

# PROVIDER NEWSLETTER

A newsletter for Passport Health Plan by Molina Healthcare

Second Quarter 2022

## In this Issue

AccordantCare™ Supporting Patients with Complex, Rare Conditions .....	2
Important Message - Updating Provider Information .....	3
Practitioner Credentialing Rights: What You Need to Know .....	3
Passport Utilization Management Drug Formulary & Pharmaceutical Procedures .....	4
Case Management .....	5
Resources Available on Passport's Provider Website .....	6
Translation Services .....	7
Patient Safety .....	7
Care for Older Adults .....	8
Hours of Operation .....	8
Non-Discrimination .....	8
Member Rights & Responsibilities .....	9
Population Health (Health Education, Disease Management, Care Management and Case Management) .....	9
Quality Improvement Program .....	10
Standards for Medical Record Documentation .....	11
Preventive Health Guidelines .....	12
Clinical Practice Guidelines .....	12
Advance Directives .....	13
Behavioral Health .....	13
Care Coordination & Transitions .....	14
Health Risk Assessment & Self-Management Tools .....	14
Quality Corner.....	15

**And much more!**



## New Clinical Policy Website Available to Passport Providers

In February 2022, Passport Health Plan by Molina Healthcare (Passport) launched a new provider tool via our website – it is available at **[MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com)**.

The website includes Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs). The policies are used by providers as well as Medical Directors and internal reviewers to make medical necessity determinations.

This will help ensure that providers have access to the most current MCPs and MCRs. Routine updates will be made following approval by the **Molina Clinical Policy Committee**. We are excited to share this new tool with our providers. Check it out today!

## AccordantCare™ Supporting Medicaid Patients with Complex, Rare Conditions



Passport works closely with **Accordant®** to provide a high-quality health benefit plan to/for Passport members. That's why we offer AccordantCare™, a comprehensive program that provides one-on-one nurse support for 20 rare and complex conditions.

This NCQA®-accredited program helps drive better health outcomes, improve quality of life, and reduce the cost of care. The program can do the following:

- Reinforce members' understanding and adherence to their care plan outlined by health care providers.
- Identify gaps in care and coordinate with health care providers as needed.
- Engage and empower members with proactive support and education.
- Promote improving total health and help manage multiple, complex needs.
- Provide rare disease expertise, including medication side effect management, with more than 300 nurse clinicians in 50 states.
- Help ensure the highest quality care with oversight provided by a medical advisory board of more than 30 nationally recognized physicians.

### Making a Difference

An Accordant primary nurse provides a single point of contact for total support, coordinating care, and aligning resources. Learn more about how one nurse helped one member on their path to better health.

#### **Challenge:** A gap in therapy

A member with multiple sclerosis (MS) recently had two flares. An Accordant nurse talked with the member and learned he was unaware of the status of his next Ocrevus® infusion.

#### **Action:** Quick intervention, whole-person support

The nurse worked with Passport to get Ocrevus approved and helped schedule the next infusion at an MS clinic. The nurse educated the member on MS flares when to contact the doctor and the importance of following a prescribed plan of care including medical adherence. The nurse was also able to help with the patient's other health issues, including administering a depression screening and helping the member and their caregiver become fully vaccinated.

**Outcome:** Back on track

The member was in good spirits and grateful for immediate assistance. He has been in touch with his health care providers and resumed his Ocrevus therapy. The Accordant nurse will continue to follow up with the member to ensure they stay on track.

Provide a higher level of care for members with rare and complex conditions with Accordant. To refer a member, contact Accordant at [intake@cvshealth.com](mailto:intake@cvshealth.com) or **844-905-0852**.

**Important Message – Updating Provider Information**

It is important for Passport to keep our provider network information current. Up-to-date provider information 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, when possible, of changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers (PCP) **only if your practice opens or closes to new patients**
- When a provider joins or leaves the practice

Changes should be submitted on the [Provider Change Information Form](#) located under the Provider Forms area.

Send changes to:

Email: [Contracting@passporthealthplan.com](mailto:Contracting@passporthealthplan.com)

Fax: **833-529-1081**

You may call our Provider Contact Center at **800-578-0775**.

**Practitioner Credentialing Rights: What You Need to Know**

Passport must protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to the strict standards established by the state regulators and accrediting organizations. Your responsibility, as a Passport provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Passport also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Passport provider, you have the right to the following:

- Strict confidentiality of all information submitted during the credentialing process
- Nondiscrimination during the credentialing process

- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, except for references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department
- Receive notification of the credentialing decision within 60 days of the committee decision or shorter timeframes as contractually required
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Passport provider, please review your provider manual. You may also review the **Provider Manual**. For other questions, please call the Provider Contact Center, **800-578-0775** or reach out to your **Provider Services Representative**.

## Passport Utilization Management Goals

One of the goals of Passport's Utilization Management (UM) Department is to render appropriate UM decisions that are consistent with objective clinical evidence. To achieve that goal, Passport maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Passport clinical criteria include MCG criteria that are utilized to conduct inpatient review (except when Change Healthcare InterQual® is contractually required); American Society of Addiction Medicine (ASAM) Criteria; National Comprehensive Cancer Network (NCCN); Hayes Directory; applicable Medicaid Guidelines; Molina Clinical Policy (MCP) and Molina Clinical Review (MCR) (developed by designated Corporate Medical Affairs staff in conjunction with Passport physicians serving on the Medical Coverage Guidance Committee); UpToDate; and other nationally recognized criteria including technology assessments and well controlled studies that meet industry standards and Molina policy; and when appropriate, third party (outside) board-certified physician reviewers.
- Passport ensures that all criteria used for UM decision-making are available to practitioners upon request. The clinical policy website, [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com) provides access to MCP and MCR criteria. Providers also have access to the MCG Cite for Care



Guideline Transparency tool through our [Portal](#). To obtain a copy of the UM criteria used in the decision-making process, call our **UM Department** at **800-578-0775**.

- As the requesting practitioner, you will receive written notification of all UM denial decisions. If you need assistance contacting a medical reviewer about a case, please call the UM Department at **800-578-0775**.

It is important to remember that:

- UM decision-making is based only on the appropriateness of care and service and the existence of coverage.
- Passport does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- UM decision-makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
- Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.
- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network Passport will arrange for a member to obtain a second opinion out of network at no additional cost to the member than if the services were obtained in-network. Passport provides for a second opinion from a qualified in-network practitioner. Members from all Passport lines of business and programs should refer to their benefit documents (such as Schedule of Benefits and/or Evidence of Coverage) for second opinion coverage benefit details, limitations, and cost-share information. If an appropriate practitioner is not available in-network, prior authorization is required to obtain the second opinion of an out of network provider. Claims for out of network providers that do not have a prior authorization will be denied, unless regulation dictates otherwise. All diagnostic testing, consultations, treatment, and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered.
- Some of the most common reasons for a delay or denial of a request include:
  - Insufficient or missing clinical information to provide the basis for making the decision
  - Lack of or missing progress notes or illegible documentation

Passport UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call **800-578-0775**. You may also fax a question about a UM issue to Passport. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Passport also offers the ability to quickly and conveniently submit and status check PA through our provider portal, available at our [Portal](#).

PA fax numbers include:

- Advanced Imaging: **877-731-7218**
- Medicaid: **833-454-0641**
- Marketplace: **833-322-1061**
- Medicare Physical & Behavioral Health Fax: **844-251-1540**
- Medicare Inpatient Fax: **844-834-2152**
- Medicare Part D Pharmacy Fax: **866-290-1309**

For information about pre-authorization and the exception process, please refer to the ***Drug Formulary and Pharmaceutical Procedures*** article.

Passport regular business hours are **Monday-Friday** (excluding holidays), **7 a.m. – 7 p.m. local time**. Voicemail messages and faxes received after regular business hours will be returned the following business day. Passport has language assistance and TDD/TTY services for members with language barriers, members who are deaf or hard of hearing, and members with speech disabilities.

## Drug Formulary & Pharmaceutical Procedures



At Passport, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee. This committee meets on a quarterly basis, or more frequently, if needed.

The committee's goal is to provide a safe, effective and comprehensive Formulary/PDL. The P&T Committee is responsible for developing and updating drug formularies that promote

safety, effectiveness, and affordability -- which includes, but is not limited to, therapeutic class reviews, classes preferred or covered at any level, lists of preferred pharmaceuticals or formularies, considerations for limiting access to drugs in certain classes, prior authorization criteria, generic substitution, therapeutic interchange, step therapy, or other management methods.

**Drug formularies include but are not limited to pharmacy benefit as well as prescriber-administered specialty medications.** In addition, the committee reviews clinical appropriateness, and approves drug utilization management activities which include, pharmaceuticals preferred or covered at any level are identified, that an exception process is made available to members, substitutions can be made with permission of the prescribing practitioner, evidence that preferred status pharmaceuticals can produce similar or better results for a majority of the population than other pharmaceuticals in the same class, and other requirements, such as restrictions, limitations or incentives that apply to the use of certain pharmaceuticals. The P&T Committee objectively reviews new Food and Drug Administration (FDA) approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information and also new clinical guidelines and practice trends that may impact previous formulary placement decisions.

The Drug Formulary/PDL also includes an explanation of quantity limits, age restrictions therapeutic class preferences, and step-therapy protocols.

**Providers may request a formulary exception to prescribe drugs not listed in the Drug Formulary.** A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary, or to request to have a utilization management requirement waived (e.g., step therapy, prior authorization, quantity limit) for a formulary drug. Select medications on the drug formulary or drugs not listed on the formulary may require prior

authorization. Prior Authorization is a requirement that a prescriber obtains advance approval from Passport before a specific drug is delivered to the member to qualify for payment coverage, sometimes called precertification or prior approval.

Pharmacy benefit drugs must be requested using the **MedImpact PA form** and faxed to MedImpact at **858-357-2612**. For physician administered drugs, fax a completed medical benefit **PA form** to Passport at **844-802-1406**. A blank Pharmacy PA Request Form may be obtained by accessing [www.passporthealthplan.com](http://www.passporthealthplan.com) or by calling **800-578-0775**.

**The Drug Formulary/PDL is available online** under Passport Health Plan by Molina Healthcare Preferred Drug List (PDL).

The drug formulary/drug listing, processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are reviewed and updated at least annually, more frequently if appropriate. These changes and all current documents are posted on the Passport website at [PassportHealthPlan.com](http://PassportHealthPlan.com).

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Passport within 30 calendar days of the Food and Drug Administration notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

## Passport Complex Case Management Program

Passport offers you and your patients the opportunity to participate in our **Complex Case Management Program**. Patients appropriate for this voluntary program are those who have the most complex service needs. This may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties, and/or have additional social, psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime, and/or discharge plan.

**The purpose of the Passport Complex Case Management Program is to:**

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure that they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and ongoing care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family

If you would like to learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program, please call toll-free **800-578-0775**.

## Resources Available on Passport's Provider Website

Featured at [PassportHealthPlan.com](https://PassportHealthPlan.com):

- Clinical Practice and Preventive Health Guidelines
- Health Management Programs
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Provider Manual
- Current Formulary
- Cultural Competency Provider Trainings

If you would like to receive any of the information posted on our website in hard copy, please call **800-578-0775**.

## Translation and Interpreter Services

We can provide information in our members' primary language. We can arrange for an interpreter to help you speak with our members in almost any language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Passport at **800-578-0775**. You can also call TTD/TTY:711, if a member has a hearing or speech disability.

## Patient Safety Activities

Patient safety activities encompass appropriate safety projects and error avoidance for Passport members in collaboration with their primary care providers.

### Safe Clinical Practices

The Passport Patient Safety activities address the following:

- Continued information about safe office practices
- Member education; providing support for members to take an active role to reduce the risk of errors in their care
- Member education about safe medication practices
- Cultural competency training
- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices



Passport also monitors nationally recognized quality index ratings for facilities from:

- Leapfrog Quality Index Ratings ([leapfroggroup.org](http://leapfroggroup.org))
- The Joint Commission Quality Check® ([qualitycheck.org](http://qualitycheck.org))

Providers can also access the following links for additional information on patient safety:

- The Leapfrog Group ([leapfroggroup.org](http://leapfroggroup.org))
- The Joint Commission ([jointcommission.org](http://jointcommission.org))

## Hours of Operation

Passport requires that providers offer Passport members hours of operation no less than hours offered to commercial members.

Passport regular business hours are **Monday-Friday** (excluding holidays), **7 a.m. – 7 p.m. local time.**

## Available Non-Discrimination Resources

All providers who join the Passport provider network must comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS), the Office for Civil Rights (OCR), State law, and Federal program rules, which prohibit discrimination. For additional information, please refer to:



- **Medicaid Member Handbook** located at <https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/overvw/handbook.aspx>
- **Medicare Evidence of Coverage** located at: <https://www.molinahealthcare.com/members/ky/en-us/mem/medicare/plan-materials.aspx>
- **Marketplace Evidence of Coverage** located at: <https://www.molinamarketplace.com/marketplace/ky/en-us/MemberForms.aspx>

Additionally, participating providers or contracted medical groups/IPAs may not limit their practices because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high-cost care.

## Reminder: Member Rights & Responsibilities

Passport wants to inform its providers about some of the rights and responsibilities of Passport members.

### Passport members have the right to:

- Receive information about Passport, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and their right to privacy
- Help make decisions about their health care
- Participate with practitioners in making decisions about their health care
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Passport or the care it provides
- Make recommendations regarding Passport member rights and responsibilities policy



### Passport members have the responsibility to:

- Supply information (to the extent possible) that Passport and its practitioners and providers need to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Keep appointments and be on time (If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner.)

You can find the complete Passport Member Rights and Responsibilities Statement for your state on our website, [PassportHealthPlan.com](http://PassportHealthPlan.com). Written copies and more information can be obtained by contacting the Provider Services Department at **800-578-0775**.

## Current Population Health (Health Education, Disease Management, Care Management, Complex Case Management) Programs

Passport offers programs to help our members and their families manage a diagnosed health condition. You as a provider also help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs, which include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management

- High-Risk Obstetrician-Gynecologists (OB-GYN) Case management
- Transition of Care (ToC)

You can find more information about many of our programs on the Passport website at [PassportHealthPlan.com](https://PassportHealthPlan.com) or call the **Provider Contact Center** at **800-578-0775**. (TTY/TDD at 711 Relay).

## Quality Improvement Program: Fostering Accountability



Passport's **Quality Improvement Program** provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service.

The Quality Improvement Committee assists the organization in achieving these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

### The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions, and process improvements and determination of further actions
- Design of effective and value-added interventions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting organizations, and internal Passport threshold
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of functions that may be delegated: Claims, UM, and/or Credentialing
- Confirmation of the quality and adequacy of the provider and Health Delivery Organization network through appropriate contracting and credentialing processes

The Quality Improvement Program promotes and fosters accountability of employees, network, and affiliated health personnel for the quality and safety of care and services provided to Passport members.

The effectiveness of Quality Improvement Program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results

- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the Quality work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- Reviewing member satisfaction with their experience with behavioral health services through survey questions and/or evaluation of behavioral health-specific complaints and appeals
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral, and case management

Passport would like to help you to promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Passport website, please contact the **Quality Improvement Department** at **800-578-0775**.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, you can also visit our website at [PassportHealthPlan.com](http://PassportHealthPlan.com) and access the Health Resources area located on our provider website pages to obtain more information. If you would like to request a paper copy of our documents, please call the **Quality Department** at **800-578-0775**.

## Standards for Medical Record Documentation

Providing quality care to our members is important. Therefore, **Passport has established standards for medical record documentation to help assure the highest quality of care.**

Medical record standards promote quality care through communication, coordination and continuity of care and efficient and effective treatment.

Passport's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential patient information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records that must be included in each medical record:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the **Quality Department** at **800-578-0775**.

## Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to providers and their patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. **All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.**



These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the patient.

You can also view all guidelines at [PassportHealthPlan.com](https://PassportHealthPlan.com) by accessing the Health Resources section within our provider webpages. To request printed copies of Preventive Health Guidelines, please contact **Provider Services** at **800-578-0775**.

## Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited.

All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The care recommendations are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

**Passport has adopted the following Clinical Practice and Behavioral Health Guidelines,** which include but are not limited to:

- Acute Stress and Post-Traumatic Stress Disorder (PTSD)
- Anxiety/Panic Disorder
- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Children with Special Health Care Needs
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure in Adults
- Homelessness - Special Health Care Needs

- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Schizophrenia
- Sickle Cell Disease
- Substance Abuse Treatment
- Suicide Risk
- Trauma-Informed Primary Care

You can also view all guidelines at [PassportHealthPlan.com](https://PassportHealthPlan.com), in the Health Resources section of the provider webpages.

To request a copy of any guideline, please contact Passport's **Provider Contact Center** at **800-578-0775**.

## Advance Directives for Peace of Mind

Helping your patients prepare for Advance Directives may not be as hard as you think. Any person 18 years or older can create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.



A living will is written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so.

The following links provide you and your patients with free forms and information to help create an Advance Directive: [caringinfo.org](https://caringinfo.org)

[nlm.nih.gov/medlineplus/advancedirectives.html](https://nlm.nih.gov/medlineplus/advancedirectives.html)

For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

A patient's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the patient desires guidance or assistance, including any objections they may have to a patient directive prior to service whenever possible. In no event may any provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an Advance Directive. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for patients to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know advance care planning is a part of good health care.

## Behavioral Health

Primary care providers (PCPs) provide outpatient behavioral health services within the scope of their practice and are responsible for coordinating members' physical and behavioral health care, including making referrals to behavioral health providers when necessary.

If you or the member need assistance with obtaining approval for behavioral health services, please contact **Member Services** at **800-578-0603**.

## Care Coordination & Transitions

Passport is dedicated to providing quality care for our members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Passport member is discharged from a hospital. By working together with providers, Passport makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To ease the challenge of coordinating patient care, Passport has resources to assist you. Our staff, including nurses, are available to work with all parties to ensure appropriate care.

To appropriately coordinate care, Passport will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

**This information should be faxed to Passport at:**

- UM Department: **800-578-0775**
- Member Services: **800-587-0603**

## Health Risk Assessment & Self-Management Tools



Passport provides a **Health Risk Assessment** (Health Appraisal) for members on the My Passport Health Plan member portal. Our members are asked questions about their health and health behaviors and receive a report about possible health risks.

A Self-Management Tool is also available to offer guidance for weight management, depression, financial wellness, and various other topics.

Passport members can access these tools on [MyPassportHealthPlan.com](https://www.mypassporthealthplan.com)

## QUALITY CORNER News and Reminders

### Care Connections: Telehealth and In-Home Assessments

Passport introduced our **Care Connections** program last fall. The goal of the program is to meet Kentucky members where they live and work by offering home visits, mobile clinics, community-based pop-up clinics, and telehealth virtual visits.



Our Care Connections teams are staffed by Nurse Practitioners (NPs) and Social Workers who provide convenient wellness and preventive care services, including but not limited to, Annual Comprehensive Exams (ACE), well-child care, comprehensive diabetes care, colon cancer screening, and assessments of social determinants of health (SDOH).

The purpose of our team is to coordinate care and facilitate communication between members, their primary care physicians, and

Care Management. The team is also responsible for accurate and comprehensive documentation of member diagnoses, as well as addressing HEDIS gaps in care.

#### **Additionally, the Care Connection Team will:**

- Have an annual meeting with each member
- Submit an encounter to the health plan for the visit
- Send the member-identified Primary Care Provider (PCP) complete documentation of the NP visit with the member
- Generate a Case Management referral if the member has a critical medical Social Determinants of Health (SDoH) need identified
- NEVER be the PCP for the member – they are simply a care-extender for preventive and quality gaps in care closures
- NEVER send a bill to the member or the health plan
- NEVER do chronic care management

#### **CARE CONNECTIONS SERVICES**

##### **Annual exam including comprehensive review and documentation of patients':**

- Medical history and active diagnoses capture
- Medication review and patient education
- Pain and Functional Status assessments
- Mini-mental and depression screening
- Substance abuse screening
- Advanced directives status

**Health Risk Assessment (HRA)**

- Social Determinants of Health (SDOH)

**Redetermination reminders**

- Timely engagement of member to maintain coverage

**Coordination with PCP for all visits and findings**

- Coordination with Care Management as needed

**QUALITY SERVICES****Comprehensive Diabetes Care (EED and HBD)**

- Point-of-Care A1c
- Point-of-Care diabetic retinal exam

**Colon Cancer Screening (COL)**

- Cologuard order and result management

**Schizophrenic Screening for Diabetes (SSD)**

- Point-of-Care A1c

**Mothers of Molina (MOM) Postpartum (PPC-Post)**

- Edinburgh Postnatal Depression Scale (EPDS)

**Well Child (W30, WCC and WCV)**

- Immunization capability in development

**Post Discharge Visits**

- Includes medication reconciliation post-discharge (TRC)
- Behavioral Health (FUH, IET and many more to come)

***Please remind members about Care Connections and the benefits it offers them.***

**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](mailto:ItMatters@passporthealthplan.com) and [It Matters to Passport Suggestion Box](#)
- Attend one of our monthly live forums - visit [www.PassportHealthPlan.com/ItMatters](http://www.PassportHealthPlan.com/ItMatters) to register
- 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!***

## 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).

The state of Kentucky has 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 [ColoCancerScreening2021.pdf \(ky.gov\)](#)

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

### Colorectal Cancer Performance Improvement Plan:

Effective January 2022, the KY Department for Medicaid Services has mandated all Managed Care Organizations establish interventions to improve colorectal cancer (CRC) screening rates among all eligible enrollees aged 45-75 years. Passport will use a multi-departmental approach to evaluate potential health disparities and enhance education for early CRC screenings.

### 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](#)

## Win RetinaVue Camera in Passport's Diabetes Sweepstakes

Diabetes management is a critical Performance Improvement Project topic for Passport members. The prevalence of diabetes in Kentucky is 13.3%, which is above the national diabetes prevalence rate of 10.5%. The Kentucky diabetes prevalence rate places Kentucky as 44<sup>th</sup> compared to all other states in the U.S.

**Diabetic 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.

As part of our efforts to improve diabetic care, Passport is excited to share information about the **Diabetes Sweepstakes** being offered to qualified participating primary care providers for 2022. Passport will be offering qualified providers the opportunity to win a **RetinaVue camera** (pictured here) to perform in-office exams. To qualify for this sweepstakes, you must be an eligible provider and achieve at least an 80% A1c test closure rate in calendar year 2022.



Details:

- Qualifying providers will be eligible to win one (1) of five (5) handheld RetinaVue cameras, with an estimated prize value of **\$10,995**.
- To register for the sweepstakes complete entry form, click [here](#) and submit via email to [PHPDiabetesSweepstakes@MolinaHealthCare.Com](mailto:PHPDiabetesSweepstakes@MolinaHealthCare.Com)
- For official rules, click [here](#). For FAQs, please click [here](#).
- If you have questions, please contact your Quality Intervention specialist or reach out to us at [PHPDiabetesSweepstakes@MolinaHealthCare.Com](mailto:PHPDiabetesSweepstakes@MolinaHealthCare.Com)

## 2022 Evidence-Based Practices Survey for Behavioral Health Providers

Evidence-Based Practices (EBPs) are interventions based on scientific evidence demonstrating that they improve client outcomes in treatment. The Kentucky Department of Medicaid Services (DMS) has requested that all Managed Care Organizations survey network Behavioral Health providers on which EBPs they currently utilize upon enrollment and at least annually thereafter.

Please complete our brief, 6-question [survey](#) on the EBPs you use in your practice. The survey will take approximately 2 minutes.

For questions, please contact your **Provider Service Representative** at **800-578-0775**.

## Healthy Rewards: Passport's Preventive Care Program

Passport encourages all our members to regularly see their Primary Care Physician, have an annual comprehensive exam, and receive recommended preventive care.

Passport has a Value-Added-Benefits 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. More information can be found online [here](#).



Once an appointment is complete, members can request rewards by:

- Contacting Passport when the associated claim is processed, or
- Completing the [2022 Healthy Rewards Attestation Form](#), obtaining their provider's signature, and returning the form to Passport.

Gift cards range from **\$10 to \$50**, excluding the COVID vaccine reward.

Please assist members, as needed, in filling out and submitting the **2022 Healthy Rewards Attestation Form**.

To learn more, please visit **[passporthealthplan.com/rewards](https://passporthealthplan.com/rewards)**.

If you have any questions or concerns about your members' Passport benefits, please call **833-986-0072**. For other questions, please call the Provider Contact Center at **800-578-0775** or reach out to your **Provider Services Representative**.

## Medication Adherence is Better with 90-Day Supply

Passport would like to share with you a recent study regarding Medicaid patients and their medications. This study explains why prescribing medication for 90 days rather than for 30 days may be beneficial to your patients' adherence to their medications.

A study on "Medication Days' Supply, Adherence, Wastage, and Cost Among Chronic Patients in Medicaid" found that **medication adherence and persistency was significantly higher in Medicaid patients on 90-day prescriptions than for those on 30-day prescriptions.**<sup>1</sup>

- This finding is especially relevant to Medicaid patients with chronic conditions who often face major socioeconomic challenges that affect their ability to remain adherent to their medications.<sup>1</sup>
- Almost half (45%) of Medicaid patients have three or more chronic conditions, and these individuals account for 75% of total costs.<sup>1</sup>
- Three of the most prevalent chronic conditions among Medicaid patients are cardiovascular disease (CVD), psychiatric illness, and diabetes, and patients often have multiple comorbidities (Kronick, Bella, & Gilmer, 2009).<sup>1</sup>
- Compounding their high burden of disease, Medicaid patients have lower income, lower literacy rates, poorer nutrition, less access to transportation, are more transient, and have a higher prevalence of homelessness than commercially insured patients (Landon, Tobias, & Epstein, 1998; Raven, Billings, Goldfrank, Manheimer, & Gourevitch, 2009; Wachino, 2007).<sup>1</sup>
- Avoid complicated medication regimens—Reviewing the patient's medication list on each visit and then simplifying the drug regimen can reduce adverse drug events and improve adherence. (National Quality Forum, 2021) <sup>2</sup>

**Maintenance Drugs** - Maintenance drugs are medications that generally require regular, long-term use and are prescribed for the treatment of a chronic medical condition. The following classes are examples of common maintenance drugs. Maintenance drugs, as determined by First Databank (FDB) or Medi-Span, can be processed for up to a 92-day supply for KY Medicaid recipients:

- ACE inhibitors
- Beta blockers
- COPD agents
- Diabetes drugs
- Liptropics
- Antidepressants
- Antipsychotics
- Anticonvulsants

**When appropriate, please write prescriptions for maintenance medications for a 90-day supply.**



For questions, please call the Provider Contact Center at **800-578-0775** or reach out to your **Provider Services Representative**.

<sup>1</sup>Medicare & Medicaid Research Review 2012: Volume 2, Number 3 [https://www.cms.gov/mmrr/Downloads/MMRR2012\\_002\\_03\\_A04.pdf](https://www.cms.gov/mmrr/Downloads/MMRR2012_002_03_A04.pdf)

<sup>2</sup>National Quality Forum: Issue Brief Person-Centered Medication Safety, 2021  
<https://www.qualityforum.org/ProjectMaterials.aspx?projectID=94822>