

# PROVIDER NEWSLETTER

A newsletter for Passport by Molina Healthcare Providers

## First Quarter 2023

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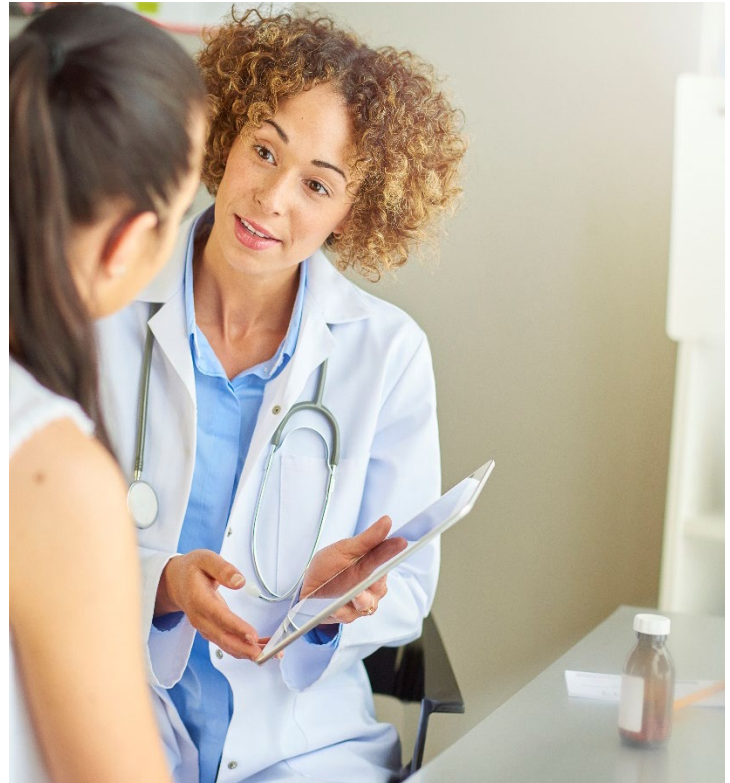
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### Benefits of Electronic Claim Submissions

Passport by Molina Healthcare (Passport) strongly encourages providers to **submit claims electronically**, including secondary claims.

**Electronic claims submission provides significant benefits to the provider including:**

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Passport faster

**Passport offers the following electronic Claims submission options:**

- Submit claims directly to Passport via the **Availity Essentials Portal**
- Submit claims to Passport via your regular EDI clearinghouse

If electronic Claim submission is not possible, please submit **paper claims** to the following address(es):

<b>Medicaid Claim Submission</b>	<b>Medicare Claim Submission</b>	<b>Marketplace Claim Submission</b>
Passport by Molina Healthcare PO Box 36090 Louisville, KY 40233 EDI Payer ID: 61325	Passport by Molina Healthcare PO Box 3805 Scranton, PA 18505 EDI Payer ID: 66008	Passport by Molina Healthcare PO Box 43433 Louisville, KY 40253 EDI Payer ID: 61325

#### When submitting paper Claims:

- Paper claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink.

As of January 1, 2023, Passport is no longer accepting claims submitted via non-approved submission pathways. Please ensure your office is following the proper claim submission processes and mailing to the correct claims address to prevent processing delays.

For more information, please see [CMS claims submission guidance](#) or go to <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500>.

## Improving Patient Satisfaction with Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used 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 important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient’s overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Passport members can call the **24-Hour Nurse Advice Line** at **800-606-9880** (Medicaid).
- Passport members can access interpreter services at no cost by calling Member Services

- Providers can access the **Availity Essentials** at [provider.molinahealthcare.com](https://provider.molinahealthcare.com) to:
  - o Search for patients and check member eligibility
  - o Submit service request authorizations and/or claims and check status
  - o Review Patient Care Plan
  - o Obtain CAHPS® Tip Sheets
  - o Participate in online Cultural Competency trainings (also available at [PassportHealthPlan.com](https://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?
- 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?
- 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?

## Passport Health Plan's 2022 Quality Improvement Results

Passport conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

### CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Enrollee Experience Survey assesses Passport members' satisfaction with their health care. It allows us to better serve our members.



Passport has received the CAHPS® results of how our members rated our providers and our services.

**Medicaid:** In 2022, Passport improved in Getting Care Quickly, Customer Service, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Rating of Health Plan.

We need to make improvements in Getting Needed Care, Coordination of Care, How Well Doctors Communicate, Rating of Health Care and Ease of Filling Out Forms.

### HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Passport to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

**Medicaid:** In 2022, Passport improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Appropriate Treatment for Upper Respiratory Infection (URI) – Total and Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care.

We need to make improvements in Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Lead Screening in Children (LSC), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Appropriate Testing for Pharyngitis (CWP) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase and Prenatal and Postpartum Care (PPC) - Postpartum Care.

#### **For More information:**

The progress related to the goals that Passport has set for the annual [CAHPS](#)/QHP survey results and the annual [HEDIS](#) measures can be viewed in more detail on the Passport website. You can also view information about the Quality Improvement Program there and print a copy if you would like one.

- **Medicaid:** Please visit Passport’s website at [PassportHealthPlan.com](https://PassportHealthPlan.com), select Health Care Professionals, line of business, and *Health Resources* to access this [quality information](#).

#### **Culturally and Linguistically Appropriate Services/Disability Resources**

Passport also assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

**Medicaid:** A majority of Medicaid members specified English as their preferred language (96%). Spanish as a preferred language was identified by 4% of Medicaid members. Spanish was the most requested language among Medicaid members through Passport’s interpreter services, followed by Arabic and Swahili.

**Medicare:** A majority of Medicare members speak English as their preferred language (99.6%). Less than 1% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Passport’s interpreter services, followed by Vietnamese and Arabic.

**Marketplace:** According to internal databases, 100% of Marketplace member language is unknown. Among Marketplace members, Spanish was the most requested language through Passport’s interpreter services, followed by Arabic and Vietnamese.

Overall, Passport found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs.

Additionally, Passport has a series of short Cultural Competency [training videos](#) (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the [Availity Essentials](#) and at [PassportHealthPlan.com](#) on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources.

Disability resources are also available at this location under Passport Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

## Cite AutoAuth and Prior Authorizations



Passport has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

### What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Passport providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Passport's specific criteria to the clinical information and attached guideline content to the procedure

to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the **PA Code LookUp Tool** at [PassportHealthPlan.com](#).

### How to Access and Learning More

Cite AutoAuth can be accessed via the [provider.molinahealthcare.com](#) in the Passport's Payer Spaces. It is available 24 hours per day/7 days per week.

This method of submission is strongly encouraged as your primary submission route – existing fax/phone/email processes are also available. Go to **MolinaHealthcare.com** for updates and additional information about Cite AutoAuth.

## What is the Council for Affordable Quality Healthcare (CAQH)?

### What is CAQH?

CAQH technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the provider administrative burden.

**How Does Passport Use CAQH?**

Passport is currently using the CAQH DirectAssure application to provide an opportunity for the enrolled providers to attest to their data, update their data in a single place that will be shared by all companies that they are contracted with and utilize CAQH. Passport registers all our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.



**Benefits of Using CAQH?**

- Decreased administrative burden: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Passport every 90 days.
- Increased Passport support: As providers update their information in CAQH, Passport can systemically update our system, freeing up Passport associates to assist providers with other needs.
- More accurate records: Passport will obtain more frequent provider updates for our records and have more accurate provider information.

**How Does CAQH Work for Providers?**

Providers enter updated information one time in CAQH, and it is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers’ administration work and reduces the need to be tracking who was informed of the changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days, CAQH provides an effective and efficient way to meet that requirement.

**What’s Next?**

Passport is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state’s regulatory agencies and think of CAQH as a credentialing only application—but it offers many other features and benefits beyond credentialing attestations.

Passport is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

**Passport’s Portal Access**

**Availity Essentials** is the official secure provider portal for Passport providers.

Within Availity Essentials, you have access to these helpful tools and time-savers:

<b>Claim Status</b>	Expanded search options include member name, service dates, claim history or the 276 HIPAA standard. Adjustment and remittance codes, along with their descriptions, at the claim and line level.
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Smart Claims	A simplified claim entry tool with only the essential fields you need. Use data from prior eligibility and benefits submissions to
Eligibility and Benefits	Use data from prior eligibility and benefits submissions to search for your patients and autofill your claim.
Attachments	Upload supporting documentation with your claims using the Send Attachments feature. You can transmit up to 10 attachments (128 MB total file size) with your claim submission.
Features	
Accumulators	Each member/plan submitted returns the Passport plan/dollar and benefit/
Prior Authorization	Manage your Passport prior authorizations on Availity and use the Auth/ Referral Dashboard to follow-up on the status of your prior

If your organization is not yet registered for Availity Essentials and you’re responsible for the registration, please visit [Availity.com/Molinahealthcare](https://Availity.com/Molinahealthcare) and click the Register button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday – Friday, 8 a.m. – 8 p.m. ET.

For a comprehensive list of tools and features available on Availity Essentials, log in and click on the Help and Training dropdown. As a registered Availity Essentials provider, you can also take advantage of our live webinar, “Availity Essentials Provider Portal Overview for Molina Providers.” Check with your **Provider Services Representative** for upcoming dates and times.

Once you have your Availity Essentials account, you can learn more about the features and functionality offered for Passport providers. Simply log in, then go to **Help & Training > Get Trained** to register for an upcoming training webinar or to access previously recorded trainings.

## Our Gift to Network Providers: PsychHub Subscription

To offer our valued network providers with the most up-to-date behavioral health resources and education, Passport has partnered with **PsychHub** to offer a subscription to the PsychHub platform at no cost.

PsychHub is an online platform for digital behavioral health education. Passport Providers can access PsychHub’s online learning courses. Some of these courses offer continuing education opportunities for select licensures. There are various learning courses, including the **Mental Health Ally Certification Program**, which may be beneficial for office staff or providers who are interested in learning more about working with the behavioral health population.



Ready to get started? Passport network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account: <https://app.psychhub.com/signup/molina-mhp/>

To setup an overview of the PsychHub platform and the resources they offer, contact your Provider Services Representative.

## 2023 Medicare Advantage Products Designed to Meet Member Needs



Passport is always working to meet the needs of our members through our diverse **Medicare Advantage** products offered each year.

To help our providers learn more about the specific products being offered in Kentucky in 2023, we have created a **handy summary** showing our service areas and highlighting the supplemental benefits for each product offered.

Check it out here:

[2023 Medicare Fact Sheet Kentucky](#)

## Q4 2022 Clinical Policy Updates Highlights

Molina Clinical Policies (MCPs) are located at [molinaclinicalpolicy.com](http://molinaclinicalpolicy.com). The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The fourth quarter 2022 updates are noted below.

The following new policies were approved:

- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

The following policies were revised:

- MCP-347: Autologous Chondrocyte Implantation Knee
  - o Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
  - o Contraindications were added to the Limitations and Exclusions (per MACI labeling).
  - o Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.
- MCP-363: Hypoglossal Nerve Stimulation for OSA
  - o Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
  - o DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.



- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
  - Revised Criteria #3a to note “Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid.” (Previously read as “Triamcinolone acetonide, intravitreal injection”).
- MCP-343: Intervertebral Stabilization Devices
  - Updated Summary of Medical Evidence section with current studies and guidelines.
  - Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
  - Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.
- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)
  - Previously named *Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury*
  - Included FDA-approved powered exoskeletons, in addition to ReWalk.
  - Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
  - Included current clinical studies and guidelines in the Summary of Medical Evidence section.

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

- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex\_Dupuytren's Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex\_Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

## KENTUCKY QUALITY CORNER

*includes updates on colorectal and cervical cancers, chronic kidney disease, oral health and controlling blood pressure, psych hospitalization follow up!*

## Cervical Cancer Screenings Offer Hope

Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate decreased significantly with the use of the **Pap test**.

In recent years, the **HPV test** has been approved as another screening test for cervical cancer since almost all cervical cancers are caused by human papillomavirus. ([American Cancer Society/Cervical Cancer Statistics](#).)



Screening tests offer the best chance of detecting cervical cancer early when treatment can be most successful. Screening can also actually prevent most cervical cancers by finding abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into cervical cancer.

Passport by Molina Healthcare offers a **\$25 gift card to women between the ages of 21-64** who get a Pap smear or HPV test. Click [Member Handbook 2023 \(molinahealthcare.com\)](https://molinahealthcare.com) for details.

### HEDIS® Tips: Cervical Cancer Screening (CCS)

## MEASURE DESCRIPTION

The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following criteria.

- Women 21-64 years of age who had cervical cytology performed within the last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.

#### Exclusions:

- Women in hospice, using hospice services or receiving palliative care during the measurement year.
- Women who have had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year.

## CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

#### Codes to Identify Cervical Cancer Screening

Description	Code
Cervical Cytology Lab Test	<b>CPT®:</b> 88414-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
High-Risk HPV Test	<b>CPT®:</b> 86724, 87625 <b>HCPCS:</b> G0476

#### Codes to Identify Exclusions

Description	Code
Absence of Cervix or Hysterectomy with no Residual Cervix	<b>CPT®:</b> 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 <b>ICD-10:</b> Q51.5, Z90.710, Z90.712, OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ

## HOW TO IMPROVE HEDIS® SCORES

- Request to have results of Pap tests sent to you if done at an OB/GYN visit.
- Document in the medical record if the patient has had a total hysterectomy with no residual cervix and fax Molina the chart (please see codes above).
- Avoid missed opportunities (e.g., completing PAP tests during regularly-scheduled well woman visits, sick visits, urine pregnancy tests, UTI and chlamydia/STI screenings).

*“The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).”*

*Reference: Cervical cancer: Screening. Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce. (2018, August 21). Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>*

## Kidney Health Evaluation for Patients with Diabetes



According to the Centers for Disease Control (CDC), **diabetes is prevalent in 10% of U.S. adults (34 million people) and is a leading cause of chronic kidney disease (CKD).**

Although CKD results in progressive loss of kidney function, it is often asymptomatic until the late stages of the disease; 90% of adults with CKD are unaware they have it. CKD increases the risks of heart disease, stroke and early death and can lead to kidney failure.

**Because early diagnosis and treatment can prevent or delay progression of CKD, ongoing monitoring of kidney health is crucial for people with diabetes.**

Patients can reduce the risk of kidney disease by maintaining a healthy weight and not smoking. Some ways you can help your patients reduce the risk of getting kidney disease (or have it worsen) include:

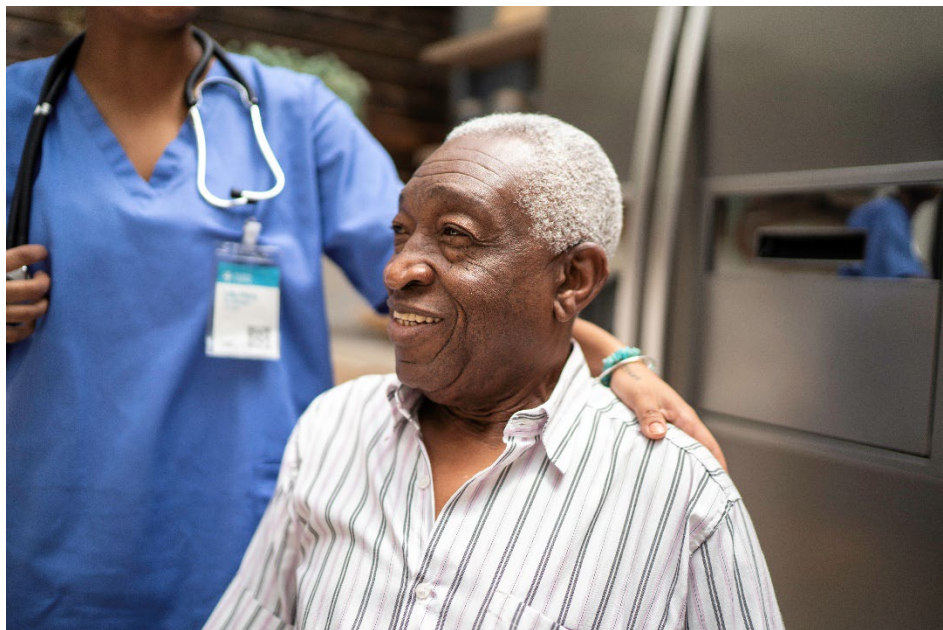
- Carefully monitor your patients’ chronic diseases such as high blood pressure and diabetes. Ask them about medication adherence and how you can better assist them. Do they know to discontinue certain medications, if applicable, and begin new ones? Do you suggest 90-day fills? Do they know what to do if they miss a dose or take too much?
- Encourage patients to be careful when taking over-the-counter pain medications; long-term use of those medications can increase the risk of kidney disease.

- Monitor your diabetic patients closely with an annual kidney health evaluation. The National Kidney Foundation partnered with the NCQA to establish the **Kidney Health Evaluation for Patients**. In this measure the percentage of adults with diabetes who received an annual kidney evaluation are tracked. The components of this measure include both an estimated glomerular filtration rate (eGFR) test and a urine albumin creatinine ratio (uACR). The eGFR can assess kidney function and the uACR test assesses kidney damage. These two tests can diagnose new (or the severity of existing) kidney disease before patients even develop symptoms, which can help stave off life-threatening problems.

**Monitoring kidney disease in all patients is important, but especially those with diabetes.** An annual test can help clinically care for this vulnerable population and close a care gap that would otherwise stay open. Kidney disease is typically under-diagnosed in the primary care setting, but choosing to test your diabetic patients will aid in their overall preventive care. Passport can provide information to primary care providers about this metric from our claims data to assist in closing this care gap.

## Colorectal Cancer Screenings for Adults 45 and Older

In the United States, colorectal cancer (CRC) is the third most common cancer. It is also the third leading cause of cancer death in both men and women. The American Cancer Society recommends that **average-risk adults aged 45 years and older** undergo regular screening for colorectal cancer. [American Cancer Society](#)



Passport covers colorectal cancer screenings for members starting at age 45 and offers one free home colon cancer screening kit to members per year. Members can also receive a **\$25 gift card** for completing a colon cancer screening test. Click [Member Handbook 2023 \(molinahealthcare.com\)](#) for details.

**The National Colorectal Cancer Roundtable** released an updated manual that provides evidence-based strategies to improve colorectal cancer screening rates in primary care practices. A copy of the newly released manual is available at [NCCRT-Increasing CRC Rates](#)

## HEDIS® TIPS: Colorectal Cancer Screening (COL)

### MEASURE DESCRIPTION

The percentage of members 50-75 years of age who had one of the following screening for colorectal cancer:

- Fecal Occult Blood Test: gFOBT or iFOBT during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- FIT-DNA Test during the measurement year or the two years prior to the measurement year.

**Required Exclusions:** Medicare patients age 66 and older as of December 31 of the measurement year who are: receiving hospice or palliative care; enrolled in an Institutional Special Needs Plan or live in a long-term institution any time during the measurement year; or had a diagnosis of frailty and advanced illness during the measurement year.

**Note:** FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.

### CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

#### Codes to Identify Colorectal Cancer Screening

Description	Code
FIT-DNA	<b>CPT®:</b> 81528 <b>HCPCS:</b> G0464
FOBT	<b>CPT®:</b> 88270, 82274 <b>HCPCS:</b> G0328
Flexible Sigmoidoscopy	<b>CPT®:</b> 45330-45335, 45337, 45338, 45340, 45341- 45342, 45346, 45347, 45349. 4535 <b>HCPCS:</b> G0104
Colonoscopy	<b>CPT®:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 <b>HCPCS:</b> G0105, G0121
CT Colonography	<b>CPT®:</b> 74261, 74262, 74263

**Codes to Identify Optional Exclusions**

Description	Code
Colorectal Cancer	<b>ICD-10:</b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 <b>HCPCS:</b> G0213-G0215, G0231
Total Colectomy	<b>ICD-10:</b> 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ <b>CPT:</b> 44150-44153, 44155-44158, 44210-44212

**HOW TO IMPROVE HEDIS® SCORES**

- Update patient history annually regarding colorectal cancer screening with type and date of test complete
- Encourage patients who are resistant to having a colonoscopy to have a stool test that can be completed at home.
- Communicate to the member that iFOBT/FIT has fewer dietary restrictions and samples.
- Utilize standing orders and empower office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy.
- Document patients with ileostomies, which implies colon removal (exclusion) and patients with a history of colon cancer.
- When documenting a member reported colonoscopy, flexible sigmoidoscopy, FIT-DNA test, CT Colonography or FOBT, when available, always include a date of service, though, year of test will be acceptable for compliance.

*“The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.”*

Reference: *Colorectal cancer: Screening*. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce. (2021, May 18). Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

**Controlling Blood Pressure**

High blood pressure (Hypertension) affects nearly 50% of American adults, yet many with the condition don't know they have it. In 2020, more than 670,000 deaths in the United States cited hypertension as a primary or contributing cause.

[Facts About Hypertension | cdc.gov](#)

The Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention has put together several educational materials, such as the **Hypertension Communications Kit, Hypertension Patient**

**Education Handouts and Hypertension Tools and Training** for healthcare professionals to support hypertension prevention and management. [Hypertension Resources for Health Professionals | cdc.gov](#)

Passport by Molina Healthcare offers a free blood pressure cuff to members with a diagnosis of high blood pressure. Click [Member Handbook 2023 \(molinahealthcare.com\)](#) for details.

## HEDIS® Tips: Controlling Blood Pressure (CBP)

### MEASURE DESCRIPTION

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Adequately controlled is defined as both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg.

Representative BP is defined as the most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

### CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

Codes to Identify Hypertension

Description	Code
Hypertension & Essential Hypertension	<b>ICD-10:</b> I10, I11.9, I12.9, I13.10, I16.0, I16.1, I16.9

Codes to Identify Blood Pressure Readings

Systolic Reading	Code	Diastolic Reading	CPT® II Code
Less than 130 mm Hg	<b>CPT® II:</b> 3074F	Less than 80 mm Hg	<b>CPT® II:</b> 3078F
Between 130-139 mm Hg	<b>CPT® II:</b> 3075F	Between 80-89 mm Hg	<b>CPT® II:</b> 3079F
Greater than/equal to 140 mm Hg	<b>CPT® II:</b> 3077F	Greater than/equal to 90 mm Hg	<b>CPT® II:</b> 3080F

Codes to Identify Telephone, Telehealth and E-Visit or Virtual Check-in Appointments

Description	Code
Telephone Visits	<b>CPT®:</b> 98966-98968, 99441-99443
Telehealth Modifier	95, GT <b>with POS:</b> 02
Online Assessments (E-visits or Virtual Check-in)	<b>CPT®:</b> 98969-98972, 99421-99421-99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061-G2063

### HOW TO IMPROVE HEDIS® SCORES

- Ensure that sphygmomanometers are annually calibrated.
- Upgrading to automated blood pressure machines can reduce human error that is commonly associated with auscultatory measurements and provide more accurate readings.
- Retake the BP if reading is high at the office visit (>140/90 mm Hg) as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Do not round BP values up. If using an automated machine, record exact values.
- Schedule telehealth, telephone, e-visit or virtual check-in appointments to diagnose patients with hypertension and acquire blood pressure readings. Note: BP readings may be taken by any digital device.
- Review hypertensive medication history and patient compliance then consider modifying treatment plans for uncontrolled blood pressure, as needed. Recommend the patient return in three months.

*“The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.”*

Reference: *Hypertension in adults: Screening*. Recommendation: Hypertension in Adults: Screening | United States Preventive Services Taskforce. (2021, April 27). Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>

## Oral Health Affects Overall Health

At the beginning of a new year, many often want to strive for a healthier lifestyle and look to food and nutrition, the gym, and better sleep. But one important aspect of an overall best possible self is oral health.

Maintaining a healthy mouth is the key to a beautiful smile, and good oral health positively affects one's overall health. In fact, the mouth is the entryway into the digestive and respiratory tracts, and the mouth's bacteria can cause or aggravate certain conditions.

**Conditions that can be linked to oral health are endocarditis, cardiovascular disease, pregnancy and birth complications, and even pneumonia.** Inadequate oral health can also worsen diabetes, exacerbate immunocompromised conditions, and lead to osteoporosis.

**Ways to encourage patients to establish and maintain oral health are:**



- Brushing at least twice a day
- Flossing daily
- Avoiding sugar and eating fruits and vegetables
- Replacing toothbrushes every 3-4 months
- Visiting a dentist for cleanings, X-rays and oral cancer checks at least once a year, but preferably every six months
- Avoiding tobacco
- Encouraging drinking more water from local taps instead of bottled waters

If your patient is not seeing a dentist, please provide an oral treatment to help prevent cavities and boost oral health until the child begins seeing a dentist regularly. Treatments to consider along with clinical guidelines and resources are as follows:

- FLUORIDE VARNISH:** The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>
- FLUORIDE SUPPLEMENTATION:** If the primary water source is deficient in fluoride, consider oral fluoride supplementation. <https://doi.org/10.1542/peds.2020-034637>

By practicing essential oral health habits, patients can improve their overall health. These healthy oral practices can begin in early childhood for a good lifetime foundation. HEDIS quality measures include an Annual Dental Visit for pediatric patients ages 2-20. PCPs can help patients establish a lifetime of a healthy mouth and beautiful smile by mentioning the dentist at annual well visits and reminding all patients that good health begins with the mouth.

Passport by Molina Healthcare offers a **\$50 gift card** to members who get an annual dental exam. Click [Member Handbook 2023 \(molinahealthcare.com\)](#) for details.



## Seven Day Follow-Up Requirement After Behavioral Health Hospitalizations

The transition to community living following a behavioral health hospitalization presents a significant opportunity to promote the long-term health and recovery of members. Many individuals leaving an inpatient stay must adjust to new medication regimes which may be confusing or include unpleasant side effects. The return home may be accompanied by family stress or periods of boredom or loneliness after leaving the structured routine of hospital care. Furthermore, research has shown that suicide risk increases in the weeks immediately following a psychiatric hospitalization.

**Studies have shown that active support in insuring continuity of care is often needed to help members identify and connect with out-patient providers for follow-up.** Such assistance helps ensure early monitoring of the patient's condition, engagement with a professional who can continue to support the individual's recovery, and assistance in navigating any post-hospitalization challenges.



To support a successful post-hospital follow-up, **Passport requires that all members have a follow-up appointment scheduled within seven (7) days of discharge.** This appointment may be with a behavioral health professional or the member's primary care provider. Furthermore, out-patient providers are required to follow-up with members within 24 hours to reschedule if the appointment is missed. Passport members who attend their hospital follow-up appointments within seven (7) days of discharge are eligible for an incentive gift card.

By working together to promote continuity of care following behavioral health hospitalization, we can improve outcomes for our members/patients in their journey of recovery.

For more information on various Quality topics, check out our HEDIS Tip Sheets! **HEDIS Tip Sheets** are located under the Resources tab of Passport's Payer Space within Availity ([www.Availity.com](http://www.Availity.com)).

## 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**
- Participate in one of our feedback-style surveys - visit the Feedback Corner of the **It Matters webpage** to access

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

## Stay in Touch with Passport eNews and Quarterly Newsletters!

### *If you missed it the first time...*

Simply click [here](#) to see all current and past eNews, or [here](#) to see all quarterly newsletters!

If you need to add someone to our Provider eNews email list, please send the information to [craig.layne@molinahealthcare.com](mailto:craig.layne@molinahealthcare.com)



Supporting Our Provider Partners Through Communication And Collaboration

## Q1 2023 eNews

*Click on title for complete article.*

### [Availity Essentials Provider Portal Training Opportunities in March](#)

02/28/2023

Passport by Molina Healthcare (Passport) partners with **Availity Essentials (Availity)** for our online provider portal. Availity will offer a series of training sessions in March for users who are new to the portal or for those who wish to receive a refresher course.

### [Reminder: Passport No Longer Accepting Claims via Non-Approved Submission Pathways](#)

02/09/2023

As of January 1, 2023, Passport by Molina Healthcare (Passport) is **no longer accepting claims** submitted via non-approved submission pathways.

### [Details of Observation Status - Medicaid Only](#)

02/06/2023

Passport by Molina Healthcare (Passport) wants to remind our providers that **observation status** is meant to be a short period of time for providers to assess whether a patient requires hospital admission as an inpatient level of care, or if they are safe to be discharged with outpatient follow up. Typically, observation status is managed in **fewer than 24 hours** and only rarely should it span more than 48 hours.

### [Passport Announces Expanded Partnership with Periscope March 1](#)

01/30/2023

Effective 3/1/2023, Passport will expand its partnership with **Periscope** to conduct **comprehensive in-home member assessments** when prior authorization requests are received for select durable medical equipment (DME) and select orthotics and prosthetics with a cost threshold of \$1,900.

### [Expanded Dental, Hearing, and Vision Benefits for Members](#)

01/27/2023

The Department for Medicaid Services (DMS) has added services to the **dental, hearing, and vision benefits** for the adult population enrolled in the Medicaid program.

### [Reminder: Post-Discharge Outpatient Aftercare Required Within 7 Days](#)

01/17/2023

To ensure Passport by Molina Healthcare (Passport) members receive prompt and adequate behavioral health care, providers are required to provide an outpatient follow-up appointment within **seven (7) calendar days of discharge** from a behavioral health hospital, per the Department for Medicaid Services and National Committee for Quality Assurance (NCQA).