![MOLINA HEALTHCARE logo]

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

In this Issue

First Quarter 2023

Claim Submission

Molina strongly encourages providers to submit claims electronically, including secondary Claims. Electronic claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.).
- Increases accuracy of data and efficient information delivery.
- Reduces claim delays since errors can be corrected and resubmitted electronically.
- Eliminates mailing time and claims reach Molina faster.

The Provider Newsletter is available to all network providers serving Molina Healthcare Members.

Molina offers the following electronic Claims submission options:
- Submit claims directly to Molina via the Availity Essentials portal.
- Submit claims to Molina via your regular EDI clearinghouse.

If electronic claim submission is not possible, please submit paper claims to the following address:

> Molina Healthcare of Virginia, Inc.
> PO Box 22656
> Long Beach, CA 90801

When submitting paper claims:
- Paper claim submissions are not considered to be "accepted" until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink.

For more information, please see CMS claims submission guidance:
https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500

Molina Healthcare Partnership with Healthmap Solutions, Inc.

Effective May 1, 2023, Molina Healthcare will partner with Healthmap Solutions, Inc. (Healthmap) to provide care coordination services for our kidney health management (KHM) program. As a leading national kidney population health management company, the partnership with Healthmap will provide more comprehensive care for Molina members with chronic kidney disease (CKD) stages 3, 4, 5, Unspecified, and end stage renal disease (ESRD).

If you have a patient with kidney disease, or chronic conditions that may lead to kidney disease, Healthmap may contact you to facilitate care. Healthmap provides collaborative recommendations through workflow-friendly clinical decision support.

Healthmap's Kidney Health Management (KHM) health solution integrates into your existing practice workflow to complement your patient's current plan of care. Healthmap can supply you with actionable information, based on industry proven, best practices that are powered by data analytics, to more effectively anticipate and deliver the right clinical care.

We appreciate your ongoing care for our members. If you have any questions or concerns, you can or contact us directly at MCCVA-Provider@molinahealthcare.com.

Pre July 1st Claims Notification

Issue identified

Molina has identified a processing issue that impedes the re-adjudication of claims with dates of service prior to July 1, 2022, which require the need to be adjusted.

Impacted providers

This issue impacts providers who submitted claims that need to be readjusted with dates of service prior to July 1, 2022.

The impacted claims are currently in a pended status in our core processing system. The Molina Claims Department will update configuration so these claims can continue to move through the re-adjudication cycle for adjustments.

For more information, click here to read the full article: Pre July 1 Claims Notification (molinahealthcare.com)

Medicaid Provider Services Solution (PRSS) Enrollment Portal

Important Deadline for Managed Care Network Providers

Effective April 1, 2023, Molina Healthcare will be prohibited from paying network providers until the providers are enrolled with DMAS through the PRSS portal.

Two Action Items for Providers:

1. **Enroll all National Provider Identifier (NPI) numbers in PRSS for all of the provider's servicing, billing, ordering, referring, or prescribing providers.**

   - Providers should initiate their enrollment application in PRSS, via **virginia.hppcloud.com** now to avoid disruption to claims payments.

   - Only one enrollment application per NPI/service location is necessary in PRSS, even if a provider participates with more than one MCO.

   - Providers with multiple National Provider Identifier (NPI) numbers must enroll **_all_** of their NPIs in PRSS.

   - Providers with multiple service locations must enroll all service locations.

   - MCO network providers who have already enrolled all of their NPIs and all of their service locations with Medicaid fee-for-service do not need to re-enroll in PRSS. Providers who are not certain if all NPIs and service locations are enrolled should verify their enrollment status in PRSS (see #2 below).

2. **Check your PRSS enrollment status**

   - DMAS has posted a spreadsheet that lists all active, PRSS enrolled Virginia Medicaid providers.

   - Providers should check their enrollment status for all NPIs and service locations before enrolling in PRSS, including for servicing and billing providers and also for non-billing NPIs, including ordering, referring, and prescribing providers.

- The Virginia Medicaid provider spreadsheet is located at: MCO Provider Network Resources | MES (virginia.gov).
- Providers can download the spreadsheet to verify that all of their NPIs and service locations are enrolled.
- If any of the provider's NPIs or service locations are missing from the spreadsheet, the provider must enroll the missing NPIs or service locations using the PRSS portal (see #1 above to enroll).
- Providers can contact the Gainwell helpdesk with any questions they have about the content for their NPIs in the spreadsheet, or about the Virginia Medicaid provider enrollment process, at (888) 829-5373, or by email: vamedicaidproviderenrollment@gainwelltechnologies.com.

As always, your partnership with Molina is highly valued, and we are committed to providing you with excellent customer service. If you have any questions or concerns, please contact your Molina Provider Services Manager at MCCVA-Provider@molinahealthcare.com.

Molina Healthcare Partnership with ProgenyHealth

Molina Healthcare (Molina) is happy to announce a partnership with ProgenyHealth, a company which specializes in Neonatal Care Management Services. This is an exciting opportunity. ProgenyHealth's care management program will enhance services to our members and support our mission to make a lasting difference in our members lives by improving their health and well-being.

Effective April 1, 2023, ProgenyHealth's Neonatologists, Pediatricians and Neonatal Nurse Care Managers will work closely with Molina members, as well as attending physicians and nurses, to promote healthy outcomes for Molina's premature and medically complex newborns.

The benefits of this partnership to you:

- The support of a team who understands the complexity and stress of managing infants in the NICU and will work with you to achieve the best possible outcomes.
- A collaborative and proactive approach to care management that supports timely and safe discharge to home.
- A company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation.

Families will have a dedicated case manager who will provide support and education to members in the program. There will be an "on-call" staff member available 24/7. For our hospitals, ProgenyHealth will serve as a liaison for Molina, providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

Your process for notifying Molina of infants admitted to a NICU or special care nursery will change on **April 1, 2023**. Please notify ProgenyHealth directly of admissions via Sfax at (877) 233-1263 and their clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

If you wish to learn more about ProgenyHealth's programs and services, call (888) 832-2006 or visit progenyhealth.com. Thank you for your partnership in caring for Molina members.

Annual Model of Care Training Requirement

Molina Healthcare of Virginia is required to provide annual training regarding our Model of Care program for Dual Special Needs program (D-SNP) enrollees. The Model of Care is the foundation for Molina's care management policy, procedures, and operational systems for our
D-SNP population.

To ensure that Molina remains compliant with Centers for Medicare and Medicaid (CMS) regulatory requirements for Model of Care training, receipt of a competed Attestation Form is due to Molina.

What you need to do

1. Take the Model of Care training

    The written training materials on the Molina Healthcare Model of Care can be found on the Molina website at: www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.pdf

2. Complete and sign the Model of Care Training Attestation form

    Note: If one Attestation form is being returned for a group or clinic, it must be signed by an individual with the authority to sign on behalf of the group/clinic and an attendance roster indicating which providers completed the training must be attached.

    A copy of the Model of Care Training Attestation form is available via a link at the end of the Model of Care training deck, and on the MolinaHealthcare.com Medicare provider webpage.

3. Return Attestation form to Molina Healthcare via the automated submit button on the form, or via email at: MCCVA-Provider@molinahealthcare.com.

New Doula Benefit

The Department of Medical Assistance Services (DMAS) announced that Virginia is the 4th state in the nation to offer community Doula services as a benefit for Medicaid members as of July 1, 2022.

Existing Doulas and interested individuals are encouraged to apply for certification as a state-certified community Doula at vacertboard.org and join the Virginia Medicaid program as a provider.

- Visit Provider Training Resources
- Licensed provider must refer member to Doula
- Doula must have state certification and NPI
- Enroll with Medicaid as a provider and contract with MCOs

The DMAS Doula care recommendation form can be found here:

molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

Send the completed forms to Molina for processing via fax at (855) 769-2116.

Availity Live Webinars

Did you know you could be submitting and managing your transactions for Molina Healthcare on Availity?

Knowing the ins and outs of working with Molina can be invaluable in streamlining your workflow. That's why Availity and Molina are teaming up to offer a live webinar, "Availity Essentials Provider Portal Overview for Molina Providers.

We'll show you how to work with Molina on Availity and access popular Single Sign On (SSO) capabilities. Here's a preview of what you'll learn:

- View and submit claims
- Upload supporting documentation using the Send Attachments feature
- Directly message Molina Healthcare from within the Claim Status and E&B transactions
- Access these SSO capabilities through Molina's Payer Space: Appeals/Correct Claims, Authorizations, Member Roster, HEDIS® Profile, and Reports.

We know you've been busy so we're offering a few more training opportunities to fit with your schedule. Join Availity and Molina for Availity Essentials Provider Portal Overview for Molina Healthcare Providers on these dates:

- Friday, February 24 @ 1:00 p.m. - 2:15 p.m. ET, 10:00 a.m. - 11:15 a.m., PT
- Thursday, March 9 @11:00 a.m. - 12:15 p.m. ET, 8:00 a.m. - 9:15 a.m., PT
- Tuesday, March 21 @ 3:00 p.m. - 4:15 p.m. ET, 12:00 p.m. - 1:15 p.m., PT
- Wednesday, March 29 @ 12:00 p.m. - 1:15 p.m. ET, 9:00 a.m. -10:15 a.m., PT

Bonus! For your convenience, all attendees will receive a handout with tips on accessing the Availity tools that they can use for Molina.

To register for one of the above training sessions, log into Availity Essentials and proceed to the Help & Training section located at the top right of the screen and select Get Trained. Once in the training catalog, go to the Sessions tab at the top of the page and then you will see the above trainings listed as **Availity Essentials Provider Portal Overview for Molina Providers – Live Webinar.**

Not registered with Availity Essentials? Registering your organization is easy and free. Your organization's administrator should register on availity.com/molinahealthcare.

Virtual Provider Orientations

Provider Orientation Trainings will be held on-line the Third Wednesday of every month at 10AM

During this orientation, you will receive an overview of our plan, network, and frequently asked questions including but not limited to:

- Provider Website overview - Provider Communications, Provider Newsletters, Provider Forms, Provider Credentialing
- Prior Authorizations and the online Tool demo
- Availity Essentials Portal-Dates for Availity Essentials Portal Trainings –

These Trainings on Availity Essentials Portal will give you the ability to check member eligibility, coverage, and claim status, submit and view authorizations and more.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice including:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina Healthcare of Virginia (Molina) members can call the 24-Hour Nurse Advice Line at (833) 514-1809

- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services

- Providers can access the Availity Essentials at provider.molinahealthcare.com to:

    o   Search for patients and check member eligibility

    o   Submit service request authorizations and/or claims and check status

    o   Review Patient Care Plan

    o   Obtain CAHPS® Tip Sheets

    o   Participate in online Cultural Competency trainings (also available at MolinaHealthcare.com)

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?

- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?

- How often was it easy to get the care, tests, and treatment you needed?

- How often did your personal doctor listen carefully to you?

- How often did your personal doctor spend enough time with you?

- How often did your personal doctor explain things in a way that was easy for you to understand?

- How often did you and your personal doctor talk about all the prescription medicines you were taking?

- How would you rate your personal doctor?

Molina Healthcare of Virginia's 2022 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS® results of how our members rated our providers and our services.

Medicaid: In 2022, Molina improved in Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, Rating of Personal Doctor and Rating of Specialist Seen Most Often.

We need to make improvements in Rating of Health Plan, Rating of Health Care and Ease of Filling Out Forms.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2022, Molina Healthcare improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Lead Screening in Children (LSC), Breast Cancer Screening (BCS), Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase, Appropriate Treatment for Upper Respiratory Infection (URI) - Total, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

We need to make improvements in Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Cervical Cancer Screening (CCS), Appropriate

Testing for Pharyngitis (CWP) - Total, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%) and Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed.

For more information:

The progress related to the goals that Molina has set for the annual CAHPS®/QHP survey results and the annual HEDIS measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program there and print a copy if you would like one.

Medicaid: Please visit Molina's website at MolinaHealthcare.com, select Health Care Professionals, line of business, and *Health Resources* to access this information.

Culturally and Linguistically Appropriate Services/Disability Resources

Molina also assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

Medicaid: The majority of Medicaid members specified English as their preferred language (96%). Spanish as a preferred language was identified by 3% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Arabic and Swahili.

Medicare: A majority of Medicare members speak English as their preferred language (99%). About 1% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Vietnamese and Cantonese.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the provider.molinahealthcare.com

and at MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

Requirements for Submitting Prior Authorization

Molina Healthcare has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at MolinaHealthcare.com.

How to Access and Learning More

Cite AutoAuth can be accessed via the provider.molinahealthcare.com in the Molina's Payer Spaces. It is available 24 hours per day/7 days per week.

This method of submission is strongly encouraged as your primary submission route, existing fax/phone/email processes are also available.

Additional information about Cite AutoAuth is available in the MCG Cite AutoAuth Provider Access Guide located here.

Council for Affordable Quality Healthcare (CAQH)

What is CAQH?
CAQH technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the provider administrative burden.

How Does Molina Use CAQH?
Molina is currently using the CAQH DirectAssure application to provide an opportunity for the enrolled Providers to attest to their data, update their data in a single place that will be shared by all Companies that they are contracted with and utilize CAQH. Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.

Benefits of Using CAQH?
- Decreased administrative burden: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- Increased Molina support: As providers update their information in CAQH, Molina can systemically update our system, freeing up Molina associates to assist providers with other needs.
- More accurate records: Molina will obtain more frequent provider updates for our records and have more accurate provider information.

How Does CAQH Work for Providers?
Providers enter updated information one time in CAQH and it is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to be tracking who was informed of the changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days, CAQH provides an effective and efficient way to meet that requirement.

What's Next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies and think of CAQH as a credentialing only application–but it offers many other features and benefits beyond credentialing attestations.

Molina is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

Molina Healthcare's Portal Access

Availity Essentials is now the official secure provider portal for Molina Healthcare providers.

Within Availity Essentials, you have access to these helpful tools and time-savers:

Claim status	Expanded search options include member name, service dates, claim history or the 276 HIPAA standard. Adjustment and remittance codes, along with their descriptions, at the claim and line level.
Smart claims	A simplified claim entry tool with only the essential fields you need. Use data from prior eligibility and benefits submissions to autofill your claim.
Eligibility and benefits	Use data from prior eligibility and benefits submissions to search for your patients and autofill your claim.
Attachments	Upload supporting documentation with your claims using the Send Attachments feature. You can transmit up to 10 attachments (128 MB total file size) with your claim submission.
Features coming soon	
Accumulators	Each member/plan submitted returns the Molina plan/dollar and benefit/ count accumulated toward the limit.
Prior authorizations	Manage your Molina prior authorizations on Availity and use the Auth/ Referral Dashboard to follow-up on the status of your prior authorizations.

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please visit Availity.com/Molinahealthcare and click the Register button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday – Friday 8 a.m. – 8 p.m. ET.

For a comprehensive list of tools and features available on Availity Essentials, log in and click on the Help and Training dropdown. As a registered Availity Essentials provider, you can also take advantage of our live webinar, "Availity Essentials Provider Portal Overview for Molina Providers." Check with your Molina Provider Service Representative at MCCVA-Provider@molinahealthcare.com for upcoming dates and times.

Once you have your Availity Essentials account, you can learn more about the features and functionality offered for Molina providers. Simply log in go to Help & Training > Get Trained to register for a webinar.

Our Gift to Network Providers: PsychHub Subscription

To provide our valued network providers with the most up-to-date behavioral health resources and education, Molina has partnered with PsychHub to offer a subscription to the PsychHub platform at no cost.

PsychHub is an online platform for digital behavioral health education. Molina Providers can access PsychHub's online learning courses. Some of these courses offer continuing education opportunities for select licensures. There are various learning courses, including the Mental Health Ally Certification Program, which may be beneficial for office staff or providers who are interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account: https://app.psychhub.com/signup/molina-mhp/.

To setup an overview of the PsychHub platform and the resources they offer, contact your Provider Services representative.

Molina's 2023 Medicare Advantage Products Designed to Meet Member Needs

Molina is always working to meet the needs of our members though our diverse Medicare Advantage products offered each year. To help our providers learn more about the specific products being offered in Virginia in 2023, we have created a handy summary showing our service areas and

highlighting the supplemental benefits for each product offered. Check it out here: 2023 Medicare Fact Sheet Virginia.

Clinical Policy Updates Highlights from Fourth Quarter 2022

Molina Clinical Policies (MCPs) are located at molinaclinicalpolicy.com. The policies are used by providers as well as 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 fourth quarter 2022 updates are noted below.

The following new policies were approved:
- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

The following policies were revised:
- MCP-347: Autologous Chondrocyte Implantation Knee
  - Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
  - Contraindications were added to the Limitations and Exclusions (per MACI labeling).
  - Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.
- MCP-363: Hypoglossal Nerve Stimulation for OSA
  - Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
  - DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.
- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
  - Revised Criteria #3a to note "Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid." (Previously read as "Triamcinolone acetonide, intravitreal injection").
- MCP-343: Intervertebral Stabilization Devices
  - Updated Summary of Medical Evidence section with current studies and guidelines.
  - Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
  - Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.
- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)

- o Previously named Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury
- o Included FDA-approved powered exoskeletons, in addition to ReWalk.
- o Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
- o Included current clinical studies and guidelines in the Summary of Medical Evidence section.

The following policies have been retired and are no longer available on the website:
- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex_Dupuytrens Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex_Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

Molina Healthcare and Virginia Medicaid PDL/Common Core Formulary Changes Effective 1/1/2023
- New closed classes and preferred products
  - o Glucagon Agents
    - Baqsimi nasal
    - Glucagon inj
    - Glucagon emergency kit (Fresenius) inj
    - Gvoke pen, syringe, vial SQ
    - Proglycem suspension oral
  - o Hemophilia Treatments – all treatments are preferred with no PA requirements
  - o Sickle Cell Anemia Treatments – preferred agents do NOT require PA but non-preferred therapies require submission of a Clinical SA form.
    - Droxia
    - Endari
    - Oxybryta
  - o Weight Management Agents – preferred/non-preferred agents require PA
    - Contrave
    - Orlistat
    - Qsymia
    - Saxenda SQ
    - Xenical
    - Wegovy SQ
- Molina's full formulary may be access online here. Molina Healthcare accepts electronic drug prior authorizations (ePA) through the following ePA platforms:
  - o CoverMyMeds: https://account.covermymeds.com/
  - o SureScripts: https://providerportal.surescripts.net/ProviderPortal/login