MOLINA® HEALTHCARE

Fourth quarter 2023

Provider Newsletter

FOR MOLINA HEALTHCARE PROVIDERS

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The provider newsletter is available to all network providers serving Molina Healthcare members.

Model of Care training is underway

Molina Healthcare of Ohio is actively reaching out to providers who are required to complete the 2023 Model of Care (MOC) training. In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, Molina primary care providers (PCPs) and key high-volume specialists must complete Molina's MOC training annually. These include the following provider types:

- Primary Care Provider (all specialties for PCP Physicians)
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Obstetrics/Gynecology (Gynecology, Obstetrics and Gynecology, Obstetrics)
- 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.

If you have not completed MOC training, please take it right away and return the **OH MOC Attestation Form** to Molina no later than December 31, 2023. The training is available at:·

- **Microsoft Teams Training**: Molina is hosting MOC provider training sessions via Microsoft Teams to help train you and your staff and address questions. Visit the **It Matters to Molina** page on our Provider Website and click on the desired training to access meeting details
- **Online**: **Molina Medicare Model of Care**

Find additional details in the **Model of Care Provider Bulletin**. If you have additional questions, please contact your local Provider Relations Team at **OHProviderRelations@MolinaHealthcare.com**.

2023-24 flu season

The Advisory Committee on Immunization Practices (ACIP) continues its recommended annual influenza (flu) vaccinations for **everyone** at least six months of age and older and 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 (U.S.) for the 2023-2024 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 either 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 in those 65 years of age 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

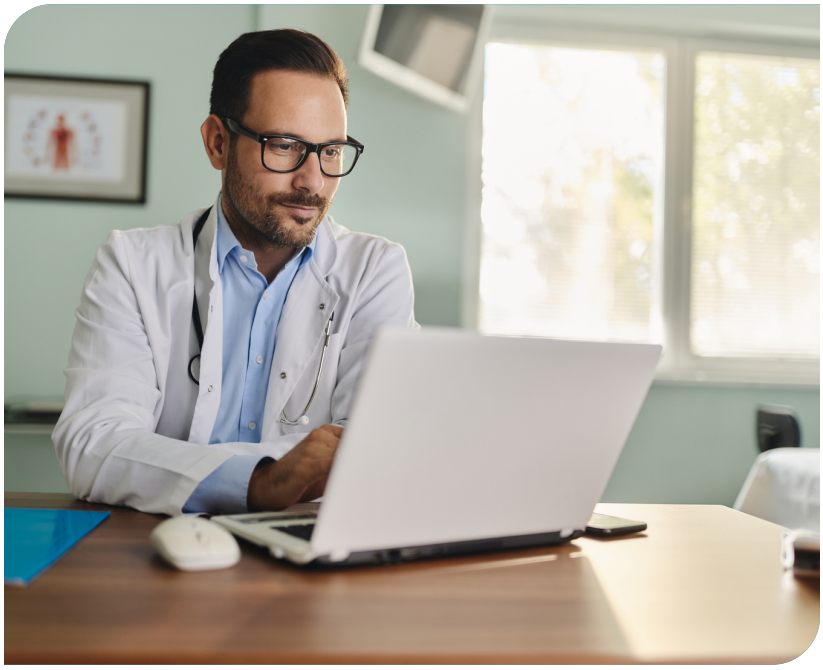
- ACIP 2023/2024 recommendations include changes to the composition of 2023-2024 U.S. seasonal influenza vaccines related to the influenza (H1N1)pdm09 component.
- U.S.-licensed influenza vaccines will contain HA derived from:
  a. An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based 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**.

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 the Medicare pharmacy 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 Molina members for covered services 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 payment owed that is the legal obligation of Molina.

Examples of balance billing include:

1. Holding a Molina member liable for Medicare Part A and B cost sharing when they are dually eligible for Medicaid and Medicare
2. Requiring a Molina member to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees
3. Charging a Molina member a fee for covered services beyond copayments, deductibles or coinsurance

Early Periodic Screening, Diagnostic and Treatment program

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, known as Healthchek in Ohio, 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 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 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
- 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 is available on the **Healthchek-EPSDT** page of the Molina Provider website.

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 Molina 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. Molina'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. HADLIMA™ 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. The biosimilar product HADLIMA™ has a high-concentration formulation (HC) available and a low-concentration formulation, so please indicate on the prescription the one that is appropriate for the member.

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 Molina's exchange plans starting October 1, 2023:

- HADLIMA™ (adalimumab-bwwd) 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-bwwd soln. prefilled syringe 40 mg/0.4 mL
***HADLIMA™ PushTouch SOAJ 40 mg/0.4 mL**	adalimumab-bwwd soln. auto-injector 40 mg/0.4 mL
HADLIMA™ SOSY 40 mg/0.8 mL	adalimumab-bwwd soln. prefilled syringe 40 mg/0.8 mL
HADLIMA™ PushTouch SOAJ 40 mg/0.8 mL	adalimumab-bwwd 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 Food and Drug Administration's (FDA's) dedicated webpage on biosimilars at: **fda.gov/drugs/therapeutic-biologics-applications-bla/ biosimilars**.

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**. 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: Omisirge (omidubicel-onlv)
- 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