition members to these two new formulations starting December 2023, as they will be added to the formulary early to allow members enough time to transition to these two new products.

Please contact our Medicare pharmacy department if you have any questions at [\(800\) 665-3086](tel:8006653086).

Medicare 2024 formulary rapid-acting insulins

Formulary	Non-formulary
Fiasp® (insulin aspart) NovoLog® (insulin aspart) Fiasp® 3 mL PenFill Cartridge, 100 U/mL Fiasp® 3 mL FlexTouch Pre-Filled Pen, 100 U/mL Fiasp® 10 mL vial, 10 U/mL, 100 U/mL	NovoLog® (insulin aspart)
ADMELOG® (insulin lispro) Humalog® (insulin lispro) ADMELOG® 3 mL and 10 mL vial, 100 U/mL ADMELOG® 3 mL Solostar Pen, 100 U/mL	Humalog® (insulin lispro)

Balance billing

Providers are prohibited from balance billing Molina members for covered services 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.

Nevada Medicaid beneficiaries may not be billed for any balance as there is no copayment, coinsurance or deductible amount for Medicaid beneficiaries.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any payment owed that is Molina's legal obligation.

Examples of balance billing include:

1. Holding members who are dually eligible for Medicare and Medicaid 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
3. Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance

Early and Periodic Screening, Diagnosis, and Treatment program

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, 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 comprised of screening, diagnostic and treatment services, and all providers serving EPSDT-eligible members are required to:

- Inform all Medicaid-eligible individuals under 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's 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.

Molina'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 – are lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for those who need it most. 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 other MCOs in our industry, Molina Healthcare 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 1,600 algorithms to identify billing outliers and patterns, over- and under-utilization and other aberrant billing behaviors. 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 to track provider compliance within correct coding, billing and the providers' contractual agreement.

As a result, providers might 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, Molina Vice President of Payment Integrity, 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 a day, 7 days a week. You can also file a report online at MolinaHealthcare.Alertline.com.

Suicide prevention awareness

Suicide prevention is everyone's

business. Suicide is the 12th leading cause of death in the U.S., but it is preventable. Suicide prevention awareness aims to increase the understanding of suicide risk factors, decrease the stigma of talking about suicide and works toward reducing the number of suicides to zero.

We can all work together in our communities to educate ourselves about suicide prevention strategies and have a dramatic impact on the number of lives saved. Molina offers providers free access to PsychHub – a digital behavioral health education platform – which offers courses on behavioral health topics, including suicide. Courses include a suicide prevention series on:



- CBT for Reducing Suicide Risk (2.75-3.00 CE credits)
- Collaborative Assessment and Management of Suicidality (3.25-4.25 CE credits)
- Counseling on Access to Lethal Means (1.50-2.25 CE credits)
- Suicidal Behavior Competency (1.00 CE credit)

To create your free PsychHub account, please visit resources.psychhub.com/molina, select **Molina Provider** and follow the prompts to create an account.

National depression and mental health screening

Molina encourages providers to proactively screen for depression via the use of the PHQ-2 and PHQ-9 to promote early identification and intervention for members at risk of depression and suicide. In addition to offering providers access to the PsychHub education platform, Molina has also developed a behavioral health toolkit for providers, which includes a chapter on depression screening and follow-up, as well as chapters on recommended screening, assessments and interventions for other behavioral health conditions. You can access the toolkit online at MolinaHealthcare.com/Providers/Common/Medicaid/BH_Toolkit/BH_Toolkit.aspx.

Clinical policy update highlights from third quarter 2023

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). The policies are used by providers, 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 following new policies were approved:

- MCP-443: Fractional Laser Treatment of Traumatic and Burn Scars

The following policies were revised:

- MCP-124: 3D Interpretation and Reporting of Imaging Studies
- MCP-406: Enteral Nutrition
- MCP-245: Heart Transplantation with Total Artificial Heart
- MCP-272: Hematopoietic Stem Cell Transplantation for Ewings Sarcoma
- MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders
- MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis
- MCP-193: Hematopoietic Stem Cell Transplantation for Neuroblastoma
- MCP-309: Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndrome_MDS
- MCP-194: Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia
- MCP-121: Inhaled Nitric Oxide iNO for Neonatal Hypoxic Respiratory Failure
- MCP-115: Lung Transplantation
- MCP-117: Small Bowel Mult visceral Transplantation

The following policies have been retired and are no longer available on the website:

- MCP-234: Bioimpedence Analysis for Lymphedema Assessment
- MCP-243: Gastrointestinal Electrical Stimulation for GES for Obesity
- MCP-134: Therapeutic Apheresis

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the current Provider Manual online for [Medicaid](#) or [Medicare](#).