MOLINA® HEALTHCARE

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fourth Quarter 2021

Molina Recognizes Outstanding Physicians

Molina is pleased to recognize 58 primary care physicians (PCP) groups for their outstanding 2020 Quality Performance. The providers were selected based on their outstanding performance in Molina's 2020 PCP Pay for Performance program and their representation of the highest levels of performance in the State of Michigan. Molina thanks all our valued providers for the high-quality care to Molina members. Please see the next two pages of this newsletter for names and photos of recognized PCPs.

2022 Molina Marketplace "My Health Perks" is Coming!

Beginning on January 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
- 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 either a physical or digital gift card of their choosing. 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 Customer Support for additional information.

Primary Care Physicians Groups Recognized by Molina Healthcare of Michigan for Outstanding 2020 Quality Performance	
Oaklawn Hospital PC	Primary Medical Services - Hazel Park
Southfield Family Health Center – Lathrup Village	Twelve Oaks Pediatrics
Southfield Pediatric Physicians – Bingham Farms	Wellness Pediatrics
Universal Medical Physicians	**PMC**
Accountable Healthcare Advantage	Child and Adult Medicine of Grand Blanc
Western Wayne Family Physicians	Fenton Medical Center
Trinity Health Alliance of Michigan	Flushing Healthcare
Hackley Community Care Center	STEM Health Systems
MHP Lakeshore Medical	Joseph B Luna MD
Answer Health Physician Organization	Mawri's Medical Clinics
Charles R Barker JR DO Family Practice	Prime Pediatrics and Adolescent
White Pine Family Medicine	TLC Pediatrics
Beaumont ACO	**St. Mary's PHO**
Manor Medical Center	Ascension Medical Group
Covenant Healthcare Partners	**United Physicians**
Aida B Ponce MD	Durdana T Rehman MD
Caring Pediatric Partners	Elite Internal Medicine PC - Sterling Heights
Children's Medical Group of Saginaw Bay	Pediatric and Adolescent Care Associates
Sunshine Pediatric Partners	**UOP**
Genesys PHO	Allenwood Family Health Care
Ascension Genesys Medical Group	Basel Khatib MD
Michael J Kirby MD	Caring Pediatrics
Valley Medical Center	Caring Pediatrics 2
McLaren Physician Partners	Dearborn Heights Medical Center
Mt. Morris Family Practice	Dearborn Pediatrics & Adolescent Medical Center
Metro Health Integrated Network	Downriver Family Physicians
Metro Health Hospital	Gogue Pediatrics
Michigan Community Health Network	Hamtramck Pediatrics
Cherry Street Health Services	Kids Kare Pediatrics
MidMichigan Health Services	Maha Dabbagh MD
Northwest Michigan Health Services	Pediatric and Adolescent Center
Thunder Bay Community Health Services Inc.	Prime Care Medical Clinic - Dearborn
Oakland Southfield Physicians	S M Kaura MD
Brentwood Pediatrics - Livonia	Schaefer Medical Center Dearborn
Devyani Khambete MD	Town Pediatric Clinic
Envision Medical Group - Novi	**Wexford PHO**
Livonia Family Physicians	Cadillac Family Physicians
Medical Center Pediatrics	Munson Healthcare Cadillac
Poleck Family Medicine Center - Detroit	

Congratulations to all
Molina Healthcare of Michigan
provider partners who have
been recognized for
**Outstanding 2020 Quality
Performance!**

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 Medicaid and Medicare Services (CMS) requirements, Molina PCPs and key high-volume specialists including Cardiology, psychiatry and neurology must complete the Molina's Model of Care training each year. This quick training will describe how Molina and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid. If not already completed, please take this training now, and return the Attestation Form to Molina no later than Dec. 15.The training is available at: https://www.molinahealthcare.com//media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.PDF. If you have additional questions, please contact your local Molina Provider Services Representative at 1-947-622-1230 or 1-947-218-0897.

CHAMPS Enrollment/Requirement for Prescribers

In accordance with Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual medical provider or entity that provides services, or orders and prescribes services for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid. Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Providers who prescribe drugs to Medicaid beneficiaries must also be actively enrolled in CHAMPS.

MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS this is in accordance with MDHHS Bulletin (MSA 19-20). Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

This applies to all providers who prescribe drugs, including medical residents. Prescriptions for MI Medicaid members will **reject at point-of-sale.**

The reject code/message displayed to the pharmacy will read: *"889: Prescriber Not Enrolled in State Medicaid Program."*

To avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/medicaidproviders. This link provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider. It provides links to CHAMPS, billing and reimbursement resources, training, policy documents.

Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at (800) 292-2550.

Provider General Information: www.michigan.gov/medicaidproviders

CHAMPS Provider Enrollment: https://milogintp.michigan.gov
If you have questions regarding your Molina enrollment due to CHAMPS participation, please call Provider Services at 947-622-1230 or 947 218-0897 or email at MHMProviderServicesMailbox@Molinahealthcare.com.

Molina Provider Portal Now on Availity

Molina Healthcare has chosen Availity as its exclusive provider portal and will be available on Availity Portal as your one-stop shop for information and transactions from Molina and other participating payers. While we encourage you to get registered and take advantage of Availity training, you will continue to have access to the existing Molina Provider Portal throughout your transition to Availity.

On Availity, you'll have access to:

- Submit claims, send supporting claim documentation, and check claim status.
- Check member eligibility and benefits.
- View remittances and EOPs/EOBs.
- Submit and review Prior Authorizations
- Access Molina-specific resources through a dedicated payer space on Availity Portal:
    - View and navigate through your member roster.
    - Submit claim appeal/dispute/reconsideration.
    - Compare your HEDIS scores with national benchmarks.

If you are not currently registration with Availity, it is easy and free of charge. All you will need to do is Click here to register for the new Molina Portal with Availity. After you register, you will receive a prompt that will guide you through onboarding into the new portal.

If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department at 947-622-1230 or 947-218-0897 or email MHMProviderServicesMailbox@MolinaHealthcare.com

Provider Dental Information

The Michigan Medicaid program provides good dental care through several established programs with many of the programs administered directly by Molina Healthcare of Michigan. Molina is working with members to educate and encourage members to utilize their benefits to improve their dental and related physical health, including programs to reduce emergency room usage for nontraumatic dental problems.

Please remind your Molina Medicaid, Medicare and MI Health Link (MMP) patients of their dental benefits.

For Molina programs, members use their Medicaid ID card to obtain benefits. Molina administers these dental benefits and programs:

- **Healthy MI and MI Health Link**
  Members in the Healthy MI Plan and MI Health Link have comprehensive dental benefits through Molina Healthcare, including preventive cleanings and x-rays, fillings, extractions, and dentures.

- **Medicaid Pregnant Members**
  Molina Healthcare provides dental services to pregnant women, ages 19 to 64. Pregnant Medicaid members will be able to use their Molina Healthcare Medicaid ID card to obtain

dental services. Molina Dental Services under Medicaid are provided to members at no cost. Molina's dental benefit includes cleaning, fillings and other preventive services.

- **Prenatal Care Visits with a PCP or OB/GYN**
  Early prenatal care is an important way to prevent complications in pregnancy that can affect the health of both mother and baby. Prenatal visits should begin as soon as the pregnancy is confirmed or immediately after the member is enrolled.

- **Medicaid Children Fluoride Treatments**
  Molina PCPs may provide fluoride treatments to children 0-3 years and submit claims directly to Molina.

If you have any questions regarding dental services, oral health or care management, please contact your Provider Services Representative or Provider Services at 947-622-1230 or 947-218-0897.

Molina Healthcare Medicare Members have dental coverage through Delta Dental

- Molina Medicare Complete Care
  - $0 co-pay to see a participating Delta Dental Dentist for covered preventive services
  - $4,000 annual maximum allowance for all covered comprehensive dental services, including dentures
- Molina Medicare Complete Care Select
  - $0 co-pay to see a participating Delta Dental Dentist for covered preventive services
  - $2,500 annual maximum allowance for all covered comprehensive dental services, including dentures
- Molina Medicare Choice Care (non-dual plan)
  - $0 co-pay to see a participating Delta Dental Dentist for covered preventive services
  - $2,000 annual maximum allowance for all covered comprehensive dental services, including dentures

To find a Delta Dental provider visit https://www.molinahealthcare.com/members/mi/en-us/Pages/home.aspx, then find a Doctor or Pharmacy, and then select "Dental Care" in the Category menu to view the Delta Dental providers available.

If you have questions regarding Molina Healthcare Medicare dental services, please contact Member Services at (800) 665-3072.

Americans with Disabilities Act (ADA)

Americans with Disabilities Act (ADA) Resources: Provider Education Series:
A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. Please visit Molina's Culturally and Linguistically Appropriate Resources/Disability Resources link under the Health Resources tab at https://www.molinahealthcare.com/providers/mi/medicaid/home.aspx to view the materials.

Molina Healthcare's Provider Education Series – Disability Resources consists of the following educational materials:

- *American with Disabilities Act (ADA)*
    - Introduction to the ADA and questions and answers for healthcare providers (e.g., Which healthcare providers are covered under the ADA? How does one remove communication barriers that are structural in nature? Is there money available to assist with ADA compliance costs?).

- *Members who are Blind or have Low Vision*
    - How to get information in alternate formats such as Braille, large font, audio, or other formats.

- *Service Animals*
    - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.

- *Tips for Communicating with People with Disabilities & Seniors*
    - Communicating with Individuals who Are Blind or Visually Impaired; Deaf or Hard of Hearing; Communicating with Individuals with Mobility Impairments; Speech Impairments; and Communicating with Seniors.

Please contact your Provider Services Representative if you have any questions.

Molina's Language Access Services

Accurate communication strengthens mutual understanding of illness and treatment, increases patient satisfaction, and improves the quality of health care. Providing language access services is a legal requirement for health care systems that receive federal funds; a member cannot be refused services due to language barriers. When needed, Molina provides the following services directly to members at no cost:

- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and Sign Language Interpreter Services
- Relay Service (711)
- 24-Hour Nurse Advice Line
- Bilingual/Bicultural Staff

In many cases, Molina will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call the Member and Provider Contact Center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit www.MolinaHealthcare.com.

Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a 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:

1. Holding the Molina D-SNP members liable for Medicare Part A and B cost sharing
2. Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees; and
3. Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance

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 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 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, 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 website to make a report at any time at: https://MolinaHealthcare.Alertline.com.

New Products Under Medicare

Molina Healthcare of Michigan is pleased to inform you, our valued health care provider partner, that we now offer four 2022 health plans for Medicare beneficiaries.

- **Current! Molina Medicare Complete Care (HMO D-SNP) - $0 Premium**
- **New! Molina Medicare Complete Care Select (HMO D-SNP) - $0 to $31.50 Premium**
- **New! Molina Medicare Choice Care (HMO) - $0 Premium**
- **Current! Molina MI Health Link (MMP) Integrated Duals Program - $0 Premium**

Member ID cards for the new plans will be similar to our current Medicare Complete Care cards.

Brief descriptions of the Molina Medicare programs are:

Molina Medicare Complete Care (HMO D-SNP)
- Current program for Full Dual Status; members qualify for both Medicaid & Medicare
- For provider offices, send the Medicare claim to Molina. If the member has both Molina Medicare and Molina Medicaid, claims are automatically crossed over by Molina for benefits & remittance. No additional action required by your office. Payments appear on separate Medicare and Medicaid Explanations of Payment (EOP).
- If member has Molina Medicare and fee-for-service Medicaid or Medicaid with another plan, providers will submit the secondary claim to Medicaid or the other plan. *In most instances, MDHHS works to ensure the Medicare and Medicaid health plans are the same.*
- All Medicare and Medicaid benefits apply. For example, Medicaid includes dental (Delta Dental), hearing aids (HearUSA) and vision (VSP) benefits.
- Molina may offer additional benefits over and above Medicare & Medicaid, such as over-the-counter medical supplies, fitness center membership, grocery allowance, etc.

Molina Medicare Complete Care Select (HMO D-SNP)
- **Same as above** for Partial Dual Status, except the member or MDHHS contributes to the cost of Medicare for Medical and Part D Deductible. No changes for provider offices to Molina's current Medicare D-SNP program.

Molina Medicare Choice Care (HMO)
- This MAPD HMO program is designed for members who lose or do not yet qualify for Medicaid assistance.
- The program also allows for continuity of care for those who temporarily or permanently lose Medicaid status for financial or other qualification reasons.
- The member may have some cost share on services; however, the premium is zero. Primary Care Providers (PCP) Copay is also $0.
- The Molina program may offer some additional member benefits above Medicare, such as dental (Delta Dental), hearing aids (HearUSA), vision (VSP), fitness center membership, Flex Card for over-the-counter products, food & produce, etc.
- For provider offices, claims for services are sent to Molina for processing. There are no member copays for PCP visits and other select services; $30 member copay for specialist visits; and varying member copays for hospital, ER and ambulance. A full list of services and copayments is incorporated in the member Explanation of Coverage (EOC) available to members on the Molina member website.

Molina MI Health Link (MMP) Integrated Duals Program – Wayne and Macomb Counties only
- This program combines Medicaid, Medicare, and Long-Term Services and Supports (LTSS).
- Available to members who qualify for Medicaid and Medicare residing in Wayne and Macomb Counties only.
- No member copayments. Members have Molina Medicare and Molina Medicaid. Providers file one claim to Molina. All payments appear on one Explanation of Payments (EOP).
- All Medicare and Medicaid benefits apply. For example, Medicaid benefits include dental & hearing aids through the Molina network and vision through VSP.
- Additionally, for those who qualify, long term services and supports are offered, such as personal care, chore, and home modifications, among others. The Molina LTSS network sends claims for services directly to Molina.
- The Molina MI Health Link (MMP) program includes members who may reside in long term, custodial nursing facilities.
- Molina may offer additional benefits over and above Medicare & Medicaid, over-the-counter medical supplies, fitness center membership, grocery allowance, etc.

For more information on these plans, please contact your Provider Service Representative or contact our Provider Services Department at 947-622-1230 or 947-218-0897 or via email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Suicide Prevention

Forty-five percent of individuals who die by suicide visit their primary care physician within a month before their death and 67% of those who attempt suicide receive medical attention as a result of their attempt (SAMHSA.gov).

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

To better support our network providers, Molina offers resources related to assessment and intervention for suicidal ideation. Those resources can be accessed through https://www.molinahealthcare.com/providers/mi/medicaid/resource/bh_toolkit_suicidal_ideation.aspx which is located within the provider section of the MolinaHealthcare.com website.

Additionally, to support provider office staff, Molina has partnered with PsychHub, the world's most comprehensive multimedia platform for mental health education. We are 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, you 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 https://lms.psychhub.com/ and create an account using Cohort Code: sGDcuXXmQXZEGsu.

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 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; 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.

Coronavirus Information

Molina thanks all of our providers for treating Molina members during the COVID-19 pandemic.

Molina Healthcare is monitoring COVID-19 developments on a daily basis. Our Corporate Chief Medical Officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers.

We encourage you to monitor the CDC website https://www.cdc.gov/coronavirus/2019-ncov/ for additional clinical information.

For the most up-to-date information, please visit our website at https://www.molinahealthcare.com/members/mi/en-US/pages/home.aspx

MDHHS Provider Type Billing Requirements

The Michigan Department of Health and Human Services has specified the requirements for accepting claims based on Ordering, Referring, and Attending sections of physician/hospital claims. Please review claims billing guidelines to ensure your claims are billed properly. Claims not properly filed will be rejected.   Below are some guidelines from the MDHHS provider manual.

Ordering, Referring, and Attending Providers Requirements

- The name and NPI of the Ordering/Referring or Attending provider must be reported on all claims for services rendered as a result of an order/referral. Refer to the Michigan Medicaid Provider Manual for order/referral requirements for specific services.

- Ordering/Referring, Rendering, Billing and Attending providers **must** be enrolled and active in CHAMPS on the date of service on the claim. The NPI in the Order/referring, rendering and attending field should be a Type I Individual/Sole Proprietor NPI.

- Based on MDHHS requirements services that require an order or referral include, but are not limited to: ambulance nonemergency transports, ancillary services for beneficiaries residing in nursing facilities, childbirth / parenting and diabetes self-management education, consultations, diagnostic radiology services, unless rendered by the ordering physician, durable medical equipment (DMEPOS), hearing and hearing aid dealer services, home health, hospice, laboratory, certain mental health and substance abuse children's waiver services, certain Maternal Infant Health Program (MIHP) services, pharmacy services, certain school based services, therapy services, and certain vision supplies.

- It is allowable for an FQHC or RHC to complete the attending field on a clinic claim with the NPI of an MD, DO, NP, PA, or Certified Nurse Midwife. In addition, THC's can use any active Type 1 Medicaid enrolled provider NPI in the attending field.

- For a behavioral health service, the Attending provider (MD/DO/Medical Director) should be listed on the institutional billing claim form even if there is not a direct relationship with the MD/DO/Medical Director. If a patient is receiving behavioral health services from a licensed clinical social worker or licensed professional counselor, he/she may be doing so under the supervision of the MD/DO/Medical Director in the clinic. The Rendering provider should be listed on the institutional billing form as well.

- Services performed by limited licensed psychologists (except as noted in Section 333.18223 of the Public Health Code), social workers, and professional counselors, or student interns must be performed under the supervision of an enrolled, fully licensed provider of the same profession. Services are billed to Molina under the NPI of the supervising psychologist, social worker or professional counselor.

- Institutional providers submitting claims for self-referred mammography services will duplicate the billing provider NPI in the attending physician NPI field.

- All Institutional (UB04) claims need to have Attending provider except for Hospital Owned Ambulance claims.

- MDHHS requires that Referring/Ordering/Attending NPI (if required) must be one of the following practitioner types:

  - **Physician:** Allergy & Immunology, Anesthesiology, Chiropractor (spinal x-rays only), Colon & Rectal Surgery, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Manipulative Medicine, Medical Genetics, Neurological Surgery, Nuclear Medicine, Obstetrics & Gynecology, Occupational Medicine, Ophthalmology, Optometrist, Orthopedic Surgery, Otolaryngology, Pathology, Neuromusculoskeletal Medicine, Pediatrics, Physical Medicine & Rehabilitation, Plastic Surgery, Podiatrist, Preventive Medicine, Psychiatry & Neurology, Radiology, Surgery, Thoracic Surgery, Urology, General Practice, Peripheral Vascular Disease, Addiction Medicine, Maxillofacial Surgery, MRI, Lithotripter, CAT Scan, Urgent Care Medicine.
  - **Non-Physician:** Nurse Practitioners, Certified Nurse Midwife & Physician Assistant

2021-2022 Flu Season

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

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 expected to be 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 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, FDA granted approval for the use of Flucelvax Quadrivalent (cell culture–based quadrivalent inactivated influenza vaccine [ccIIV4]) 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 noninfluenza control vaccine. Flucelvax Quadrivalent is now approved for persons aged ≥2 years (21).

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 United States before and during the 2021–22 influenza season. Current guidance for the use of COVID-19 vaccines indicates that these vaccines can be coadministered 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 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 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 vaccination has been modified. Women in the third trimester of pregnancy may now be considered for vaccination soon after the vaccine is available. 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 after vaccine becomes available. 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 ccIIV4 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 ccIIV4. A history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency is a precaution to use of RIV4. Use of ccIIV4 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 ccIIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency or any of component of ccIIV4 is a contraindication to future use of ccIIV4. 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 https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.

Sequestration Reduction for Medicare Payments to Resume January 1, 2022

Molina's suspension of sequestration has been in effect in alignment with Centers for Medicare and Medicaid Services (CMS) guidance. The two-percent sequestration reduction payments for Medicare payments will resume effective January 1, 2022.

Molina in the Community

Molina Healthcare of Michigan sponsored the Midland County Health Department's eight **One Stop SHOT** Flu/COVID-19 vaccine clinics. By late October each clinic averaged 150 flu administered and 30 - 40 COVID vaccines. Molina outreach brochures and promotional items were distributed at each vaccine event. Below are photos from two of the clinics and an example of the health department's social media promotion of the clinics.
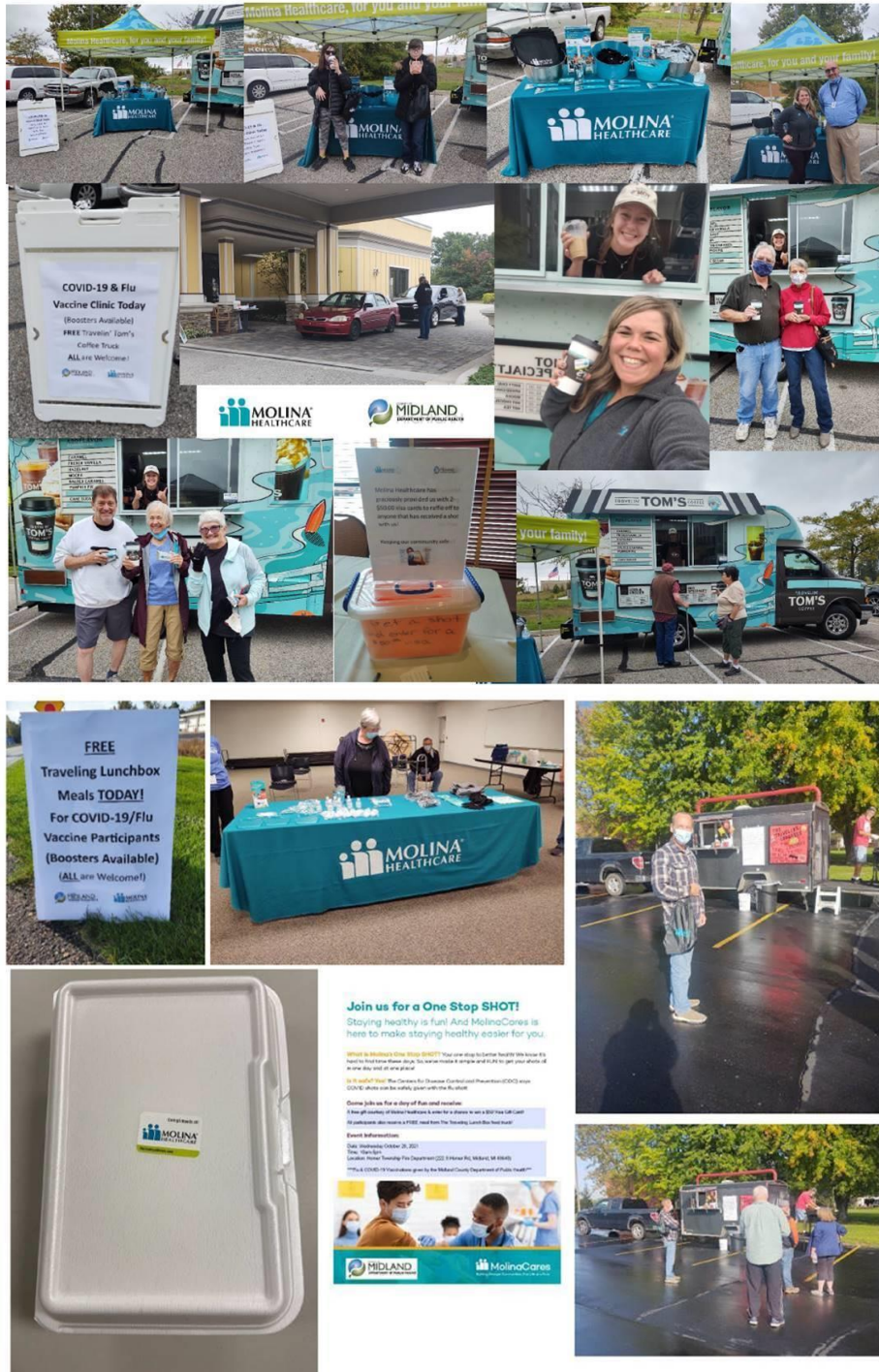
Molina Healthcare of Michigan partnered with the Saginaw Transit Authority Regional Services (STARS) and Hidden Harvest Food Pantry to provide 200 metal grocery carts to bus riders on October 5, 2021. Carts included a reusable Molina bag filled with groceries (from Hidden Harvest), an outreach brochure, Molina-branded luggage tags and a Meijer gift card. Molina presented a ceremonial check to STARS to represent Molina's contribution to the project. Carts allow riders to carry significantly more groceries than the 4-bag limit the buses have. The project gained local media coverage and all 200 carts were distributed. Another Saginaw donor has agreed to purchase 100 additional carts for riders in need.

On October 14, 2021, Molina Healthcare of Michigan presented a check to cover 500-plus coats to represent Molina's contribution to Carriage Town Ministries' November 13 **Winter Warm-up** event in Flint. Several Molina representatives volunteered to distribute coats and other items at the event as well.

MHM was the $500 advertising sponsor for the **Well Outreach Zombie Run** on October 16, 2021. Molina was mentioned on the radio ad as well as the logo placed on the adult and youth t-shirts (race was free for children). The Well Outreach in Arenac County provides several types of resources for individuals in need including food, clothing, employment assistance, transportation and more. All participants received Molina-branded water bottles and outreach brochures.

Halloween fun run raises $3,800 for Arenac community

Molina Healthcare of Michigan donated 100 items & Molina outreach brochures to the **Women's Empowerment Tea Personal Hygiene Products Drive**. Items are collected and donated to all women's shelters in the Great Lakes Bay Region. Below is a thank-you to Molina that was posted on social media.

Tiffany Pruitt
★ Favorites · 5d · 🌐

Thank you Molina Healthcare and Amanda Forsmark for your generous contribution to the Women's Empowerment Tea personal Hygenie products drive. This items will be given to women and children in local shelters and local schools. Amanda your love and passion for Saginaw youth and the community is absolutely amazing and appreciated. Thanks for always supporting me sis!❤️❤️

Molina Healthcare of Michigan donated candy bags to the October 21, 2021 Saginaw County DHS **Trunk-or-Treat for Foster Children** and the Sylvester Broome Empowerment Village (Flint) **Trunk-or-Treat Events.**