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## Third-party Liability (TPL) on Explanation of Payments (EOP)

TPL refunds are an internal way Molina posts refunds received and do not reflect recoupment from a payee. The Molina 835 will indicate a WO/72 adjustment on the PLB segment, indicating the amount (which is the refund) and the claim ID in the reference field. In addition, on the EOP itself, the reversal claim will show an amount of \$0.00, and a remit message will indicate that a

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

third-party liability refund has been applied. No recoupment occurs to decrease the provider's payment.

Refunds received from a provider will remain on the EOP/835 and reflect in the same fashion, although without the TPL remit description.

If a claim has a refund of \$0.00 and reflects a negative amount and no reference in the PLB section, that is an actual recovery performed by Molina that will decrease the payment.

## 2024-2025 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for all individuals aged six months and older who do not have contraindications. Influenza vaccination is particularly important for those at high risk of serious flu-related complications. These high-risk groups include the elderly, young children, pregnant individuals, and those with underlying medical conditions such as asthma, heart disease, or diabetes. It is also essential for people who live with or care for high-risk individuals to get vaccinated to help reduce the potential spread of the virus.

According to the August 2024 ACIP report, all seasonal flu vaccinations expected to be available in the United States for the 2024-2025 season are trivalent. These vaccines will contain hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, and one influenza B/Victoria lineage virus. Previously, quadrivalent vaccines also included the B/Yamagata lineage, but this strain is not included in the 2024-2025 vaccines due to the absence of naturally occurring B/Yamagata viruses in global surveillance since March 2020. The following vaccine types are expected to be available: inactivated influenza vaccines (IIV3s), recombinant influenza vaccines (RIV3), and live attenuated influenza vaccines (LAIV3).

### Other 2024-2025 Vaccination Recommendations

- For most individuals who need only one dose of the influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination can continue beyond October as long as influenza viruses are circulating, and unexpired vaccines are available.
- Early vaccination (during July or August) is generally not recommended, particularly for adults aged 65 years and older and for pregnant individuals in their first or second trimester, due to concerns about waning immunity later in the season. However, early vaccination may be considered for those unlikely to return for vaccination later or for children who require two doses.
- ACIP recommends specific vaccines for certain populations:
  - Adults aged  $\geq$  65 years, and
  - Individuals with immunocompromising conditions or chronic medical conditions that prevent them from receiving live attenuated vaccines.

These groups are at a higher risk for severe influenza-related complications, and certain vaccines have demonstrated greater efficacy.

- For adults aged  $\geq$  65 years, ACIP recommends the preferential use of any of the following higher-dose or adjuvanted vaccines:

- High-dose inactivated influenza vaccine (HD-IIV3),
- Recombinant influenza vaccine (RIV3), or
- Adjuvanted inactivated influenza vaccine (aIIV3)

If none of these vaccines are available at the time of vaccination, any age-appropriate inactivated influenza vaccine may be used. The preference for high-dose or adjuvanted vaccines is based on evidence showing greater efficacy in preventing influenza-related hospitalizations and complications in older adults compared to standard-dose, non-adjuvanted vaccines.

- Immunocompromised individuals, including those with congenital or acquired immunodeficiencies, or those undergoing treatments like chemotherapy or solid organ transplants, should receive either IIV3 or RIV3. These vaccines are not live, meaning they pose no risk of causing influenza in immunocompromised individuals. Live attenuated influenza vaccine (LAIV3) should not be used for this population.
- Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medications may also receive either HD-IIV3 or aIIV3 as acceptable options, based on recent systematic reviews showing their effectiveness and safety. However, there is no preference between these vaccines and other age-appropriate inactivated or recombinant vaccines.

### Updates Included in 2024-2025 ACIP Report

- The ACIP 2024-2025 recommendations include updates to the composition of the U.S. seasonal influenza vaccines and new recommendations for the vaccination of adult solid organ transplant recipients. The composition of the 2024-2025 vaccines includes the following:
  - Hemagglutinin (HA) derived from:
    - Influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or Influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines),
    - Influenza A/Thailand/8/2022 (H3N2)-like virus (for egg-based vaccines) or Influenza A/Massachusetts/18/2022 (H3N2)-like virus (for cell culture-based and recombinant vaccines), and
    - Influenza B/Austria/1359417/2021 (Victoria lineage)-like virus (for egg-based, cell culture-based, and recombinant vaccines)
  - Influenza B/Yamagata lineage will no longer be included in vaccines for the 2024-2025 season due to the absence of confirmed detections since March 2020.
  - For adult solid organ transplant recipients, ACIP has updated the recommendations for those aged 18 through 64 years who are receiving immunosuppressive medication regimens. These individuals may receive either HD-IIV3 or aIIV3. Both vaccines are now considered acceptable options, with no preference over other age-appropriate inactivated influenza vaccines (IIVs) or recombinant influenza vaccines (RIVs).
  - A systematic review and GRADE evidence evaluation was conducted to compare the effectiveness and safety of HD-IIV3 and aIIV3 against standard-dose unadjuvanted IIVs. The review found that both HD-IIV3 and aIIV3 demonstrated better immunogenicity and were associated with a greater likelihood of seroconversion for influenza A(H1N1), A(H3N2), and B components, particularly for solid organ transplant recipients. However, there was no increased risk of graft rejection observed with either vaccine.

For a complete copy of the ACIP recommendations and updates or for more information on flu vaccine options for the 2024-2025 flu season, please review the report at [cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm](https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm)

### **Molina Healthcare will cover the following flu vaccines during the 2024 – 2025 flu season:**

- Afluria Preservative Free SUSY 0.5ML (2024-2025)
- Afluria SUSP (2024-2025)
- Flublok SOSY 0.5ML (2024-2025)
- Flucelvax SUSP (2024-2025)
- Flucelvax SUSY 0.5ML (2024-2025)

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

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit 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 Healthcare 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 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.

## **Molina Healthcare'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 Healthcare, 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 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 underutilization, and other aberrant billing behavior trends. 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 the ability to track provider compliance within correct coding, billing, and their provider contractual agreement.

As a result, providers may receive a notice from 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 support documentation. Should you have questions, please contact your Provider Relations Representative.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explains Scott Campbell, the Molina 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, 7 days per week. In addition, use the website to make a report at any time at: [MolinaHealthcare.Alertline.com](https://MolinaHealthcare.Alertline.com).

## Clinical Policy

Molina Clinical Policies (MCPs) are located at [molinaclinicalpolicy.com](https://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).

## Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://MolinaHealthcare.com)

### Therapy Services: Prior Authorization Submission Initial PT/OT/ST Therapy Requests

To ensure compliance with the Mississippi Department of Medicaid’s Administrative Code, the following documentation is required for initial physical therapy (PT), occupational therapy (OT) and speech therapy (ST) requests:

- **Signed Certificate of Medical Necessity (CMN):** This must include the date of the most recent face-to-face visit with the primary care provider (PCP). Members should be seen face-to-face and evaluated or re-evaluated at least every six (6) months. *Note: If a signed CMN is not available, we can accept the PCP’s actual progress note from the face-to-face visit.*
- **Evaluation:** A comprehensive evaluation detailing the member’s current condition and therapy needs.
- **Plan of Care (POC):** The POC should outline specific goals and the frequency of therapy sessions. Additionally, it should include the certification date span on the POC. The POC must comply with the Mississippi Administrative Code, Title 23: Medicaid Part 213 Therapy Services, specifically rules on prior authorization and re-evaluation requirements.

### Requests for Additional Therapy Visits/Units

For requests involving additional therapy visits or units, the following documentation must be provided:

- Completion Status of Previously Approved Visits: Indicate how many of the previously approved visits have been completed.
- Updated Plan of Care (POC): The updated POC should demonstrate measurable progress toward the established goals. Additionally, it should include the certification date span on the POC. The POC must comply with the Mississippi Administrative Code, Title 23: Medicaid Part 213 Therapy Services, specifically rules on prior authorization and re-evaluation requirements.
- Signed Certificate of Medical Necessity (CMN): This should be provided as evidence that the member was seen face-to-face and evaluated or re-evaluated at least every six (6) months. Note: If a signed CMN is not available, we can accept the PCP’s actual progress note from the face-to-face visit.

These requirements are in accordance with the Mississippi Administrative Code, Title 23, which governs the policies and procedures for Medicaid services<sup>1</sup>.

#### Mississippi Division of Medicaid Administrative Code

#### Access to Care

Molina maintains access to care standards and processes for ongoing monitoring of access to health care (including behavioral health care) provided by contracted primary PCPs (adult and pediatric) and participating specialists (to include OB/GYN, behavioral health providers, and high-volume and high-impact specialists). Providers are required to conform to the Access to Care appointment standards listed below to ensure that health care services are provided in a timely manner. The standards are based on ninety percent (90%) availability for emergency services and ninety percent 90 percent or greater for all other services. The PCP or his/her designee must be available twenty-four (24) hours a day, seven (7) days a week to members.

#### Appointment Access

All Providers who oversee the member’s health care are responsible for providing the following appointments to Molina members in the timeframes noted:

Medical Appointment Types	Standard
Routine, asymptomatic	Within thirty (30) calendar days
Routine, symptomatic	Within seven (7) calendar days
Urgent care	Within twenty-four (24) hours
Dental providers (urgent care)	Not to exceed forty-eight (48) hours
Dental providers (routine visits)	Not to exceed forty-five (45) calendar days
After hours care	Twenty-four (24) hours/day; seven (7) days/week availability
Specialty care (high volume)	Within forty-five (45) calendar days
Specialty care (high impact)	Within forty-five (45) calendar days
Urgent specialty care	Within twenty-four (24) hours

Behavioral Health Appointment Types	Standard
Life-threatening emergency	Immediately
Non-life-threatening emergency	Within six (6) hours
Urgent care	Within twenty-four (24) hours
Routine care	Within twenty-one (21) calendar days
Follow-up routine care (post-discharge from an acute psychiatric hospital when the contractor is aware of the member's discharge)	Within seven (7) calendar days
Emergency providers	Immediately (twenty-four (24) hours a day, seven (7) days week) and without prior authorization (PA)

Additional information on appointment access standards is available from your local Molina quality department by calling toll-free at (844) 826-4335.

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