

Provider Bulletin

Molina Healthcare of New Mexico, Inc.

May 24, 2024

Network services update

Please join us in welcoming Christi LaPlante, our new Director of Provider Relations, to Molina Healthcare of New Mexico, Inc. network team. Christi brings over thirty years of experience in provider relations, contracting, customer service, claims, and appeals/grievances.

Save the Date: Turquoise Care Provider Training

Below are the dates and locations for the upcoming onsite trainings that will be offered statewide in the month of June. These sessions will be offered before the Medicaid Turquoise Care go-live date of **July 1, 2024**. To register, please click on the RSVP link below. We look forward to seeing you there!

Date	Time	City	Location
June 14, 2024	1:00 PM	Albuquerque, NM	Molina Healthcare
June 17, 2024	1:00 PM	Farmington, NM	Farmington Civic Center
June 18, 2024	10:00 AM	Gallup, NM	University of New Mexico
June 19, 2024	10:00 AM	Las Cruces, NM	Courtyard by Marriott
June 21, 2024	1:00 PM	Santa Fe, NM	DoubleTree by Hilton
June 25, 2024	1:00 PM	Roswell, NM	Candlewood Suites
June 26, 2024	1:00 PM	Hobbs, NM	Fairfield by Marriott
June 27, 2024	10:00 AM	Clovis, NM	Fairfield Inn & Suites

RSVP: <https://molinahealthcare.surveymonkey.com/r/2024MedicaidAnnualTrainingRSVP>

Availity Essential is Molina's exclusive provider portal

Not registered with Availity Essentials?

If your organization has not yet registered for Availity Essentials and you are responsible for the registration, please visit availity.com/MolinaHealthcare.com and click the Register button.

Call Availity client services at (800) Availity (282-4548). Assistance is available Monday through Friday, 8 a.m.-8 p.m. ET.



You may also visit our Molina provider portal at:

Medicaid: ProviderPortal.Molinahealthcare.Medicaid

Marketplace: ProviderPortal.Molinahealthcare.Marketplace

Pharmacy update for Marketplace

2024 formulary changes, effective April 1, 2024

Drug name	Description of formulary change
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
FREESTYLE LIBRE 3 READER DEVICE	Add to formulary, Durable Medical Equipment (DME) cost sharing, with PA and QL
FREESTYLE LIBRE 3 SENSOR	Add to formulary, Durable Medical Equipment (DME) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
NARCAN NASAL LIQUID 4 MG/0.1ML OTC	Add to formulary, Generic Tier (1) cost-sharing
OXANDROLONE ORAL TABLET 2.5 MG	Remove from formulary, FDA removed from market Please contact your doctor
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Add to formulary, Specialty Tier (5) cost sharing, with PA and QL

PA= Prior Authorization; QL= Quantity Limits; ST= Step Therapy INF= \$0 cost-sharing when prescribed for certain infections BH- \$0 cost-sharing when prescribed for mental or behavioral health.

Human papillomavirus prevention

You and your team can lead our communities in preventing human papillomavirus (HPV)-associated cancer. The HPV vaccine is licensed for children starting as early as nine years of age; a two-dose series is recommended before the 13th birthday. Researchers have documented a 71% drop in HPV infections among teen girls since the vaccine was licensed in 2006.

Strategies for improvement:

- Ensure the first HPV dose is given by age 10-11 to ensure all doses are completed by the 13th birthday
- Remind patients during visits about the vaccinations
- Utilize the Electronic Health Record (EHR) for provider prompts and patient portal reminders
- Ensure standing orders for HPV vaccine in appropriate age groups
- Identify a practice vaccination champion and track results

Your voice matters! A patient who receives a provider's recommendation for an HPV vaccine is four to five times more likely to get the vaccine! For more information and resources for clinicians, please visit:

- <https://www.cdc.gov/hpv/hcp/educational-materials.html#office>
- <https://hpvroundtable.org/>
- [Cervical Health Awareness Month – NCCC \(nccc-online.org\)](http://nccc-online.org)

Screening for diabetic retinopathy – codes for diabetes measure improvement

Patients with diabetes are at increased risk for diabetic retinopathy, a condition that causes loss of eyesight. Older adults with chronic disease report worse health and quality of life outcomes when the chronic disease is paired with vision loss cdc.gov/visionhealth/living/index.html. Early identification of retinal vasculature change helps maintain glycemic and blood pressure control, which can help preserve vision for patients with diabetes.



The HEDIS® Eye Exam for Patients with Diabetes (EED) measure evaluates the percentage of adults with diabetes (type 1 and 2) who have received a retinal or dilated eye exam during the current year. However, members who screened negative for retinopathy in the prior year are considered low risk. When negative eye exam result information is noted, these members only need an eye exam **every other year** to meet measure specifications. Recent coding changes enable the identification of members at low risk by using the American Medical Association (AMA)-developed CPT Category II codes. Utilizing these zero-dollar codes in conjunction with standard CPT codes decreases the need for chart review to identify low-risk patients.

The following codes can now be used on claims to report eye exams **without evidence of retinopathy**:

2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed without evidence of retinopathy (DM)
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed without evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photo results documented and reviewed without evidence of retinopathy (DM)

CPT-II codes can be billed by any provider type (e.g., eye specialist billing the service OR the PCP after receipt of patient eye exam results) at any time during the measurement year.

Learn more about diabetic retinopathy at CMS.gov ([Diabetic Retinopathy – CMS](#))

CPT copyright 2021 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Provider gallery

Our provider gallery highlights our network providers and the services they provide. If you're interested in sharing news about your practice or facility, please submit your request directly to MHNM.ProviderServices@MolinaHealthcare.com, and our communications representative will contact you. We will feature your practice or facility in a future provider bulletin.

Reminder: Notify us of any changes

We must know about any changes to your practice, such as new addresses or phone numbers as soon as possible. We need to be informed of demographic changes to ensure the accuracy of our provider directory and systems and the mailing of checks and correspondences to the correct location.



Additionally, members must be notified of any address change before an appointment. For changes like PCP termination, provider affiliation and reassignment to a new PCP, CMS requires that we send a written notice or call the member at least 30 calendar days before the effective date of the change. So, if you move to a new location, contract with a new medical group or retire, you must give us proper written notice so we can make the necessary changes and have time to notify affected members. This will help us ensure payment is not disrupted. It also prevents you from having to go through the recredentialing process.

In addition, Molina is implementing a new process change for initial credentialing submissions. The submission will be denied if an email address is not included on the provider information forms. Before submitting, please ensure an email address is provided on the initial credentialing request.

Helpful resources

Molina provider websites:

- [Marketplace](#)
- [Medicaid](#)

Please email your general inquiries to MHNM.ProviderServices@MolinaHealthcare.com, and they will be routed to the appropriate individual.

Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community!