

PROVIDER NEWSLETTER

A newsletter for Passport Health Plan by Molina Healthcare

Third Quarter 2021



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Passport Health Plan by Molina Healthcare and PsychHub Partner for Mental Health Resources

Good behavioral health is vitally important for everyone. That’s why Passport is committed to doing all we can to support mental wellbeing for providers and members.

By joining PsychHub’s coalition partnership, we can now offer providers and members access to the Mental Wellbeing Resource Hub.

This free library of resources addresses mental health issues during the COVID-19 pandemic and beyond. Members and providers can search for resources by keyword, topic, and audience.



To access the Mental Wellbeing Resources Hub, go to <https://psychhub.com/initiatives/resource-hub/>



Mental Health Ally Certification (MHAC) Program

Through partnership with PsychHub, in-network primary care and specialty providers are offered free continuing education credits, Mental Health Ally Certifications, and additional learning opportunities. The MHAC Library offers micro-certification tracks focused on critical topics like mental health competency foundations, substance use awareness, safety planning, diversity, and motivational interviewing basics.

The MHAC is made up of eight, one-hour, self-paced modules that can be taken in any order, as well as supplemental videos, podcasts, and downloadable PDF files. This certification program is available to all providers/provider offices and recommended for those interested in strengthening their knowledge and competency of behavioral health issues and concepts like primary care, office management, and nursing.

To access learning hub resources, go to <https://lms.psychhub.com/> and create an account by clicking "Log In". Click the Dashboard button on the navigation toolbar and select "Join Cohort with Code". Use the following provider Cohort Code: **sGDcuXXmQXZEGsu**

Please reach out to your [Provider Services Representative](#) with any additional questions!

New Provider Online Directory

Passport is getting an all-new Provider Online Directory. Check out the new tool when it launches this fall!

Passport is committed to improving your online experience. The new Provider Online Directory enhances search functionality so information is available quickly and easily.

The key benefits include:

- User-friendly and intuitive navigation
- Provider profile cards for quick access to information
- Browse by category, search bar and common searches
- Expanded search options and filtering for narrowing results
- Provider information you can save to use later

As always, please make sure your provider information is correct. This allows Passport to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Passport in writing at least 30 days in advance of changes. Changes should be submitted on the Provider Information Form or Membership Panel Form at www.passporthealthplan.com under the Frequently Used Forms section.

Naloxone Saves Lives!



On July 23, 2020, the U.S. Food and Drug Administration (FDA) issued a drug safety communication with updated recommendations regarding the use and availability of naloxone for patients at high risk of opiate overdose.

The FDA recommends that health care professionals consider prescribing naloxone to patients being prescribed opioid pain medicine who are at increased risk of opioid overdose. The recommendations suggest that health care professionals should discuss the availability of naloxone both when

beginning and renewing treatment. Furthermore, healthcare professionals should consider prescribing naloxone for patients at increased risk of opioid overdose, even if a patient is not receiving a prescription for an opioid pain reliever or medicine to treat opioid use disorder (OUD).

Patients considered HIGH RISK include those prescribed opioids who:

- Are receiving a dosage of 50 morphine milligram equivalents (MME) per day or greater
- Are receiving opioids with concurrent benzodiazepine (regardless of opioid dose)
- Have a history of overdose
- Have a history of substance use disorder

If your patients are considered HIGH RISK for opiate overdose, please consider submitting a prescription to the member's pharmacy for one of the following preferred naloxone products:

- NALOXONE SOLUTION PREFILLED SYRINGE FOR INJECTION 2MG/2ML
- NARCAN NASAL SPRAY 4MG

You may also discuss with a patient if they would like to purchase naloxone. Simply ask a pharmacy team member at any MedImpact pharmacy location.

Once a member gets naloxone, they should put it in an easily accessible place, tell their family and friends where it is, and learn how to use it.

The Importance of Colorectal Cancer Screenings

Colorectal cancer (CRC) is the fourth leading cause of cancer deaths in the U.S. and in Kentucky (Centers for Disease Control and Prevention [CDC], 2020a).

In 2017, the state of Kentucky had the third highest age-adjusted incidence rate of colon and rectum cancer, and the second highest rate among Black Americans (CDC, 2020b).

According to the American Cancer Society (ACS) and U.S. Preventive Services Task Force (USPSTF), men and women at average risk should start CRC testing at age 45 (ACS, 2020; USPSTF, 2021). To see the full report, go to [ColonCancerScreening2021.pdf \(ky.gov\)](#)

Passport covers colorectal cancer screenings for members starting at age 45.

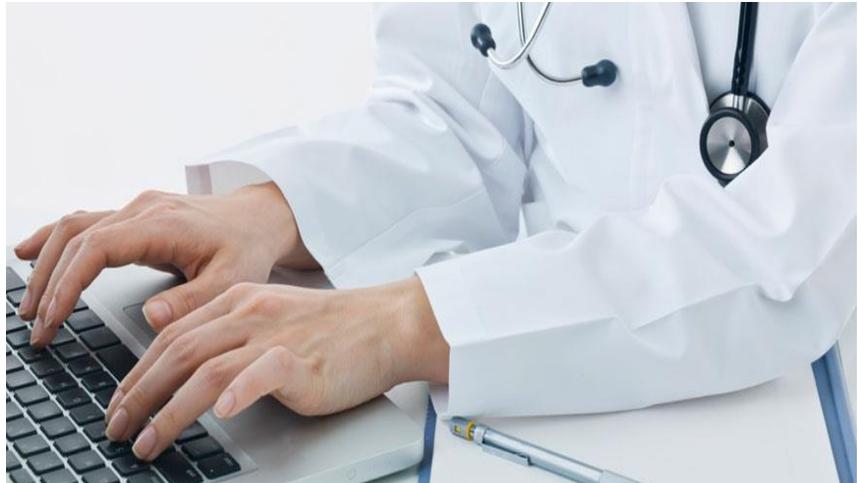
Colorectal Cancer Screening Resources:

- [American Cancer Society Guideline for Colorectal Cancer Screening](#)
- [Cancer screening during the COVID-19 pandemic](#)
- [U.S. Multi-Society Task Force \(MSTF\) of Colorectal Cancer Consensus Guideline](#)
- [Updates on the American Gastroenterological Association \(AGA\) web site](#)

Is Your Authorization Request Urgent?

Passport renders decisions on prior authorization requests as quickly as a member's health requires. **And, as of August 11, 2021, DMS has ruled that all hospital inpatient and outpatient services do not require prior authorization.**

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:

- 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 on the Passport Prior Authorization Request Form.
- 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.

Cultural Competency Resources for Providers and Office Staff



Passport is committed to being 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.

Additionally, we work to achieve NCQA's [Multicultural Health Care Distinction](#) in the markets we serve. Cultural and linguistic competency is the ability to provide respectful and responsive care to members

with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs.

Resources for Your Office and Staff

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

Cultural Competency can positively impact a patient's health care experience and outcomes. As part of Passport's ongoing commitment to cultural competency, a series of five, short Cultural Competency Training videos are available to providers and office staff here at the [Culturally and Linguistically Appropriate Resources/Disability Resources](#) link.

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 each. Viewers may participate in all five training modules or just one, depending on topics of interest. Please contact your Provider Services Representative if you have any questions.

Passport is required to annually provide training to our Providers regarding Cultural Competency and available resources for Passport members. 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 www.passporthealthplan.com.

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 www.passporthealthplan.com to view the materials.

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

- *American with Disabilities Act (ADA)*
 - Introduction to the ADA and questions & 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 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

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, Passport 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, 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 and Provider Contact Center toll free at (800) 578-0775** to schedule interpreter services or to connect to a telephonic interpreter.

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 Provider Services or visit www.passporthealthplan.com

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through Passport Health Plan by Molina Healthcare's Provider Portal offer 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!

How to Submit EDI Claims:

A clearinghouse is the easiest way to submit EDI claims to Passport. You may submit the EDI transaction through Passport's contracted 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.

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.

- What claims transactions are currently accepted for EDI transmission?
 - 837P (Professional claims), 837I (Institutional claims)
 - 270/271 (Healthcare Eligibility Benefit Inquiry and Response)
 - 278 (Healthcare Services Review - Request for Review and Response)
 - 276/277 (Healthcare Claim Status Request and Response)
 - 835 (Healthcare 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 www.passporthealthplan.com under the EDI tab

Electronic Fund Transfer (EFT) and ProviderNet

Passport has partnered with our payment vendor, **ProviderNet**, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Passport.

<p>New ProviderNet User Registration:</p> <ol style="list-style-type: none"> 1. Go to https://providernet.adminisource.com 2. Click “Register” 3. Accept the Terms 4. Verify your information <ol style="list-style-type: none"> a. Select Molina Healthcare from Payers list b. Enter your primary NPI c. Enter your primary Tax ID d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare 5. Enter your User Account Information <ol style="list-style-type: none"> a. Use your email address as user name b. Strong passwords are enforced (8 or more characters consisting of letters/numbers) 6. Verify contact information; bank account information; payment address <ol style="list-style-type: none"> a. Note: Any changes to payment address may interrupt the EFT process. b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in. 	<p>If you are associated with a Clearinghouse:</p> <ol style="list-style-type: none"> 1. Go to “Connectivity” and click the “Clearinghouses” tab 2. Select the Tax ID for which this clearinghouse applies 3. Select a Clearinghouse (if applicable, enter your Trading Partner ID) 4. Select the File Types you would like to send to this clearinghouse and click “Save” <p>If you are a registered ProviderNet user:</p> <ol style="list-style-type: none"> 1. Log in to ProviderNet and click “Provider Info” 2. Click “Add Payer” and select Molina Healthcare from the Payers list 3. Enter recent check number associated with your primary Tax ID and Molina Healthcare <p>BENEFITS</p> <ul style="list-style-type: none"> ▪ Administrative rights to sign-up/manage your own EFT Account ▪ Ability to associate new providers within your organization to receive EFT/835s ▪ View/print/save PDF versions of your Explanation of Payment (EOP) ▪ Historical EOP search by various methods (i.e. Claim Number, Member Name) ▪ Ability to route files to your ftp and/or associated Clearinghouse
<p>If a provider has questions regarding the actual registration process, they can contact ProviderNet at: (877) 389-1160 or email: wco.provider.registration@changehealthcare.com.</p>	

Note: Providers please ensure you are registered for EFT for all participating Passport lines of business.

COVID-19 Vaccine Incentive for Members

As of June 1, 2021, the **MolinaCares Accord** in collaboration with Passport Health Plan by Molina Healthcare (Passport) is offering a special incentive to all members who have not yet received their COVID-19 vaccine.

- Passport members who receive the vaccine on or after June 1, 2021, may qualify for a **\$100 gift card** to Wal-Mart, Amazon, Kroger or CVS. The gift cards are available for a limited time.

- To qualify, a member must:
 - Be 12 years old or older;
 - Be an active Passport member; and
 - Get a COVID-19 vaccine after June 1 which includes:
 - One dose of the Johnson & Johnson vaccine,
 - Two doses of the Moderna or Pfizer* vaccine, or
 - One doses of the Moderna or Pfizer* vaccine in May and the second dose in June 2021
- Please remind your patients, our members, that this vaccine incentive is available now. They can visit vaccine.ky.gov or call (855) 598-2246/TTY (855) 326-4645 or text their zip code to GETVAX (English or LACUNA -Spanish).

COVID-19 Telehealth Billing

At Passport Health Plan by Molina Healthcare, we recognize the stress that COVID-19 has put on you and your practice. To help you focus on your work, we've made some adjustments to simplify billing and payments for you and our members.

When billing for telehealth for Passport Health Plan:



- As you provide telehealth services to your patients who are our members, please bill as you normally would but use POS 02. The claims will process for payment at the same rate as regular, in-person visits. Cost share will apply if applicable.
- This guidance applies to Physicians, Physician Assistants, Nurse Practitioners, Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Board-Certified Behavioral Analysts (BCBA), and Board-Certified Behavioral Analysts-Doctoral (BCBS-D) only.
- This also applies to Rural Health Clinics, Federally Qualified Health Centers, Indian Health Service Clinics, and Community Mental Health/Private Mental Health facilities.
- The provider types listed above should bill with the E&M Code that represents the level of work most appropriate as if the patient was seen face to face. RHCs, FQHCs, IHSCs, and Community/Private Mental Health Clinics should follow their normal billing process but simply adjust the POS to 02.
- Documentation should follow normal guidelines established and described in the CPT-Manual.

No prior authorization is required for COVID diagnostic testing.

2021-22 Flu Season: How You Can Help Combat the Flu in Your Community

With the 2021-2022 flu season approaching, it is important to ensure your patients are receiving their flu vaccines.

In fact, we encourage your patients to make a vaccine appointment now – there are no copays for flu vaccinations!

Advise members in these high-risk groups about the importance of receiving the flu vaccine:

- Children 6 months to 19 years old
- Adults 50 years and older
- Pregnant women
- People with long-term illnesses such as asthma, diabetes or heart disease
- People who live with or care for children ages 6 months or younger or someone with a health problem
- Provide education on the importance of handwashing and other sanitary practices to prevent the spread of the flu virus



TIPS TO INCREASE FLU VACCINATIONS

- Institute a Standing Order Program (SOP) to allow non-physician clinical staff to assess eligibility for vaccination and vaccinate patients and educate staff about the SOP.
- Turn on reminders/prompts for the flu vaccine, if on EMR. Review vaccine status in EMR.
- Flag the charts of all patients needing the flu vaccine with a brightly colored sheet, if not on EMR.
- Remind patients that local pharmacies also offer the flu vaccine.
- Address any hesitations the member may have about receiving the flu vaccine.
- Each season requires a different vaccine.
- Flu vaccines do not cause flu and are safe.
- Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

Discuss preventive measures with patients to stop them from getting or spreading the flu.

Keep up to date with the CDC's flu and COVID-19 recommendations: www.cdc.gov/flu and www.cdc.gov/coronavirus.

EPSDT Well-Child Visit



For a member who qualifies for **Early Periodic Screening, Diagnosis and Treatment (EPSDT)** – that is, any Medicaid member under the age of 21 – the well-child exam is one of the most important doctor visits to ensure screening, prevention, and intervention when medically necessary. Its name alone says it all!

Kentucky regulations for EPSDT mirror federal guidelines. Following the AAP/Bright Futures Periodicity Schedule for all EPSDT members, well-child visits should always include the following screening services and care components:

- Health and developmental history
- An unclothed, physical exam
- Developmental assessment and mental health/behavioral health screening
- Assessment and provision of all immunizations as appropriate for age and health history
- Assessment of nutritional status
- Vision and hearing testing
- Laboratory procedures appropriate for age and population groups, including lead screening and testing as appropriate. Note that CMS calls for any child enrolled in Medicaid, lead toxicity screening via capillary specimen should be drawn at 12 and 24 months. Lead toxicity screening should also be completed on all Medicaid members ages 36-72 months if they have not had a prior lead screening at age 12 or 24 months.
- Lead toxicity screening via capillary
- Direct referral for dental services for diagnosis and treatment of a child two (2) years of age and over
- Anticipatory guidance and health education

For PCPs who are also EPSDT providers (PT 45), using the EP modifier helps us know that you have completed all screening components of an EPSDT well-child visit. This includes those listed above in combination with the Bright Futures Periodicity Schedule.

Sometimes members and caregivers don't understand the difference between a sport's physical and a full well-child visit that meets the criteria outlined by EPSDT. It's important to remind caregivers who request a sports physical that it does not replace an annual well-child exam.

For a member who has not yet had their well-child visit for the year, recommend the caregiver schedule their child's well-child exam during the same time as the sports physical can be completed.

We are so grateful that you are taking such great care of our pediatric members through these visits.

It Matters to Passport - Provider Forum

It Matters to Passport is a unique forum for you to engage with the health plan in real time to solicit feedback and recommendations to minimize administrative hurdles and to simplify the ways you engage with us.

Join us for one (or more!) of our virtual monthly forums held from 12-1pm EST:

- [September 29, 2021 – Quality](#)
- [October 27, 2021 – Community Engagement/Health Education/Diversity, Equity and Inclusion](#)
- [November 17, 2021 – EPSDT](#)
- [December 15, 2021 – A Year in Review](#)

Additional ways you can submit your feedback to us:

- Email: ItMatters@passporthealthplan.com
- [It Matters to Passport Suggestion Box](#)
- [Provider Training Suggestion Box](#)
- [Provider Newsletter and eNews Feedback](#)
- [Provider Portal Satisfaction Survey](#)

Visit www.passporthealthplan.com/ItMatters for more information and to register for a virtual forum!

Additional Resources for Your Office

Passport's website has many great tools to assist you in your day-to-day operations. Check out some of the links below or contact your Provider Services Representative to schedule an educational orientation for your office.

- [Important Contact Information](#)
- [Quick Reference Guide](#)
- [Access and Availability Standards](#)
- [Meet the Provider Services Team](#)

For more educational training and resources, visit www.passporthealthplan.com > Health Care Professionals and click on the Communications tab.



Peer-to-Peer Conversations for Adverse Benefit Determination

A **Peer to Peer (P2P)** is a conversation between the provider directing the care of the member and the UM Medical Director to re-evaluate an adverse benefit determination. The requesting provider may share additional information to support an approval of the requested services. This conversation can occur for inpatient or PA requests.

The requesting provider must indicate that (s)he wishes to have a P2P conversation with the UM Medical Director who generated the adverse benefit determination within 2 business days of the decision to deny. A P2P will be scheduled ASAP but will not exceed 2 business from date of P2P request.



Below are the P2P phone numbers you need to know:

For Medical P2Ps, please call 877-373-8969 and leave a VM message. A P2P Coordinator will return your call with a scheduled date and time.

For Radiology P2Ps, please call 855-714-2415. At the first prompt, enter 59 for KY, then select option 1 for P2P. If an MD calls to initiate the P2P, Radiology will connect them to one of our available licensed KY Medical Directors. If Radiology does not have any available Medical Directors to take the call, they will call back when one of the Medical Directors is available.

For Pharmacy J code P2Ps, please call 800-578-0775 and select the prompt for Provider Services.

For Pharmacy Oral Medication P2Ps, please contact MedImpact at 858-790-6060.

New! Online Healthy Cooking Lessons

If you have a patient with diabetes, pre-diabetes, or who is just trying to eat healthier, we have a great virtual resource for you to share.

Passport Health Plan by Molina Healthcare Health Education Manager Lisa Bellafato has created a 7-week series called **Cooking Fresh for Health**.

In these videos, Lisa shows how to make some easy, healthy dishes, and offers some tips for healthier living and self-care. You can also follow the weekly series on our social media pages.



Check out the videos at www.passporthealthplan.com/healthycooking.

