![Passport by Molina Healthcare logo]

PROVIDER NEWSLETTER

A newsletter for Passport by Molina Healthcare Providers

Second Quarter 2023

In this Issue

Payment Support and 835s

Passport by Molina Healthcare has partnered with our payment vendor, **Change Healthcare**, to disburse all payments and payment support via the **ECHO Health (ECHO) platform.** Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Passport.

The ECHO payment platform offers enhanced functionality, such as e-check and virtual credit card (where available), to serve Passport providers. Additionally, 835s will be generated and available to you for every transaction. You will also have access to yearly 1099s directly through your account.

ECHO support is available to answer questions regarding registration and 835s. They can be contacted at **(888) 834-3511.**

Login or register for the ECHO payment platform today here: **providerpayments.com/Login.aspx**

NPPES Review for Data Accuracy

Please review your **National Provider Identifier (NPI)** data in the **National Plan and Provider Enumeration System (NPPES)** to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers, and specialty, to name a few.

You should also make sure to include all addresses where you practice and *actively* see patients, and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.
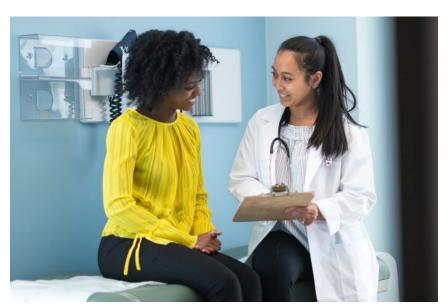
If you have any questions pertaining to NPPES, please reference NPPES help at **NPPES.cms.hhs.gov**.

Cultural Competency Resources for Providers and Office Staff

Let's partner to achieve health equity!

Complete refresher trainings on Cultural Competency – to review topics related to communicating with diverse patient populations – are available at **PassportHealthPlan.com**. These trainings offer the opportunity for you and your staff to **better understand and address disparities to improve health care.**

As our partner, assisting you is one of our highest priorities. We look forward to supporting your efforts so that all patients have the equal opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on multicultural healthcare.

Cultural and linguistic competency is the ability to provide respectful and responsive care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs.

Passport's Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural Competency can positively impact a patient's health care experience and outcomes. A series of five short Cultural Competency Training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at **PassportHealthPlan.com**.

Training topics:
- **Video 1: Introduction to Cultural Competency**
  - The Need for Cultural Competency
  - How Culture Impacts Health Care
  - Implicit Bias
  - Federal Requirements Related to Cultural Competency (Affordable Care Act, Americans with Disabilities Act)

- **Video 2: Health Disparities**
  - Examples of Racial Health Disparities and Health Disparities Among Persons with Disabilities
  - Health Equity
  - Social Determinants of Health

- **Video 3: Specific Population Focus – Seniors and Persons with Disabilities**
  - Social Model of Disability and Accepted Protocol and Language of the Independent Living/Disability Rights Movement

- **Video 4: Specific Population Focus – LGBTQ and Immigrants/Refugees**
  - Health Disparities Among LGBTQ Population
  - Clear Communication Guidelines for Healthcare Providers Interacting with LGBTQ Patients
  - Disparities Among Immigrant and Refugee Communities
  - Clear Communication Guidelines for Healthcare Providers Interacting with Immigrant and Refugee Patients

- **Video 5: Becoming Culturally Competent**
  - Perspective-taking
  - Clear Communication Guidelines
  - Tips for Effective Listening
  - Assisting Patients whose Preferred Language is Not English
  - Tips for Working with an Interpreter
  - Teach Back Method
  - Passport's Language Access Services

Each training video ranges in length from five to ten minutes. Viewers may participate in all five training modules, or just one, depending on topics of interest.

Upon completion of the trainings, please complete the provider attestation form that is available on the Culturally and Linguistically Appropriate Resources/Disability Resources page under Health Resources at **PassportHealthPlan.com**. Please contact your **Provider Services Representative** if you have any questions.

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 Passport's website. Please visit Passport's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at **PassportHealthPlan.com** to view the materials.

Resources consists of the following educational materials:
- American with Disabilities Act (ADA)
  - Introduction to the ADA and questions & answers for healthcare providers (i.e., which healthcare providers are covered under the ADA; how does one remove communication barriers that are structural in nature; Is there any 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 that members can use.

- 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.

Passport's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for Limited English proficiency patients. Passport strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds, a member cannot be refused services due to language barriers. Passport provides the following services directly to members at no cost when needed:

- 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
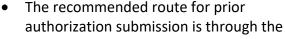- Bilingual/Bicultural Staff

In many cases, Passport will also cover the cost for a language or sign language interpreter for our members' medical appointments. Passport members and providers are instructed to call the member or provider contact center to schedule interpreter services or to connect to a telephonic interpreter.

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

Is Your Authorization Request Urgent?

Passport renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, **providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.**

When submitting prior authorization requests, keep the following items in mind:

- The recommended route for prior authorization submission is through the Availity Essentials portal. Supporting documentation can be submitted though the portal. Additionally, providers may be able to receive immediate authorization approval for advanced imaging requests by utilizing the MCG Cite AutoAuth tool available through portal submissions.

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Passport Prior Authorization Request Form if requesting via fax.

- By requesting an expedited/urgent authorization, providers are asking Passport to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.

- Submit all necessary information with the request. Failure to do so will require Passport to ask for additional information, which could delay the decision. If Passport requests more information, we urge providers to respond immediately to allow Passport to render a decision within the mandated expedited timeframe.

- Passport will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Advantages of Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the **Availity Essentials** portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Passport faster with the elimination of mailing time

How to Submit EDI Claims

A clearinghouse is the easiest way to submit EDI claims to Passport. You may submit EDI transactions through Passport's gateway clearinghouse, **Change Healthcare**, or use a clearinghouse of your choice. If you do not have a clearinghouse, Passport offers additional options for electronic claims submissions. Log onto the **Availity Essentials** portal at **provider portal** for more information.

Frequently Asked Questions

- Can I submit COB claims electronically?
  - Yes, Passport and our connected clearinghouses fully support electronic COB.

- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.

- Which clearinghouses are currently available to submit EDI claims to Passport?
  - Passport uses **Change Healthcare** as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.

- Which claims EDI transactions Passport Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)

- What is Passport's Payer ID?
  - Passport's Payer ID is **61325**

- What if I still have questions?
  - More information is available at **PassportHealthPlan.com** under the EDI tab.

2023 Passport Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Passport requires PCPs and key high-volume specialists, including cardiologists, gastrologists, and psychiatrists, to receive training about Passport's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at **Passport.com/model-of-care-Provider-Training**. **The completion deadline for this year's training is December 31, 2023.**

If you have any additional questions, please contact your local **Passport Provider Services Representative** at **(800) 578-0775**.

Availity Essentials is the Official Portal for Passport Providers

Availity Essentials is the secure portal for provider transactions with Passport and is available to all Passport providers at no cost. It is designed to reduce administrative burdens and make it simple to conduct secure transactions and obtain reports from Passport.

You can enhance your workflows on Availity Essentials today and save time using the following:

Within this tool:	Check out these timesavers:
Claim Status	Expanded search options include member name, service dates, claim history, and the 276 HIPAA standard.
Smart Claims	A simplified claim submission tool with only the essential fields you need.
Eligibility & Benefits	Use data from prior eligibility & benefit submissions to search for patients and autofill your claim.
Attachments	Upload supporting documentation (up to 10 attachments) with your claim using the **Send Attachments** feature.
Payer Space	Access applications, resources, and news and announcements specific to Passport. Access tools still on our legacy portal from the **Resources** tab in the Payer Space: Prior authorization, Appeals or Correct Eligible Claims, Referrals, Member roster, Claims template, Case Managed

Your Blueprint for Success

Learning your way around a new neighborhood is easier with a guide. For a list of tools and features available on Availity Essentials, use the **Crosswalk from Molina Healthcare to Availity Essentials Help Topic.** Or checkout our microsite **www.availity.com/molinahealthcare**. If you're a registered Availity Essentials user, you can also take advantage of our live webinars, "Availity Essentials Provider Portal Overview for Molina Providers," simply login > go to Help & Training > Get Trained to register for a webinar.

Passport's Featured PsychHub Training of the Quarter: Trauma-Informed Care

Passport encourages providers to adopt trauma-informed practices in all primary and specialty settings. **Trauma-informed care is a practice of identifying and acknowledging a patient's life experiences to deliver effective care (SAMHSA).** Medical practices that implement trauma-informed care have the potential to improve engagement, adherence, and overall health outcomes for their patients.

Through Passport's partnership with **PsychHub**, providers and office staff alike can access this two-part training to become more familiar with trauma-informed care and the benefits of applying it within their populations.

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 1)

This course provides a firm foundation before learning about the principles and practice of trauma-informed care. The intended audience for this course includes the healthcare team and behavioral health providers.

Intermediate | 2.25 Hours | 1.50 - 2.00 CE CREDITS

COURSE DETAILS

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 2)

This course continues the learning of Trauma-Informed Care understanding and application that began in Trauma-Informed Care: Foundations (Part 1).

Intermediate | 2.25 Hours | 1.25 - 2.25 CE CREDITS

COURSE DETAILS

PsychHub is an online platform for digital behavioral health education. Passport Providers are able to access PsychHub's online learning courses through PsychHub's Learning Hub for FREE. Continuing Education opportunities are also available to select providers through a variety of courses. Contact your local Passport Provider Services team to learn more.

Click here to visit PsychHub and create your free account!

Helping Your Patients Shouldn't Stop When You Leave Your Office

Now it doesn't have to!

Passport is proud to offer **Molina Help Finder** – a one-stop resource powered by findhelp – to assist Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder providers can also refer patients in real time, right from **Availity Essentials.** Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local **Provider Services Representative** at **(800) 578-0775**. You can also visit **MolinaHelpFinder.com** to learn more.

Clinical Policy Update Highlights from First Quarter 2023

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 following new policies were approved:
- MCP-429: Hemgenix (etranacogene dezaparvovec-drlb)
- MCP-425: Hydrogel Spacer for Prostate Radiotherapy (SpaceOAR)
- MCP-427: Microwave Tumor Ablation
- MCP-428: Mobile Cardiac Outpatient Telemetry
- MCP-426: Stem Cell Therapy for Orthopedic Applications

The following policies were revised:
- MCP-067: Back Braces
  - Coverage Policy section includes TLSO, CTLSO, LSO and other types of back braces.
- MCP-321: Category III CPT Codes
  - Inserted T-code table with code ranges and descriptions.
- MCP-364a: COVID-19 Co-Pays and Cost Share Marketplace
- MCP-364b: COVID-19 Co-Pays and Cost Share Medicaid
- MCP-364c: COVID-19 Co-Pays and Cost Share Medicare
  - Updated limit for 90-day prescription volumes (from "up to three [3] 30 days" to "up to a 90-day supply"). Included Novavax to Overview section.
- MCP-335: Deep Brain Stimulation for Epilepsy
  - Previously Experimental/Investigational – criteria updated to include coverage.

- MCP-406: Enteral Nutrition
  - Added 'Related Policies' section with Relizorb (immobilized lipase cartridge) MNR Policy Number: C17943-A (Medicaid) and Relizorb (immobilized lipase cartridge) NC C12081-A (Marketplace).
  - NOTE: Next review expected in Oct 2023.
- MCP-216a: Gender Affirmation Treatment and Procedures Medicaid
- MCP-216b: Gender Affirmation Treatment and Procedures Medicare
- MCP-216c: Gender Affirmation Treatment and Procedures Marketplace
  - Updated the duration of hormone therapy for adults from 12 months to 6 months per WPATH 8 update; included updates to national and specialty organizations, including WPATH 8.
- MCP-312: Magnetic Resonance Guided Focused Ultrasound MRgFUS for Essential Tremor
  - Updated Coverage Policy section to medically necessary.
- MCP-407: Negative Pressure Wound Therapy (formerly Wound Care)
  - Criteria now addresses NPWT only; extraneous criteria removed.
- MCP-275: Noninvasive Positive Pressure Ventilation
  - Coverage Policy section includes criteria for patients with COPD and those when BPAP/CPAP is not indicated. Added Continuation of Therapy section.
- MCP-412: Prescription Digital Therapeutics
  - Added Luminopia One™ (Luminopia, Inc.) and CureSight (NovaSight, Ltd.) for amblyopia; Mahana™ for IBS (Mahana Therapeutics, Inc.); MindMotion™GO (MindMaze) for stroke telerehabilitation; Tidepool Loop (Tidepool) for T1DM.
- MCP-384: Water Vapor Thermal Therapy for BPH
  - Coverage Policy section defines 'symptomatic' moderate to severe LUTS with #a and #b (aligns with CMS LCD L37808).
    - From Diagnosis of moderate to severe LUTS (International Prostate Symptoms Score [IPSS] typically 13 or over);
    - To Diagnosis of symptomatic moderate to severe LUTS including:
      - International Prostate Symptoms Score (IPSS) ≥ 13 or over; AND
      - Maximum urinary flow rate (Qmax) of ≤15 mL/s (voided volume greater than 125 cc).
  - Updated Limitations and Exclusions to align with CMS LCD L37808):
    - Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines)
    - or a prostate specific antigen (PSA) >10 ng/mL
    - History of bacterial prostatitis in the past three months
    - Prior prostate surgery
    - Neurogenic bladder
    - Active urethral stricture (i.e., the source of the current LUTS)
- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Updated Overview, Coverage Policy, Summary of Evidence and References sections.
  - IRO Peer Review completed by a Board-certified practicing physician in Neurological Surgery.

- o The following criteria were updated:
  - ▪ #3: No change in intent of criteria; clarification by addition of 'Clarified genetic confirmation of SMA with bi-allelic mutations' (as per indication)
  - ▪ #4 (copies of SMN2 gene): Revised from 'No more than 2 copies of the SMN2 gene' revised to: No more than 3 copies of the SMN gene
  - ▪ #5: Removed criterion: Less than 6 months of age at the onset of symptoms
  - ▪ #7 (previous treatments): Revised criteria from 'Confirmation/attestation of member's current and previous enrollment in clinical trials, history of treatment with gene therapy, prior antisense oligonucleotide treatment, or cell transplantation related to SMA or Zolgensma, including: Revised to: Confirmation/attestation of member's current and previous SMA treatments.
- o Criteria updates continued:
  - ▪ #7c: Revised criteria to allow for members who are/have been on Evrysdi or Spinraza to receive Zolgensma. Previous criteria only allowed tx-naïve patients.
    - • Revised from: Member is not currently receiving therapy with an investigational or commercial product, including Spinraza (nusinersen) or Evrysdi (risdiplam), for the treatment of SMA.
    - • Revised to: Zogensma will not be used in combination with an investigational treatment or alternative SMA therapy [e.g., Spinraza (nusinersen), Evrysdi (risdiplam)]. Treatment must be discontinued prior to infusion of Zolgensma].
- o #7c: Revised Molina Clinical Reviewer note.
  - ▪ Revised from: Molina Clinical Reviewer: May also engage with Prescriber/treating physicians to determine whether switching to Zolgensma therapy may offer a superior chance of clinical benefit.
  - ▪ Revised to: Molina Clinical Reviewer: Review clinical history and profile; terminate current authorizations for SMN modifying therapy upon approval of Zolgensma.
- o Criteria updates continued:
- o #11: Revised criterion. Broaden criteria to ensure that member does not have advanced SMA (per labeling):
  - ▪ Revised from: Member must not currently require permanent ventilation defined by the need for continuous ventilator support (invasive or non-invasive ventilation) for more than 16 hours during a 24-hour period for at least 14 days without an acute, reversible illness: a. Invasive ventilatory support; b. Pulse oximetry < 95% saturation; c. Use of non-invasive ventilation (BiPAP) beyond use for naps and nighttime sleep
  - ▪ Revised to: Member does not have advanced SMA, including but not limited to ANY of the following: a. Complete paralysis of limbs; or b. Invasive ventilatory support (tracheostomy); or c. Non-invasive ventilator support (e.g., CPAP, BPAP) for greater than 16 hours/day
- o #12: Added criteria. Member will receive systemic corticosteroids (equivalent to oral prednisolone at 1 mg/kg) prior to and following administration of Zolgensma in accordance with the FDA approved Zolgensma labeling.
- o Criteria updates continued:
  Limitations and Exclusions criteria:
  - ▪ Removed (under exclusions): 'ANY of the following concomitant medical condition(s)' and added respiratory exclusions as per labeling in 'experimental, investigational, and unproven' section.

- Removed (under exclusions): Member's weight: At screening visit is < 2 kg, OR Weight-for-age is below the third percentile based on World Health Organization (WHO) Child Growth Standards
- Revised (under 'experimental, investigational, and unproven'): Revised from 'Prior treatment, or being considered for treatment, with other gene therapy, prior antisense oligonucleotide treatment, or cell transplantation for SMA.' Revised to: 2. Prior treatment, or being considered for treatment, with other gene therapy
- Removed (under 'experimental, investigational, and unproven'): Type 2 and 3. Clinical evidence for Type 2 and 3 SMA are not available at this time. Clinical trials are currently recruiting (SPRINT trial).
- Added: Complete paralysis of limbs (FDA approved labeling, 2022)
- Added: Advanced Spinal Muscular Atrophy (FDA approved labeling, 2022)

<u>Radiology</u>

- MCP-124: 3D Interpretation and Reporting of Imaging Studies
  - Included additional indications in the Coverage Policy section – brain tumors, congenital cardiac/cardiovascular anomalies; complex fractures (especially those extending intra-articularly); endovascular intervention for aneurysms; hepatic tumors for targeted radiotherapy or radioembolization; High Intensity Focused Ultrasound ablation of tumors of prostate, liver, pancreas and uterine fibroids; maxillofacial tumors or congenital anomalies; spinal canal or osseous spinal tumor radiotherapy planning; temporal bone procedures involving semicircular canals or cochlear; tumors for planned radiofrequency, microwave, or other thermal ablation; and vascular stents and grafts. IRO review available.
- MCP-614: Chest MRI (reinstated)
- MCP-618: Lumbar Spine CT (reinstated)
- MCP-629: Upper Extremity MRI (reinstated)

The following policies have been retired and are no longer available on the website:

- MCP-639: Abdomen MRI
- MCP-601: Brain CT
- MCP-619: Cervical Spine MRI
- MCP-612: Chest CT
- MCP-647: CT Angiography Heart with 3D Image CCTA
- MCP-620: Thoracic Spine MRI
- MCP-355: Occipital Nerve Block Therapy for Headache and Occipital Neuralgia
- MCP-224: Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

  ** Note: Policy had an update in January & February 2023.

KENTUCKY QUALITY CORNER
Includes non-medical health factors and SDOH, CAHPS and care coordination, starting HPV at age 9, maternity services, and more!

Direct to Colonoscopy

Passport is committed to alleviating member barriers to completing colorectal cancer screenings. **Passport, in alignment with the National Colon Cancer Roundtable, recommends a direct to colonoscopy referral system.** The use of this type of referral system eliminates the need for a gastroenterology consultation prior to a member's colonoscopy.

Many programs have found they can reduce the need for pre-procedure appointments with endoscopists by fully preparing patients for a colonoscopy so they can have their initial consult with the endoscopist and receive the procedure on the same day. This direct endoscopy referral system (DERS), sometimes called open access, is designed to allow primary care clinicians to prepare patients to directly schedule a colonoscopy (NCCRT, 2022).

To be a good candidate for a direct referral, the member needs to:

- Be well-oriented and have completed the appropriate prep before the procedure
- Have transportation to and from the procedure
- Have a good understanding of the procedure

To learn more about a direct to colonoscopy referral system, please visit **nccrt.org.**

HPV Vaccinations – Start at 9!

To align with the AAP and ACS, **Passport recommends routine HPV vaccination for eligible members between the ages of 9-12, and strongly endorses providers offering the first HPV vaccine dose at the 9-year well child exam.** While ACIP recommends completing the series between 11-12 year, they also agree vaccination can be started as early as age 9.

Completion of the HPV vaccine series by age 13 continues to fall well below on-time completion for TDaP and Meningococcal. New data has shown that by offering HPV vaccination prior to the other adolescent vaccines – between the ages of 9-10 years – the rate of on time completion increases significantly.

To support this new initiative for pro-active vaccination, Passport will be tracking HPV vaccination starting at age 9 for all members.

Reporting to providers on care gaps will include members ages 9-10 years and indicate if the member has 0, 1, or 2 doses completed. Members will also receive communications about vaccination starting at age 9.

Want to learn more? A list of recent publications can be found here: **Article collection: HPV Vaccination Starting at Age 9 (tandfonline.com)**

Passport Maternity Services Support Healthy Pregnancies

Passport has a number of benefits and services to support healthy pregnancies.

As a reminder, Passport covers:

- OB/GYN services including prenatal, delivery, postpartum and maternity care (includes care for conditions that complicate pregnancy)
- Newborn screenings
- Childbirth education classes
- Hospital Care – Inpatient and outpatient
- Labs, X-rays, and other tests
- Information on diet, exercise, quitting smoking, and other important health care services

Passport also has **additional benefits and services for pregnant women**. Passport has a Value-Added Benefits (VAB) program called Healthy Rewards for our Medicaid members, which is designed to reward pediatric and adult members for completing annual preventive health exams, screenings, immunizations, and follow-up care.

Passport VAB program provides free car seats or booster seats to moms who go to a prenatal visit during the first trimester or within 42 days of enrollment. **Passport's VAB program also offers a $25 gift card for members that complete a postpartum visit within 7 - 84 days after delivery.**

Passport's maternity case management program and High-Risk Pregnancy Health Management Program strive to reduce hospitalizations and improve birth outcomes through early identification, trimester specific assessments, and interventions appropriate to the potential risks and needs identified. These programs do not replace or interfere with the member's physician assessment and care. Passport encourages all new mothers to have a follow-up visit with either their OBGyn or primary care physician. Additionally, **Passport's MOMs postpartum program** outreaches all members post-delivery to offer an in-home postpartum visit.

To refer a member for a maternity case management program, please complete this **Referral Form.**

CAHPS and Care Coordination

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool used to evaluate **patient satisfaction** with their health care and allows us to better serve our members.
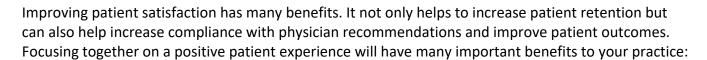
Surveys are mailed to members across all lines of business every year starting February through May.

The CAHPS® survey asks members to rate their experience with their primary care doctors, specialists, healthcare facilities, and health plans.

Care Coordination is one of the measures within the CAHPS survey in which patients evaluate their satisfaction with how well their providers coordinate their care among multiple providers, stay informed and up to date about the care they have received.

Examples of questions related to Coordination of Care on the Survey include:

- When you visited your personal doctor for a scheduled appointment, how often did they have your medical records or other information about your care?
- When your personal doctor ordered a blood test, X-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- When your personal doctor ordered a blood test, X-ray, or other test for you, how often did you get those results as soon as you needed them?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- Did you get the help you needed from your personal doctor's office to manage your care among different providers and services?
- How often did your personal doctor seem informed and up to date about the care you got from specialists?

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:

- 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

Ways to Improve Patient Satisfaction:

- Establish a process in your office to ensure prompt communication of test findings.
- Create ongoing and timely reminders/messaging to encourage and enhance communication between all provider types.
- Ask patients how they would like to receive results and be upfront with patients about the timing of test results.
- Ask your patients if they have seen any other medical professionals since their last appointment. If you are aware that a patient receives specialist care, talk to them about their visit and treatment regimen, including any new medications.
- Inform all relevant providers about the patient's test findings and medical history.

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Passport Health Plan by Molina Healthcare members can call the 24-hour Nurse Advice Line.
- Members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at Availity to:
    - Search for patients & check member eligibility
    - Submit service request authorizations and/or claims & check status
    - Review Patient Care Plan
    - Obtain CAHPS® Tip Sheets
        - Getting Appointments and Care Quickly
        - Getting Needed Care
        - How Well Doctors Communicate
        - Rating of Health Care Quality, PCP and Specialist
        - Care Coordination
        - Smoking and Tobacco Use Cessation
        - Flu Vaccinations for Adults

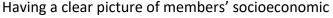   - Participate in Cultural Competency trainings
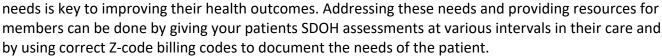
Non-Medical Health Factors and SDOH

Social determinants of health (SDOH) are the **non-medical factors that influence health outcomes.** They are the conditions in which people are born, grow, work, live, and age. These conditions, brought about by various outside forces and systems can shape the conditions of a person's daily life. These include economic policies, social norms, racism and other cultural biases, climate change, and political systems.

SDOH are recognized now as important predictors in clinical care. Positive SDOH conditions are associated with improved patient outcomes and reduced medical costs. Worse SDOH conditions have been shown to negatively affect outcomes, such as, poor preventive care, lengthier hospital stays, more hospital readmissions, and use of post-acute care, such as follow up appointments.

The core areas of concern for both adult and pediatric patients include:

- Education concerns, including literacy
- Employment
- Occupational exposures to risk factors
- Housing Issues
- Economic Circumstances
- Social Environment Problems
- Familial Dynamics/Dysfunction
- Psychosocial Circumstances

Having a clear picture of members' socioeconomic needs is key to improving their health outcomes. Addressing these needs and providing resources for members can be done by giving your patients SDOH assessments at various intervals in their care and by using correct Z-code billing codes to document the needs of the patient.

Screening tools can be administered by clinic staff or completed by the patient prior to the visit. EMR systems can have them built into the patient's chart for clinician ease. They can be mailed or e-mailed to members homes. Some screening tools used by clinicians who do not have the screenings integrated into the EMR use:

- [Association of American Medical Colleges HealthBegins Upstream Risks Screening Tool and Guide](#)

- [Kaiser Permanente's Your Current Life Situation Survey](#)

- [American Academy of Family Physicians' Social Needs Screening Tool](#)

- [PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences](#)

Documenting these assessments and findings are critical to make sure HMO dollars and recourses go to the patients that need them.

- Assessments can be documented using LOINC codes. LOINC, which stands for Logical Observation Identifiers Names and Codes, is a common code set for identifying health measurements, observations, and documents. You may be familiar with LOINC codes from lab results, but they are also used to document any health risk assessments performed in your office, such as SDOH or depression screening. LOINC codes are saved as electronic data in your office but are not submitted on a claim. Your practice can share important SDOH and other quality-related electronic data to support your Passport members by contacting the KY Quality team at **passportquality@passporthealthplan.com**. Learn more about LOINCs for SDOH **here**.

- Results of screening assessments can be submitted on a claim using Z codes. Based on provider identified SDOH opportunities, Passport can help partner members with community groups or internal departments that can help the patient. Examples of these include food banks, housing assistance, or transportation to and from appointments. Learn more about Z codes **here.**

More information on SDOH, Z-Codes, and state resources can be found **here.**

It Matters to Passport Forums Offer Education and Feedback

It Matters to Passport is a unique avenue for our Provider Community to receive education and engage with Passport in real time to solicit feedback and recommendations to improve the provider experience.

We offer a variety of ways to share feedback:

- Email: **ItMatters@passporthealthplan.com** and **It Matters to Passport Suggestion Box**
- Participate in one of our feedback-style surveys - visit the Feedback Corner of the **It Matters webpage** to access

Your feedback is important, and *It Matters to Passport*!

Stay in Touch with Passport eNews and Quarterly Newsletters!

If you missed it the first time…

Simply click **here** to see all current and past **eNews**, or **here** to see all **quarterly newsletters!**

If you need to add someone to our Provider eNews email list, please send the information to craig.layne@molinahealthcare.com

Q2 2023 eNews

Click on title for details.

2023 Model of Care Training for Medicare Providers Now Available - MEDICARE

04/24/2023

Please ensure your office has completed the mandatory, annual **Model of Care** training and attestation **by December 31, 2023.** To schedule a face-to-face in-person or virtual training session, please contact your **Provider Services Representative.**

2023 Evidence-Based Practices Survey for Behavioral Health Providers

04/17/2023

Passport by Molina Healthcare (Passport) works with the Department for Medicaid Services (DMS) to identify all evidence-based practices (EBP) that behavioral health providers currently utilize within their practices. EBPs are interventions based on scientific evidence demonstrating that they improve clients' outcomes in treatment.

Passport is requesting that all behavioral health providers take our brief, two-minute, six-question **survey** on the EBPs used within your practice. Passport is required to report this information to DMS annually.

Class 1 FreeStyle Libre Recall

04/14/2023

Abbott is recalling the Readers used with the **FreeStyle Libre, FreeStyle Libre 14 day, and FreeStyle Libre 2 Flash Glucose Monitoring Systems** (all Reader serial numbers) because the systems' reader devices contain rechargeable lithium-ion batteries that may swell, overheat, spark, or catch on fire if not properly stored, charged, or used with the Abbott-provided USB cable and power adapter.

Details of Molina Guided Care Rebranding - Medicare

03/30/2023

Passport by Molina Healthcare (Passport) wants to inform our providers about **Molina Guided Care**, our new rebranded name for palliative care services for Medicare members. Guided Care still follows the same procedure for referral as palliative care.

DentaQuest Will Be New Dental Vendor May 1

03/27/2023

Effective May 1, 2023, Passport by Molina Healthcare's dental administrator for Medicaid and CHIP Dental Programs will be **DentaQuest**.

Details on EOP Refund Reporting Enhancement

03/24/2023

Passport by Molina Healthcare (Passport) would like to provide some additional details regarding an enhancement to the reporting of refunds received that are being displayed on your **Explanation of Payment (EOP)** and **835 files.**

Restart of Medicaid Renewals in May

03/23/2023

The renewals will resume in May, but the PHE is still in effect and, therefore, all other flexibilities that were put in place for providers and members remain in place. When the PHE ends on **May 11, 2023**, some of these flexibilities will be discontinued (or unwound) and some will continue based on state policy changes.

DMS to Host Stakeholder Meetings

03/08/2023

The Kentucky Department for Medicaid Services (DMS) **will resume normal operations in alignment with federal laws in May.** As part of this effort, DMS will send renewal letters to some Medicaid members beginning in early April 2023 for renewals in May 2023. When the change goes into effect some individuals may be at risk of losing Medicaid eligibility after almost three years of continuous health coverage regardless of changes in their circumstances. DMS' goal is for no one to lose coverage and coordinated efforts are underway to reach all members who will be impacted by this change.

The Provider's Role in Risk Adjustment

03/07/2023

Risk Adjustment drives the transition from fee-for-service to value-based and total care, producing quality care for our patient populations. Documentation of the comprehensive clinical picture produces accurate data which drives targeted interventions and improving patient outcomes.

Molina KY 1840_APP 5/12/2023