

Provider Newsletter

FOR SENIOR WHOLE HEALTH BY 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** Save your HUMIRA® patients money by switching to a HUMIRA® biosimilar
- 7** Molina's Special Investigation Unit
- 8** Suicide prevention awareness
- 9** Clinical policy update highlights from third quarter 2023
- 11** Clinical Practice and Preventive Health Guidelines update
- 12** SWH quality updates
- 14** Availity Essentials provider portal
- 14** Prior authorization modernization efforts
- 15** Provider EOP and 835 enhancements
- 15** Provider Manual updates

Model of Care training is underway

Senior Whole Health (SWH) 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, SWH primary care providers (PCPs) and key high-volume specialists – including cardiology, hematology/oncology, and psychiatry must complete our Model of Care training annually.

This brief training will describe how SWH 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 12/31/23. The training is available online at

MolinaHealthcare.com/Providers/MA/SWH/Resources/Training.aspx

If you have additional questions, please contact your local Provider Services representative at **(855) 838-7999** or SWHProviderRelations@MolinaHealthcare.com

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

- For most people who only need one dose of influenza vaccine for the season, vaccination should be offered in September or October. 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).

SWH 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**.

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 SWH 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.

Providers agree that under no circumstance shall a SWH member be liable to the provider for any payment owed that is SWH'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 SWH members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees
3. Charging SWH members fees for covered services beyond copayments, deductibles or coinsurance

Save your HUMIRA® patients money by switching to a HUMIRA® biosimilar

In July 2023, several biosimilars for HUMIRA® (adalimumab) were made available to patients in the U.S. Drug lists for SWH plans offered on the health care exchange (i.e., Marketplace/Commercial) were updated on October 1, 2023 to include coverage for HADLIMA™ and HYRIMOZ® by Cordavis/Sanofi, with prior authorization. SWH's exchange plans will continue to cover HUMIRA® in 2023 and 2024.

HADLIMA™ has a high-concentration formulation available and a low-concentration formulation, so please indicate on the prescription the one that is appropriate for the member.

Most of the biosimilars launching this year are HUMIRA®'s previous low-concentration version of the drug. HADLIMIA™ has a low- and high-concentration formulation available, so be sure you indicate the correct concentration when prescribing. Many of the available biosimilars are not the same concentration as the current HUMIRA® product because of a change the manufacturer made a few years ago when they made a change to a high-concentration formula. If you are considering prescribing a HUMIRA® biosimilar for one of your patients, you should take into consideration the different versions of these covered products: HADLIMA™, HYRIMOZ® by Cordavis/Sanofi and AMJEVITA™.

The manufacturers of these biosimilars offer patient assistance programs to help with patient cost-sharing according to need.

Covered HUMIRA® biosimilar products for SWH's exchange plans starting October 1, 2023:

- HADLIMA® (adalimumab-bwvd) by Organon, citrate-free, in low- and high-concentration* formulations

Label name and strength	Non-proprietary name and strength
*HADLIMA® SOSY 40 mg/0.4 mL	adalimumab-bwvd soln. prefilled syringe 40 mg/0.4 mL
*HADLIMA® PushTouch SOAJ 40 mg/0.4 mL	adalimumab-bwvd soln. auto-injector 40 mg/0.4 mL
HADLIMA® SOSY 40 mg/0.8 mL	adalimumab-bwvd soln. prefilled syringe 40 mg/0.8 mL
HADLIMA® PushTouch SOAJ 40 mg/0.8 mL	adalimumab-bwvd soln. auto-injector 40 mg/0.8 mL

- HYRIMOZ® (Adalimumab-adaz) by Cordavis/Sanofi, citrate-free, low-concentration product

There are multiple formulations of HYRIMOZ® and its non-branded ingredient, adalimumab-adaz. The formulation covered is the maintenance formulation marketed in partnership between CVS Health’s Cordavis/Sanofi subsidiary and Sanofi.

- AMJETIVA™ (Adalimumab-atto) by Amgen, citrate-free, low-concentration product

The covered biosimilar formulations have labeled indications for the following conditions:

- Rheumatoid arthritis (RA)
- Juvenile idiopathic arthritis
- Psoriatic arthritis
- Ankylosing spondylitis
- Crohn’s disease
- Ulcerative colitis
- Plaque psoriasis

For general information about biosimilars and their approval process, please visit the FDA’s dedicated webpage on biosimilars at:

[fda.gov/drugs/therapeutic-biologics-applications-bla/ biosimilars](https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars).

SWH'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. SWH 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

SWH 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, SWH 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/ma/swh/resources/bh_toolkit/home.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-438: Adstiladrin (nadofaragene firadenovec-vncg)
- MCP-435: Omidirge (omidubicel-only)
- MCP-439: Vyjuvek (beremagene geperpavec)
- MCP-667: Xenoview (Xenon MRI) (MCP no. updated to 667 after meeting to reflect this is an Advanced Imaging policy)
- MCP-436: Elevidys (delandistrogene moxeparvovec-rokl)
- MCP-433: Roctavian (valoctocogene roxaparvovec)
- MCP-442: MISHA Knee Implant System
- MCP-441: Pancreatic Islet Cell Allotransplantation Lantidra (donislecel-jujn)
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
- MCP-437: Transcatheter Mitral Valve Implantation

The following policies were revised:

- MCP-118: Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
- MCP-188: Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
- MCP-187: Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)
- MCP-256: Hematopoietic Stem Cell Transplantation for Mucopolysaccharidoses Lysosomal Storage Disorders
- MCP-122: Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome
- MCP-283: Hematopoietic Stem Cell Transplantation for Wilms Tumor
- MCP-045: Kidney Transplantation
- MCP-017: Pancreas Transplantation Procedures
 - The above transplant policies were updated to clarify that an abnormal neurological exam does not always disqualify transplant, removed abnormal serology indications and indications for colonoscopy were updated to age 45 years.
- MCP-206: Virtual Bronchoscopy & Electromagnetic Navigational Bronchoscopy for Evaluation of Peripheral Pulmonary Lesions
 - Added electromagnetic bronchoscopy as medically necessary and added roboticassisted bronchoscopy as experimental/investigational/unproven.
- MCP-363: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA)
 - Updated coverage indications to include indications for eligible pediatric patients with Down syndrome.

- MCP-416: External Beam Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT
 - Removed the requirement for two DVH comparison plans and dose indications, comparison plans require a practice to create two plans instead of one.
 - For cervical and endometrial cancer, allowed fractions increased by three to include a commonly prescribed total fraction number.
 - Clarified that lymph node-positive rectal cancer is eligible for IMRT.
 - Clarified that the entire esophagus is eligible for IMRT.
 - Clarified that all pancreatic cancers are eligible for IMRT.
 - Added IMRT for stage I and II NSCLC with more than 10 fractions is not considered medically necessary.
- MCP-395: Kymriah (tisagenlecleucel)
 - Revised to include members with relapsed/ after two lines of standard chemotherapy.
- MCP-417: Neutron and Proton Beam Radiation Therapy Policy
 - Removed the need for IMRT vs. PBRT comparison study requirement.
- MCP-415: Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
 - Updated to include use as monotherapy.
- MCP-105: Provenge (sipuleucel-T)
 - Inclusions section rewritten.
- MCP-423: Topical and Intralesional Therapies
 - Removed statements indicating that certain topical and intralesional therapies are preferred. Added indications for Levulan Kerastick (aminolevulinic acid hydrochloride),
- Klisyri (topical tirbanibulin).
 - Removed Photofrin for use as photodynamic therapy for actinic keratoses or cSCC in situ (Bowen’s disease); Tazorac and Aldara from treatment options for cutaneous T-cell lymphoma; Aldara, clobetasol propionate, Kenalog injection and Rituxan injection as treatment options for cutaneous B-cell lymphoma.
 - Removed Picato (discontinued).
- MCP-403: Abecma (idecabtagene vicleucel)
 - For multiple myeloma, added indication to clarify that members must have measurable disease or evidence of disease progression from the last line of therapy.
- MCP-655: Brain PET
 - Indication updated to read “monoclonal antibodies directed against aggregated forms of amyloid beta” instead of Aduhelm due to new drug availability.
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
 - Allogenic transplantation information was removed from the policy, and a cross-reference to new MCP on allogenic islet cell transplantation.
- MCP-662: Whole Body MRI and/or CT
 - Policy title updated, and indications updated to include whole body CT indications.

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

- MCP-638: Abdomen Pelvis CT/MHI-A-0013
- MCP-649: Breast MRI/MHI-A-0048
- MCP-633: Lower Extremity Knee MRI/MHI-A-0052
- MCP-633: Lower Extremity Ankle MRI/MHI-A-0045
- MCP-618: Lumbar Spine CT/MHI-A-0027
- MCP-663: Shoulder MRI/MHI-A-0056
- MCP-614: Chest MRI/MHI-A-0446
- MCP-157: Cell-free DNA Screening for Chromosomal
- Aneuploidy MCP-369: Facet Joint Allograft Implants for Facet
- Disease MCP-091: Pediatric Bariatric Surgery
- MCP-175: Transcatheter Aortic Valve Replacement

Clinical Practice and Preventive Health Guidelines — update to providers

Clinical Practice and Preventive Health guidelines are reviewed quarterly and made available to our providers in the Health Resources section on the Senior Whole Health website at MolinaHealthcare.com/Providers/MA/SWH/Home.aspx.

SWH asks that providers reference the recommended evidence-based practice guidelines to support the care of our members. You can find information on recent updates for guidelines by clicking on the links below. Guidelines with recent updates include the following:

Clinical Practice Guidelines – updates:

- **Post-traumatic Stress Disorder & Acute Stress Disorder from the Department of Veterans Affairs and Department of Defense**

Preventive Health Guidelines – updates:

- **Anxiety Disorders in Adults: Screening from US Preventive Services Task Force**
- **Depression and Suicide Risk in Adults: Screening from US Preventive Services Task Force**
- **Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication from US Preventive Services Task Force**

Please contact your SWH Provider Services account manager with questions about the resources located on our website.



Closing gaps in care

The quality team at Senior Whole Health focuses on improving members' care through various ongoing projects and initiatives. We appreciate the partnership with our network providers. Current projects aim to close care gaps by working with network providers and members to schedule needed health screenings. We'd like to ask that our network providers review members on your panel to ensure they are scheduled for screenings that may be due before the end of the year. Some of the areas we are focused on may include:

- Annual diabetic eye exams
- Breast cancer screenings
- Colorectal cancer screening
- Controlled blood pressure
- HbA1c control
- Medication reconciliations
- Osteoporosis management in women with a fracture
- Preventive/ambulatory care visits
- Reducing hospital readmissions

Thank you for your care of our members.

Flu and COVID-19 vaccinations

Senior Whole Health is working to improve flu and COVID-19 vaccination rates among our members. We ask that providers work with their patients to promote vaccination early in the season. SWH is currently working to schedule vaccination clinics in communities where our members live by working with local pharmacies and resident service coordinators in our elderly housing units. We would appreciate your support in encouraging patients to attend vaccination clinics promoted in their buildings!

SWH offers our providers motivational interviewing (MI) training on the Availity portal. MI can help providers engage reluctant patients and improve their motivation to make positive changes. Please consider this valuable tool when working with patients who may exhibit vaccine hesitancy or refusal. The training can be found in the [Payer Spaces section on the Availity portal under the 'Resources' tab here](#).

You can find more information on how to register for an Availity account on our website located here: MolinaHealthcare.com/providers/ma/swh/resources/Availity.aspx

Thank you for your ongoing support for our members.

Performance Improvement Projects (PIP) update

Island Peer Review Organization (IPRO), the new external quality review organization (EQRO), has contracted with MassHealth and noted that the SWH Flu PIP and Transition of Care (TOC) interventions were complete with the September 2023 submission.

SWH implemented TOC interventions focused on medication reconciliation after discharge for the 2023-2024 reporting cycle. The interventions were developed to address member challenges after discharge. The focus of the interventions improved member communication with providers and the case management team to openly discuss their health and medications after discharge.

Controlling High Blood Pressure (CBP) is the new PIP topic for the 2023-2025 reporting cycle. The purpose of the interventions is to help educate members on the importance of controlling blood pressure and to encourage members to speak openly with their providers and case management team about their health. Be on the lookout for more information about our partnership with IPRO and these projects.

Availity Essentials portal

Availity Essentials is SWH's official secure provider portal for traditional (non-atypical) providers. Some of the core features available in Availity Essentials include eligibility & benefits, attachments, claim status, Smart claims and Payer Space (submit and check prior authorizations as well as appeal status and appeal/dispute).

Recent features released include a standalone claim appeals feature. Trainings are available via Get Trained on the Availity portal.

For more information on Availity visit MolinaHealthcare.com/providers/ma/swh/resources/Availity.aspx.

Prior authorization modernization: January 1, 2024

Our prior authorization (PA) modernization efforts have looked at the clinical benefit and value of all codes for which we have historically required PA. This comprehensive review has resulted in a large volume of codes being removed from the list this quarter. Our ultimate goal is to ensure that our members get the right care at the right place and at the right time. Additionally, this move will decrease administrative burden while still ensuring the delivery of high-quality health care.

PA requirements are reviewed on a quarterly basis and published via our PA Lookup Tool ("Look Up Tool"), with downloadable versions for quick reference. Please note that PA requirements for dually eligible members (Medicare and Medicaid beneficiaries) should be evaluated at the individual line of business. Please continue to use the PA Lookup Tool available on the website for the most up-to-date information.

Provider EOP and 835 enhancements

Senior Whole Health would like to provide some details regarding a forthcoming enhancement to the reporting of refunds received and displayed on your Explanation of Payment (EOP) and 835 files, as well as forwarding balances. This is effective for payments on or after November 28, 2023.

What is the change?

Currently, on your EOP and 835, refund amounts are combined as a bulk total for your payment with a reference ID of the payment checkhistoryID (CHKHST).

A forthcoming enhancement scheduled for November 28, 2023 will update these sections on the EOP and 835 to utilize a reference ID of the claim itself, allowing for clearer reporting of these transactions. The setup of utilizing WO/72 code types will remain.

The updates are:

- Reference ID on the EOP adjustment section will reflect the claimID for the transactions related to each refund posting, and no longer use the checkhistoryID.
- Changes to the PLB segment on the 835.
 - Items labeled as Provider Return/Refund credit will be reflected on your 835 as adjustment code type 72 with a reference ID of the claimID for each refund.
 - Items labeled as Overpayment Recovery will be reflected on your 835 as adjustment code type WO with a reference ID of the claimID for each refund.
 - This is our method of recording refunds received and will result in a net total of \$0.00 on your payment.

What do providers need to do?

Please review your EOP and 835's for payments issued on or after November 28, 2023 to ensure these new PLB segment adjustment types process accurately within your clearinghouse systems.

SWH is here to support you as well. If you have questions for SWH about this transition, please contact us at **(855) 838-7999** or **SWHProviderRelations@MolinaHealthcare.com**.

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 at

MolinaHealthcare.com/providers/ma/swh/resources/provider-materials.aspx. SWH will release the 2024 manual by the end of 2023.