

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2021



2022 Molina Marketplace “My Health Perks” is Coming!

Beginning on Jan. 1, 2022, all Molina Marketplace subscribers and dependents 18 years and older will be eligible for Molina’s new health and wellness program: My Health Perks. Besides providing access to a suite of interactive disease management programs and healthy lifestyle information, all eligible members will have the opportunity to earn a \$50 gift card upon completion of the following activities:

- Complete an annual routine wellness exam with their Primary Care Provider (PCP)
- Complete a Health Risk Assessment via the My Wellness tab on the My Molina portal

Members who complete both incentivized activities will be eligible for one physical or digital \$50 gift card, available from hundreds of vendors and brands, or the member may elect a standard, nondescript VISA gift card. Please encourage members to learn more about the My Health Perks program online via the My Wellness tab on the My Molina portal. Members can also contact Member Services for additional information.

Model of Care Training is Underway

Molina is actively reaching out to providers who are required to complete the 2021 Model of Care training.

In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, Molina PCPs and key high-volume specialists must complete Molina’s Model of Care training each year. The providers included in this training requirement are:

In This Issue

- [2022 Molina Marketplace “My Health Perks” is Coming! 1](#)
- [Model of Care Training is Underway.. 1](#)
- [MCG Cite Guideline Transparency Tool Offers Medicare Determination Transparency..... 2](#)
- [Balance Billing 3](#)
- [Molina’s Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse? 4](#)
- [New Products Under Medicare 4](#)
- [Suicide Prevention 5](#)
- [Early Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Program 6](#)
- [2021-2022 Flu Season 6](#)

- Primary Care Providers (all specialties for PCP)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Note: Providers only participating in the Medicaid, MyCare Ohio, and Marketplace Lines of Business do not need to complete this training.

This quick Model of Care training will describe how Molina and providers work together to successfully deliver coordinated care and care management to members.

If not already completed, please take the Model of Care training at this time, and return the [OH MOC Attestation Form](#) to Molina no later than Dec. 31, 2021. The [2021 Model of Care Provider Training](#) is available on the Medicare Provider Website under “Model of Care.”

New in 2021, individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the “Export to PDF” button on the Provider Website
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
 - Name of the provider giving the training
 - Clinic/Practice name
 - Clinic/Practice address
 - Tax Identification Number (TIN)
 - The method used to train office staff and providers
 - Date the office staff and providers were trained
 - Date the office staff and providers sign the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at [cms.gov](https://www.cms.gov) under “Regulations & Guidance” then “Manuals” and “Internet-Only Manuals (IOMs)” in the “CMS 100-16 Medicare Managed Care” then “Chapter 5 – Quality Assessment,” find “Section 20.2.1 – Model of Care Elements” then “3. SNP Provider Network” and “C. MOC Training for the Provider Network.”

If you have additional questions, please contact your local Molina Provider Services Team at OHProviderRelations@MolinaHealthcare.com.

MCG Cite Guideline Transparency Tool Offers Medical Determination Transparency

Molina is pleased to announce a partnership with MCG Health to implement Cite for Care Guideline Transparency.

What is Cite for Care Guideline Transparency? Cite for Care Guideline Transparency is a tool offered through MCG that allows providers to view all the MCG guidelines that Molina currently uses.

This tool operates as a secure extension of Molina's existing MCG tool and helps meet regulations around transparency for care delivery. Its benefits include, but are not limited to:

- Delivers industry-leading medical determination transparency
- Provides access to MCG clinical evidence that Molina uses to support member care decisions
- Ensures easy and flexible access via secure web access

Access to Cite for Care Guideline Transparency is available via the Molina Provider Portal and Availity Portal. Within both Portals providers will find a link to view the evidence-based criteria used to support member care decisions.

Molina is excited to offer this enhancement which will provide medical determination transparency to our provider partners.



Molina Healthcare, Inc. Guidelines

- ▶ Ambulatory Care
- ▶ Behavioral Health Care
- ▶ General Recovery Care
- ▶ Home Care
- ▶ Inpatient & Surgical Care
- ▶ Recovery Facility Care

MCG Health
Copyright © 2021 MCG Health, LLC
Version: 3.1.0.156

MCG Cite for Care Guideline Transparency will not affect the process for notifying Molina of admissions or for seeking Prior Authorization approval. For additional information visit the MCG website at mcg.com or call (888) 464-4746.

Balance Billing

Balance billing Molina members for covered services is prohibited other than for 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 Molina member be liable to the provider for any sums owed that are the legal obligation of Molina to the provider. Examples of balance billing include:

- Holding the Molina Dual Eligible Special Needs Plan (D-SNP) member liable for Medicare Part A and B cost sharing
- Requiring a Molina member to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees



- Charging a Molina member a fee for covered services beyond copayments, deductibles, or coinsurance

Molina's 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. Molina, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

You and the SIU:

The SIU analyzes provider claims by using software to identify questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement. This includes investigating potential fraud, waste and abuse. As a result, providers may receive a notice from the SIU if they have been identified as having outlier claims 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 the SIU team using the number provided in the notice.

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

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 per day, seven days per week. In addition, use the service's website to make a report at any time at: MolinaHealthcare.Alertline.com.

New Products Under Medicare

Molina's Medicare Advantage product offerings are growing in Ohio, and Molina is excited to share the latest Medicare Market Information. Molina continues to expand our portfolio to include a broader scope of Medicare beneficiaries including those currently in Molina's Medicare Advantage footprint, aging into Medicare from Marketplace, or another special election period.

Click on the [2022 Ohio Fact Sheet](#) to see the new product offerings in your area and let Molina know if you'd like to learn more. Molina continues to strive



to provide a better member experience by offering more innovative benefits and designing products that align with the member needs for Medicaid and Marketplace as well.

Suicide Prevention

Forty-five percent of individuals who die by suicide visit their PCP within a month of their death, and 67 percent of those who attempt suicide receive medical attention as a result of their suicide attempt ([SAMHSA.gov](https://www.samhsa.gov)).

In recognition of National Suicide Prevention Month, which occurred in September, Molina has introduced an enterprise-wide Suicide Prevention Program; an organizational strategy to provide additional awareness and education around preventing suicide.

To better support our network providers, Molina offers resources related to assessment and intervention for suicidal ideation through the [Behavioral Health Toolkit](#), located on the Provider Website at MolinaHealthcare.com.

PsychHub:

To support provider office staff, Molina has partnered with PsychHub, the world's most comprehensive multimedia platform for mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care.

Although helpful to all our providers, this new resource may offer the greatest benefit to both PCP and Community Behavioral Health Center (CBHC) providers.

Molina members and providers now have access to PsychHub via the homepage of the Molina Provider Website. Providers can sign up for free to access content and videos as well as have access to behavioral health focused learning hubs.

Molina is excited to offer providers and provider office staff the opportunity to become a Certified Mental Health Ally. With the Mental Health Ally Certification, Molina can help equip staff with valuable tools and resources to support mental health in the provider offices and beyond. The Mental Health Ally Certification program is an eight-module training program now available to provider offices with the use of the Cohort Code. Through this course, individuals will learn about critical mental health topics and gain actionable skills to help others during difficult times.

To access the Mental Health Ally Certification Program and other PsychHub education resources, please visit ms.psychhub.com/ and create an account using Cohort Code: sGDcuXXmQXZEGsu.

For additional information and questions, plan to attend our special It Matters to Molina Provider Forum: PsychHub Demo and Training:

- Tues., Jan. 18, 12 to 1 p.m., meeting number 2452 523 8723, password Xm2PSUPh4U4

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions. Meetings passwords are case sensitive. Email Molina at OHProviderRelations@MolinaHealthcare.com for trouble connecting to a Molina training and we'll assist you with getting connected immediately.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, known as Healthchek in Ohio, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and 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 made up of screening, diagnostic, and treatment services and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and inform them of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children; and
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is 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.

Additional information and training regarding Molina's EPSDT program are available at MolinaHealthcare.com/OhioProviders, under the "Health Resources" tab, under "[Healthchek-EPSDT](#)."

2021-2022 Flu Season



The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza (flu) 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 (Coronavirus).

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 available for the 2021–22 season.

Important 2021-2022 updates from the Advisory Committee on Immunization Practices:

1. All seasonal influenza vaccines expected to be available for the 2021–22 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.
2. The composition of the 2021–22 United States (U.S.) seasonal influenza vaccines includes updates to the influenza A(H1N1)pdm09 and influenza A(H3N2) components. For the

2021–22 season, U.S.-licensed influenza vaccines will contain 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/Cambodia/e0826360/2020 (H3N2)-like virus; an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

3. One labeling change is described. In March 2021, the Food and Drug Administration (FDA)- granted approval for the use of Flucelvax Quadrivalent (cell culture–based quadrivalent inactivated influenza vaccine [cclIV4]) for children aged 2 through <4 years. Flucelvax Quadrivalent had previously been approved for persons aged ≥ 4 years; approval for those aged 4 through <18 years was based on immunogenicity data and required a post marketing efficacy study. The new approval is based on a randomized observer-blinded clinical efficacy study conducted among children aged 2 through <18 years over three seasons, in which Flucelvax Quadrivalent demonstrated efficacy against laboratory-confirmed influenza of 54.6% (95% confidence interval [CI] = 45.7%–62.1%) compared with a non-influenza control vaccine. Flucelvax Quadrivalent is now approved for persons aged ≥ 2 years.
4. Guidance regarding administration of influenza vaccines with other vaccines has been updated to reflect consideration for COVID-19 vaccination, which is expected to continue in the U.S. before and during the 2021–22 influenza season. Current guidance for the use of COVID-19 vaccines indicates they can be co-administered with other vaccines, including influenza vaccines. Providers should consult current COVID-19 vaccine recommendations and guidance for up-to-date information. ACIP recommendations for the use of COVID-19 vaccines are available at [cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html). Interim clinical guidance for the use of COVID-19 vaccines is available at [cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). These pages should be checked periodically for updated information.
5. Guidance concerning timing of influenza vaccination has been modified. Women in the third trimester of pregnancy may now be considered for influenza vaccination. As in previous seasons, children who need 2 doses of influenza vaccine administered ≥ 4 weeks apart (those aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥ 2 doses) are recommended to receive the first dose as soon as possible. For nonpregnant adults, early vaccination (i.e., in July and August) should be avoided unless there is concern that later vaccination might not be possible.
6. Contraindications and precautions to the use of cclIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is a precaution to use of cclIV4. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, cclIV, or LAIV of any valency is a precaution to use of RIV4. Use of cclIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction. For cclIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any cclIV of any valency or any component of cclIV4 is a contraindication to

future use of cclIV4. For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency or any component of RIV4 is a contraindication to future use of RIV4. For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2021-2022 flu season, please visit the Centers for Disease Control and Prevention at [cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm](https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm).