



Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

First quarter 2025

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Evaluating Molina's quality performance

Annually, Passport by Molina Healthcare (Passport) evaluates health plan quality performance using two important data sets. These data sets allow Passport to assess health plan performance for critical indicators of quality and member satisfaction.

First area of focus

Passport collects and reports Healthcare Effectiveness Data and Information Set (HEDIS®) measures to evaluate quality performance. HEDIS® measures, collected by health plans across the country, are related to key health care issues, such as well care and immunizations, preventive screenings, tests and exams, management of chronic conditions, access to care, medication management and utilization of services. Passport sets performance goals for each measure evaluated to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Passport's HEDIS® results are available within the Health Resources section on the provider website at [HEDIS®](#).

Second area of focus

Passport also works with external survey vendors to collect and report Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction survey results annually. Passport uses CAHPS® survey results to evaluate how satisfied our members are with the health care and services they receive from the health plan and providers. Passport also sets performance goals for CAHPS® to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Passport's CAHPS® results are available within the Health Resources section on the provider website at [CAHPS®](#).

If you have any questions or want additional information or printed copies with HEDIS® or CAHPS® results, please contact Provider Relations at **(800) 578-0775**.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool to evaluate patient satisfaction. 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 significant 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

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Passport members can call the 24-hour Nurse Advice Line
- Passport members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at PassportHealthplan.com to:
 - Search for patients and check member eligibility
 - Submit service request authorizations and/or claims and check status
 - Review Patient Care Plan
 - Obtain CAHPS® Tip Sheets
 - Participate in online Cultural Competency trainings (also available at PassportHealthplan.com)

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed it?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?
- How often was it easy to get the care, tests and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

IMPORTANT: Changes to NCQA Credentialing requirements effective July 1, 2025

There is a change coming to NCQA Credentialing standards, and we wanted to make you aware of it. Effective July 1, 2025, Passport by Molina Healthcare will be required to verify that your license to practice is renewed on or before the expiration date. After July 1, practitioners with an expired license may no longer participate in the Passport network. Please be sure to renew your license in a timely manner to prevent any unnecessary terminations from occurring. Our system auto-verifies all licenses daily, so there's no need to submit a copy of your renewed license.



Update provider data accuracy and validation

Providers must ensure Passport has accurate practice and business information. Accurate information allows us to support better and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Passport at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your **REMOVAL** from the Passport Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster with the above information to Passport.

All other providers must log into their CAQH account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Passport. If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Services representative for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Passport of any changes, as soon as possible, but at least thirty (30) calendar days in advance, of any changes in any provider information on file with Passport. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty
- Any other information that may impact member access to care



2025 Passport Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Passport requires PCPs and key high-volume specialists 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 multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at **Model of Care Resources & Training**. The completion date for this year's training is December 31, 2025.

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current **Provider Manual**.

Claims submission

Passport strongly encourages providers to submit their claims electronically – including secondary ones. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

Passport offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house.

If electronic claims submission is not possible, please submit paper claims to the following address:

Passport by Molina Healthcare
PO Box 36090
Louisville, KY 40233

When submitting paper claims:

- Submissions are not considered “accepted” until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- They will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering – including handwritten claims.
- They must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see CMS claims submission guidance at [cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500](https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500).



Claims inquiries reminder

- Claims inquiries and questions should always be directed to the **Provider Call Center** at **(800) 578-0775**, which can research five claims per call.
- If claims require additional review or escalation after having made contact with the Provider Call Center, please contact your Provider Services representative. A current listing of Provider Services representatives, their territories and contact information is located at [Meet the Provider Services Team](#).
- Your Provider Services representative will need the required information, to be able to assist in a further review of claims:
 - Group NPI
 - TIN
 - Description of issue
 - The call reference number obtained from the Provider Call Center
 - Examples of issues, including member name, member ID, DOS and claim number

Nicotine cessation

Effective January 2025, the KY Department for Medicaid Services (DMS) has implemented a 2-year Performance Improvement Plan (PIP) related to nicotine use and cessation. The PIP goals include increasing the number of Medicaid members who receive intervention for a known nicotine use disorder.

As part of the PIP, all managed care organizations (MCO) will be required to give primary care providers (PCPs) care gap lists of assigned members for whom the MCO has identified nicotine use or probable nicotine use but no intervention that can be identified through encounter data. Passport hopes to roll these care gap reports out to providers through existing care gap reporting methods beginning in Q2 2025.

The US Preventive Services Task Force recommends that clinicians ask all adults about nicotine/tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US FDA approved pharmacotherapy for cessation to non-pregnant adults who use nicotine/tobacco.

The American Academy of Pediatrics (AAP) recommends screening for nicotine/tobacco use as well as other substances starting at age 11 using an evidence-based assessment tool. To maximize opportunities to identify and intervene for youth using nicotine products, AAP offers the Ask-Counsel-Treat (ACT) model for cessation efforts at every clinical encounter in pediatric practices.

Tobacco cessation is a covered benefit. It can also be part of a preventive care visit for PCPs or a therapy session for behavioral health providers. Nicotine Replacement Therapy (NRT) is a covered benefit for members with a prescription. Providers can also refer adult patients to the KY Quitline [Kentucky - Make a Referral](#) and teens to MyLife MyQuit [Provider Web Referral](#).

Resources for Providers

AAP Provider Supports: [Tobacco Control and Prevention](#)

Kentucky Cabinet for Health and Family Services: [Tobacco Prevention and Cessation Program](#)



Cultural and Linguistic Services

Passport strives to provide quality health care to our members through access to all facilities and services as well as culturally, equitably and linguistically appropriate services. To meet these federally required standards, the provider's facilities, equipment, personnel and administrative services must be at a level and quality necessary to perform duties and responsibilities to meet all applicable legal requirements including the accessibility requirements of the Americans with Disabilities Act (ADA).

Passport works to ensure all members receive culturally competent care in an equitable manner across the service continuum to reduce health disparities and improve health outcomes. Providers are required by law to provide interpreters to all of their patients (regardless of the patient's insurance). Language access directly connects to good health and outcomes for the provider and member. For additional information about Passport's program and services, please refer to the Cultural Competency and Linguistic Services section of the Provider Manual.

Interpretive services can be scheduled by

calling **(800) 578-0775**. This is free of charge to the member and provider. When scheduling, remember these important tips:

- Check the language preference before the appointment.
- Ask for an interpreter before the appointment. Advance notice is needed for some appointments:
 - Phone – 15-30 minute lead time
 - Video – 7-10 day lead time
 - In Person – 7-10 day lead time
- Have a speaker phone in the patient's exam room.
- Speak in short phrases.
- Be aware of gender preferences for interpreter, provider and member.
- Schedule an appointment for additional time.
- A family member or Google translation should not be used for interpreter services.

Annual wellness visits and preventive screenings

The annual wellness visit is an ideal opportunity to learn about your patients, our members, present and future health. The visit is a good time for a conversation between providers and our members to discuss their health history, address any concerns, review medications, provide immunizations and perform wellness assessments.

Passport allows members 22 years or older to have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner at any time in the calendar year. There is no requirement to wait 365 days from the last wellness visit.

Other services covered by Passport include:

- Breast cancer screening
- Colon cancer screening
- Chlamydia screening
- Maternal health
- Vaccines/immunizations
- Vision screening
- Dental care

Provider action needed:

- Use the guidelines for Adult Preventive Services Recommendations from the USPSTF ([A and B Recommendations | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)).
- Follow recommendations by both age and gender.

Additional information is available on the Passport website at [PHGs](#).

Take advantage of every office visit to promote wellness care and preventive screenings. If you cannot get an adult patient in for an annual exam, take advantage of a sick visit to set them up for any necessary preventive care screenings.

- Adults need immunizations too! Refer to the CDC/ACIP Adult Immunization Schedule for those 19 and over. [Adult Immunization Schedule by Vaccine and Age Group | CDC](#)
- During the wellness visit, perform all required services and submit the appropriate codes, including information regarding the member's vital signs and current lab results.
- Review previously documented chronic conditions and report a comprehensive clinical picture demonstrating the severity of the illness. Document to the highest level of specificity.
- Passport encourages our members to complete their Health Risk Assessment (HRA) each year to better understand and manage the health needs of our members. We are reaching out to request your assistance in completing the HRA form for your patients who are members of our plan. The information gathered through this assessment will help us provide more tailored and effective health care services, ultimately benefiting both you and your patients. The link to the HRA form is MolinaHealthcare.com/members/ky/en-us/mem/medicaid/hra.aspx. We are available to answer any questions you may have. Your assistance is greatly appreciated and will contribute significantly to improving patient care and outcomes.

Members may be able to redeem Healthy Reward gift card credits for completing preventive and wellness care by calling **(833) 986-0072 (TTY: 711)** or submitting a Healthy Rewards Form. Please assist members, as needed, in filling out and submitting the [Healthy Rewards Attestation Form](#). For a complete list of Healthy Rewards please visit [Training & Resources | Passport Health Plan by Molina Healthcare](#).

2025 Diabetes sweepstakes

Did you know that retinopathy is the number one cause of blindness among working-age adults? Even though 95% of vision loss cases are preventable with early detection and treatment, only about half of patients with diabetes visit the eye specialist for annual retinal exams. Passport supports our providers in prioritizing eye exams for their diabetic patients by offering the opportunity for their practice to be eligible for their own Welch Allyn RetinaVue 700 Imager RV700-B Retina Camera valued at \$11,680, along with a one-year prepaid software service agreement valued at \$2,256.

This camera will enable our Passport primary care providers to obtain high quality retinal images and offer a seamless process for patients to ensure that they are receiving the necessary preventive care to maintain their retinal health

The benefits of having an ophthalmic imaging camera in a primary office setting include:

- Helps to improve patient health outcomes
- Offers quick, comfortable diabetic retinal exams during routine primary care office visits
- Saves patients the time and expense of a separate visit to the ophthalmologist
- Achieve NCQA® HEDIS® quality measures for annual diabetic retinal exams
- Accurately documents chronic conditions and complications to improve care coordination and risk adjustment
- Improves total cost of care with early detection and treatment

The Diabetes Sweepstakes will run from January 1, 2025 to December 31, 2025, and winners will be announced by May 31, 2026. Providers can enter at [PHP Diabetes Sweepstakes Entry Form_Final_HEDIS Form.pdf](#). Completed forms should be emailed to phpdiabetessweepstakes@MolinaHealthcare.com.

Official Rules and FAQ links can be found below:

[Molina Passport - Final 2 Official Rules - Legal Approved Provider Sweepstakes Form 7.09.2024.pdf](#)
[Diabetes Sweepstakes -FAQ-Final_HEDIS Form.pdf](#)

Continuity and coordination of care

Passport stresses the importance of timely communication between providers involved in a member's care. Ongoing coordination of care between PCPs, specialists and especially behavioral health providers is expected to ensure best outcomes for our members. Information should be shared to facilitate communication of urgent needs or significant findings. We encourage behavioral health providers to pay particular attention to communication with PCPs at the time of discharge from an inpatient hospitalization. To make it possible for information to be shared, ensure that appropriate member consents are obtained. For additional information on addressing behavioral health needs in medical settings, the following tools are available at

- [Behavioral Toolkit](#)
- [Behavioral Health and Primary Care Provider Care Coordination](#)

Please contact your Provider Services representatives if you have questions or need additional information.

Clinical Policy

Molina Clinical Policies (MCPs) are located at MolinaClinicalPolicy.com. The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

Updates from the fourth quarter 2024:

The following new policy was approved:

- UM CARDIO_1460 - Right Heart Catheterization Only

The following policies were revised:

- MCP-051 Genetic Testing
 - Clarified “predictive” to read “predictive testing of known familial variants.”
- MCP-420 Zytengio (betibeglogene autotemcel)
- MCP-424 Skysona (elivaldogene autotemcel)
- MCP-459 Pre-Transplant and Transplant Evaluations
- UM CARDIO_1080 Implantable Cardioverter Defibrillator Revised
 - Annual Review; CPT codes updated.
- UM CARDIO_1121 Transthoracic Echocardiography (TTE) Revised 2
 - Annual Review; CPT codes updated.
- UM CARDIO_1127 Diagnostic Heart Catheterization
 - Corrected CPT codes from the previous policy version. References updated, format changes - right heart cath only points were taken out and new policy created.
- UM CARDIO_1149 Cardiac Resynchronization Therapy Implantation Revised
 - Annual Review; CPT codes updated.
- UM CARDIO_1162 Endovascular Aortic and Iliac Artery Aneurysm Repair
 - Removed reference to the descending thoracic aorta and thoracoabdominal aorta references updated, format changes.
- UM CARDIO_1257 Cardio Policy: Device Programming Revised 2
- UM CARDIO_1337 Abdominal Aortic Aneurysm Open Repair
 - Removed reference to the descending thoracic aorta and thoracoabdominal aorta references updated, format changes.
- UM CARDIO_1390 Ventricular Assist Device (VAD) Percutaneous and Permanent
 - Annual Review.
- UM ONC_1332 Lutathera (lutetium Lu 177 dotate)
 - Added indications to include use in pediatric members 12 years and older.
- UM ONC_1421 Breyanzi (lisocabtagene maraleucel) Revised 3
 - Added indications for follicular lymphoma and mantle cell lymphoma.
- UM ONC_1507 Tecelra™ (afamitresgene autoleucel)_09272024