



Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

Fourth quarter 2024

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Model of Care training is underway

Passport by Molina Healthcare (Passport) requires primary care providers (PCPs) and key high-volume specialists, including hematology/oncology, obstetrics/gynecology and psychiatry to receive training about Passport's Special Needs Plans (SNP) Model of Care (MOC), in alignment with requirements from the Centers for Medicare & Medicaid Services (CMS).

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 MolinaHealthcare.com/model-of-care-Provider_Training. The completion date for this year's training is December 31, 2024.

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



Third-party liability (TPL) on explanation of payments (EOP)

Third-party liability (TPL) refunds are an internal way Molina posts refunds received and do not reflect recoupment from a payee. The Molina 835 will indicate a WO/72 adjustment on the PLB segment, indicating the amount (which is the refund) and the claim ID in the reference field. In addition, on the EOP itself, the reversal claim will show a \$0.00 amount, and a remit message will indicate that a TPL refund has been applied. No recoupment occurs to decrease a provider's payment.

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

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



2024-2025 flu season

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

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

Other 2024-2025 vaccination recommendations

- For most individuals who need only one dose of the influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination can continue beyond October as long as influenza viruses are circulating and unexpired vaccines are available.
- ACIP guidelines recommend 2 doses spaced by at least 4 weeks for children ages 6 months to 8 years who are getting the influenza vaccine for the first time.
- Early vaccination (during July or August) is generally not recommended, particularly for adults aged 65 years and older and for pregnant individuals in their first or second trimester, due to concerns about waning immunity later in the season. However, early vaccination may be considered for those unlikely to return for vaccination later or for children who require two doses.
- ACIP recommends specific vaccines for certain populations:
 - Adults aged ≥ 65 years and
 - Individuals with immunocompromising conditions or chronic medical conditions that prevent them from receiving live attenuated vaccines.

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

- For adults aged ≥ 65 years, ACIP recommends the preferential use of any of the following higher-dose or adjuvanted vaccines:
 - High-dose inactivated influenza vaccine (HD-IIV3),
 - Recombinant influenza vaccine (RIV3), or
 - Adjuvanted inactivated influenza vaccine (aIIV3).

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

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

Updates included in 2024-2025 ACIP report

- The ACIP 2024-2025 recommendations include updates to the composition of the U.S. seasonal influenza vaccines and new recommendations for the vaccination of adult solid organ transplant recipients. The composition of the 2024-2025 vaccines includes the following:
 - Hemagglutinin (HA) derived from:
 - Influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or Influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines),
 - Influenza A/Thailand/8/2022 (H3N2)-like virus (for egg-based vaccines) or Influenza A/Massachusetts/18/2022 (H3N2)-like virus (for cell culture-based and recombinant vaccines), and
 - Influenza B/Austria/1359417/2021 (Victoria lineage)-like virus (for egg-based, cell culture-based, and recombinant vaccines).
- Influenza B/Yamagata lineage will no longer be included in vaccines for the 2024-2025 season due to the absence of confirmed detections since March 2020.
- For adult solid organ transplant recipients, ACIP has updated the recommendations for those aged 18 through 64 years who are receiving immunosuppressive medication regimens. These individuals may receive either HD-IIV3 or allV3. Both vaccines are now considered acceptable options, with no preference over other age-appropriate inactivated influenza vaccines (IIVs) or recombinant influenza vaccines (RIVs).
- A systematic review and GRADE evidence evaluation was conducted to compare the effectiveness and safety of HD-IIV3 and allV3 against standard-dose unadjuvanted IIVs. The review found that both HD-IIV3 and allV3 demonstrated better immunogenicity and were associated with a greater likelihood of seroconversion for influenza A(H1N1), A(H3N2), and B components, particularly for solid organ transplant recipients. However, there was no increased risk of graft rejection observed with either vaccine.

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

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

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



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

According to certain federal guidelines, Passport must provide comprehensive services and furnish all appropriate and medically necessary services to correct and alleviate health conditions. EPSDT is comprised of screening, diagnostic and treatment services, and all providers serving eligible members for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- Provide or arrange for the provision of screening services for all children.
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time and in the right setting.

Additional information and training regarding Molina's EPSDT program are available at MolinaHealthcare.com/providers/ky/medicaid/comm/training.aspx.

Molina Healthcare's Special Investigation Unit is partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,900 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases known to identify and track fraud, waste and abuse. Our system allows us to track providers' compliance with correct coding, billing, and their provider contractual agreement.

As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. We all should take it seriously because it is important in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the importance of SIU's work. We hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina AlertLine toll-free at **(866) 606-3889**, 24 hours per day, 7 days per week. In addition, use the website to make a report at any time at MolinaHealthcare.Alertline.com.

Clinical Policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). Providers, medical directors and internal reviewers use these policies to make medical necessity determinations. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Provider Manual updates

The Provider Manual is generally updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com/providers/ky/medicaid/manual/medical.aspx](https://www.molinahealthcare.com/providers/ky/medicaid/manual/medical.aspx).



Dental mobile clinic

Passport by Molina Healthcare is committed to helping our members start a foundation of healthy oral practices during early childhood. Passport is focused on two HEDIS® quality measures: Topical Fluoride for Children (TFC) and Oral Evaluation of Dental Services (OED). TFC is an evaluative measure geared for members aged 1-4 which includes administering at least 2 fluoride applications during the measurement year. OED measures the percentage of members aged 0-21 who received a comprehensive oral evaluation with a dental provider during the measurement year. These measures, along with the Access to Sealant Receipt on Permanent First Molars, are part of the state mandated Performance Improvement Project (PIP). This PIP is designed to help pediatricians, dentists and other medical professionals identify barriers and encourage families to begin healthy oral habits early!

The Department of Medicaid in Kentucky has identified Dental Health Provider Shortage Areas (DHPSAs) in Fulton, Hickman, McCreary and Martin Counties. Passport has recently partnered with Kare Mobile, a dental service organization whose mission is to provide accessible oral health care for all. Through this partnership, we have implemented dedicated Passport days to offer direct to consumer oral health care delivery from Kare Mobile to members residing in the DHPSAs for the remainder of 2024. We will continue to expand event offerings in 2025 on a quarterly basis.

Other disparities are also found among Passport's African American population throughout the state and members who experience housing insecurity. Passport has created targeted interventions for these specific groups to assist in making dental care available to all.

If your patient is not yet established with a dentist, please consider providing fluoride treatments to help prevent cavities and boost oral health for the child until they begin seeing a dentist on a regular basis. PCPs, pediatricians, PAs, NPs, nurses, and MAs can administer and the Topical Fluoride only takes 2 minutes and does not require a prior dental cleaning or any special dental equipment in the PCP's office. The reimbursement rate is \$18.75 per application (CPT 99188).

Immunization initiatives

Passport is committed to assisting our members with timely vaccination. To meet the needs of our members, Passport partnered with the Louisville Metro Department of Public Health and Wellness to offer two Saturday immunization clinics in 2024. The events were advertised in a limited capacity. Pediatric members with immunization gaps in care who reside near the health department were outreached for scheduling assistance. Appointments were encouraged, but walk-ins were welcome. Passport nurses administered 50 vaccinations at the events, and community engagement staff members were present to answer members' questions. We are excited to continue collaborating with LMDPHW in 2025 to host several more immunization clinics.

Immunization reminders are vital to timely vaccination. In addition to sending reminder mailings, Passport began texting our members who need their vaccinations before the age of 2 and before the age of 13 in 2024. Passport staff also call members when it is time for their vaccinations, and we offer scheduling and transportation assistance to our members in Jefferson and Bullitt Counties to remove the barriers they may have in getting to vaccine appointments. Passport members are rewarded for on-time vaccinations. Click [here](#) to see which rewards your patients may be eligible for. Please let your Passport patients know they may receive a reminder call, text or mail from us and may be eligible for gift card credits when completing timely vaccinations!

Metabolic monitoring for children and adolescents (APM)

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure is based on the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions who had metabolic testing during the past year. Metabolic testing has two components: blood glucose and cholesterol. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Antipsychotic medications can increase a child's risk for developing health concerns, including metabolic health complications. The goal of this measure is for consumers to have metabolic monitoring by having both a blood glucose test (glucose or HbA1c) and LDL-C testing annually.

The most common antipsychotics that are prescribed to children are: Risperidone, Aripiprazole and Quetiapine.

Tips for providers:

- Schedule annual appointments to have metabolic testing completed for your children and adolescent patients currently on antipsychotic medications.
- Educate the parent or guardian of the child that properly monitoring cholesterol and glucose decreases risks of long-term illnesses.
- Talk with the parent or guardian about the importance of care coordination between primary care and behavioral health care providers.
- Talk to your patients about the importance of taking medications as prescribed and reporting any side effects that they may be experiencing.
- If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert when a patient is due for screenings.

For further information regarding APM, please refer to Passport's APM HEDIS® Tip Sheet located in the Availity Essentials portal. Simply log in to Availity Essentials and click on Passport's Payer Space > Resources. Not registered for Availity Essentials? Visit [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare).



Community Family Clinic, PLLC



Healthway Internal Medicine and Pediatrics

Introducing our 2023 Diabetes Sweepstakes winners

Congratulations to our 2023 Diabetes Sweepstakes winners! Community Family Clinic, PLLC and Healthway Internal Medicine and Pediatrics each received a Welch Allyn RetinaVue 700 Imager RV700-B Retina Camera valued at \$11,450, along with a one-year software service agreement. These groups earned entry into the Sweepstakes by achieving the NCQA 50th percentile for HEDIS® measure Hemoglobin A1c Control for Patients with Diabetes.

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. The RetinaVue 700 Imager RV700-B Retina Camera will enable our Passport primary care providers to obtain high quality retinal images and offer more comprehensive care to their patients.

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
- Achieves 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
- Is available to any diabetic patient

Be on the lookout for official sweepstakes rules and your opportunity to enter our 2025 Diabetes Sweepstakes beginning in Q1 2025 and ending on December 31, 2025! Your practice could be our next big winner!

SNS-E: how to submit results

The Social Need Screening and Intervention (SNS) measure aims to identify and address members' social determinants of health needs. The HEDIS®-approved screening instrument looks at food, housing and transportation needs. This measure helps identify specific needs and connect members with resources necessary to address unmet social needs.

The SNS-E measure is reported using the Electronic Clinical Data System (ECDS) reporting standard, which lets providers report structured clinical and administrative data directly from their electronic systems.

Members of all ages need to be screened at least once during the measurement year for unmet food, housing, and transportation needs. Members who screen positive need to receive a corresponding intervention within 30 days of the positive screen.

Interventions fall into eight categories:

- Assessment
- Assistance
- Coordination
- Counseling
- Education
- Evaluation of eligibility
- Provision
- Referral

LOINC codes for SNS-E are used to identify the instrument used in the screening. LOINC codes can only be submitted electronically. They cannot be submitted on paper claims. The interventions can be billed using CPT, SNOMED or HCPCS codes.

For more information regarding HEDIS®-approved screening tools and SNS-E LOINC codes, please refer to Passport's SNS-E HEDIS® Tip Sheet located in the Availity Essentials portal. Simply log in to Availity Essentials and click on Passport's Payer Space > Resources. Not registered for Availity Essentials? Visit [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare).

Keep Passport updated with changes to your practice

Passport wants to remind our providers of their obligation to update us with changes to your practice, demographics, panels and other important information.

Maintaining an accurate and current provider directory is a commonwealth and federal regulatory requirement and a National Committee for Quality Assurance (NCQA)-required element. Invalid information can negatively impact member access to care and member assignments. Additionally, current information is critical for timely and accurate claims processing.

Specifically, providers are encouraged to validate their provider information on file with us at least once every 90 days for correctness and completeness.

In accordance with the terms specified in your Provider Agreement, providers also must notify us of any changes as soon as possible, but at a minimum of 30 calendar days in advance of any changes in any provider information on file with Passport. Changes include, but are not limited to:

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

Please visit our Provider Online Directory at PassportHealthPlan.com to validate your information. Providers can make updates through the Council for Affordable Quality Healthcare (CAQH) portal, or you may submit a full roster that includes the required information above for each health care provider and/or health care facility in your practice. Providers unable to make updates through the CAQH portal or roster process should contact their Provider Services representative for assistance.

Providers can also submit changes via the Provider Information Update Form available [here](#) and on the website.

If you have questions, please contact **Provider Services** at **(800) 578-0775** or your local Provider Relations representative.