

Provider Newsletter

FOR PASSPORT BY MOLINA HEALTHCARE PROVIDERS



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Model of Care training is underway

Passport is actively reaching out to providers who are required to complete the 2023 Model of Care training. In accordance with Centers for Medicare & Medicaid Services (CMS) requirements, Passport primary care providers (PCPs) and key high-volume specialists – including cardiologists, gastrologists and psychiatrists, must complete our Model of Care training on an annual basis.

This brief training will describe how Passport and providers work together to deliver coordinated care and case management to members with Medicare **and** Medicaid successfully.

If you haven't completed this training, please take it immediately and return the attestation form to us no later than **December 31, 2023**. The training is available online at

MolinaHealthcare.com/Providers/Common/Medicare/~media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.

If you have additional questions, please contact Provider Services at **(800) 578-0775**.

2023-24 flu season

The Advisory Committee on Immunization Practices (ACIP) continues its recommended annual influenza vaccinations for **everyone** at least six months of age and older who do not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of serious flu-related complications or because they live with or care for people with an increased risk of developing flu-related complications.

As stated in the August 2023 ACIP report, **all** seasonal flu vaccinations expected to be available in the United States for the 2023-24 season are quadrivalent, containing hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, one influenza B/Victoria lineage virus and one influenza B/Yamagata lineage virus. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) are also expected to be available.

Other 2023-24 vaccination recommendations

- For most people who only need one dose of influenza vaccine for the season, vaccination should be offered in September or October. However, vaccination should continue after October and throughout the season as long as influenza is circulating and unexpired vaccines are available.
- ACIP makes preferential recommendations for a specific vaccine for those 65 and older, those with immunocompromised conditions and some chronic medical conditions who cannot receive live attenuated viral vaccines. Please talk with your patients about the right vaccinations for them.
- ACIP recommends that adults 65 years of age and older preferentially receive any of the following higher-dose or adjuvanted influenza vaccines: Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4) or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these vaccines are available for administration, any other age-appropriate influenza vaccine should be used.

Updates included in 2023-24 ACIP report

- ACIP 2023/2024 recommendations include changes to the composition of 2023-2024 United States seasonal influenza vaccines related to the influenza (H1N1)pdm09 component.
- U.S.-licensed influenza vaccines will contain HA derived from:
 - a. An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines).
 - b. An influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based and recombinant vaccines).
 - c. An influenza B/Austria/1359417/2021 (Victoria lineage)-like virus.
 - d. An influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus and updated recommendations regarding influenza vaccination for persons with an egg allergy.
- ACIP recommends that everyone six months or older with an egg allergy receive an influenza vaccine. Any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for the recipient's age and health status can be used.
- ACIP no longer recommends that persons who have had an allergic reaction to eggs involving symptoms other than urticaria be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider. An egg allergy alone does not necessitate additional safety measures for flu vaccination beyond those recommended for any vaccine recipient. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

For a complete copy of ACIP recommendations and updates for information on flu vaccine options for the 2023-24 flu season, please review the report online at [cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

Passport will cover the following flu vaccines during the 2023-24 flu season:

- Injectable seasonal influenza vaccine (Quadrivalent), available from August to April or per state requirements.
- Intranasal seasonal influenza vaccine (FluMist), available from August to April or per state requirements.
- Intradermal influenza vaccine quadrivalent (short needle) and Flublok, available from August to April or per state requirements.
- Injectable seasonal influenza (high-dose) vaccine, available from August to April or per state requirements for members aged 65 and older.



NovoLog® (insulin aspart) removed from Molina Medicare formularies for 2024

NovoLog® (insulin aspart) will be a non-formulary product on the Molina Medicare formulary for 2024. Two different preferred alternatives for rapid-acting insulins, Fiasp and ADMELOG® will be added for 2024. Fiasp® contains the same active ingredient as NovoLog® (insulin aspart). There is a 1:1 dosing conversion for patients already on NovoLog®. One difference between these two insulin aspart brands is the timing of administration. Fiasp® is given at the start of a meal or within 20 minutes afterward, whereas NovoLog® is given 5-10 minutes before a meal.



ADMELOG® contains the same active ingredient as Humalog® (insulin lispro). Humalog® is not available on the formulary and is non-preferred. Both ADMELOG® and Humalog® are injected within 15 minutes before or immediately after a meal. Below are details of the specific products that will be available on the formulary for 2024. You may begin to transition members to these two new formulations starting December 2023, as they will be added to the formulary early to allow members enough time to transition to these two new products.

Please contact our Medicare pharmacy department if you have any questions at **(800) 665-3086**.

Medicare 2024 formulary rapid-acting insulins

Formulary	Non-formulary
<p>Fiasp® (insulin aspart) NovoLog® (insulin aspart) Fiasp® 3 mL PenFill Cartridge, 100 U/mL Fiasp® 3 mL FlexTouch Pre-Filled Pen, 100 U/mL Fiasp® 10 mL vial, 10 U/mL, 100 U/mL</p>	<p>NovoLog® (insulin aspart)</p>
<p>ADMELOG® (insulin lispro) Humalog® (insulin lispro) ADMELOG® 3 mL and 10 mL vial, 100 U/mL ADMELOG® 3 mL Solostar Pen, 100 U/mL</p>	<p>Humalog® (insulin lispro)</p>

Balance billing

Providers are prohibited from balance billing Passport members for covered services other than the member's applicable copayment, coinsurance and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Passport member be liable to the provider for any payment owed that is Passport's legal obligation.

Examples of balance billing include:

1. Holding members who are dually eligible for Medicare and Medicaid liable for Medicare Part A and B cost-sharing
2. Requiring Passport members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees
3. Charging Passport members fees for covered services beyond copayments, deductibles or coinsurance

Early and Periodic Screening, Diagnostic, and Treatment program

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

Passport is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions based on certain federal guidelines. EPSDT is comprised of screening, diagnostic and treatment services, and all providers serving EPSDT-eligible members are required to:

- Inform all Medicaid-eligible individuals under 21 that EPSDT services are available and of the need for age-appropriate immunizations
- 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, it's your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Additional information and training regarding Passport's EPSDT program can be found [here](#).



Save your HUMIRA® patients money by switching to a HUMIRA® biosimilar

In July 2023, several biosimilars for HUMIRA® (adalimumab) were made available to patients in the U.S. Drug lists for Passport plans offered on the health care exchange (i.e., Marketplace/Commercial) were updated on October 1, 2023 to include coverage for HADLIMA™ and HYRIMOZ® by Cordavis/Sanofi, with prior authorization. Passport exchange plans will continue to cover HUMIRA® in 2023 and 2024.

HADLIMA™ has a high-concentration formulation available and a low-concentration formulation, so please indicate on the prescription the one that is appropriate for the member.

Most of the biosimilars launching this year are HUMIRA®'s previous low-concentration version of the drug. HADLIMIA™ has a low- and high-concentration formulation available, so be sure you indicate the correct concentration when prescribing. Many of the available biosimilars are not the same concentration as the current HUMIRA® product because of a change the manufacturer made a few years ago when they made a change to a high-concentration formula. If you are considering prescribing a HUMIRA® biosimilar for one of your patients, you should take into consideration the different versions of these covered products: HADLIMA™, HYRIMOZ® by Cordavis/Sanofi and AMJEVITA™.

The manufacturers of these biosimilars offer patient assistance programs to help with patient cost-sharing according to need.

Covered HUMIRA® biosimilar products for Passport’s exchange plans starting October 1, 2023:

- HADLIMA® (adalimumab-bwwd) by Organon, citrate-free, in low- and high-concentration* formulations

Label name and strength	Non-proprietary name and strength
*HADLIMA® SOSY 40 mg/0.4 mL	adalimumab-bwwd soln. prefilled syringe 40 mg/0.4 mL
*HADLIMA® PushTouch SOAJ 40 mg/0.4 mL	adalimumab-bwwd soln. auto-injector 40 mg/0.4 mL
HADLIMA® SOSY 40 mg/0.8 mL	adalimumab-bwwd soln. prefilled syringe 40 mg/0.8 mL
HADLIMA® PushTouch SOAJ 40 mg/0.8 mL	adalimumab-bwwd soln. auto-injector 40 mg/0.8 mL

- HYRIMOZ® (Adalimumab-adaz) by Cordavis/Sanofi, citrate-free, low-concentration product

There are multiple formulations of HYRIMOZ® and its non-branded ingredient, adalimumab-adaz. The formulation covered is the maintenance formulation marketed in partnership between CVS Health’s Cordavis/Sanofi subsidiary and Sanofi.

- AMJETIVA™ (Adalimumab-atto) by Amgen, citrate-free, low-concentration product

The covered biosimilar formulations have labeled indications for the following conditions:

- Rheumatoid arthritis (RA)
- Juvenile idiopathic arthritis
- Psoriatic arthritis
- Ankylosing spondylitis
- Crohn’s disease
- Ulcerative colitis
- Plaque psoriasis

For general information about biosimilars and their approval process, please visit the FDA’s dedicated web page on biosimilars at:

[fda.gov/drugs/therapeutic-biologics-applications-bla/ biosimilars](https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars).

Molina'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 – are lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for those who need it most. 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 other MCOs in our industry, Passport 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 1,600 algorithms to identify billing outliers and patterns, over- and under-utilization and other aberrant billing behaviors. The system pulls information from multiple public data sources and historical databases that are known to identify and track fraud, waste and abuse. Our system allows us to track provider compliance within correct coding, billing and the providers' contractual agreement.

As a result, providers might 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 Services representative.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explains Scott Campbell, Molina Vice President of Payment Integrity, who oversees the SIU operations. “Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity.”

Passport appreciates your support and understanding of the SIU's important work, and 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 a day, seven days a week. You can also file a report online at MolinaHealthcare.Alertline.com.

Suicide prevention awareness

Suicide prevention is everyone's

business. Suicide is the 12th leading cause of death in the U.S., but it is preventable. Suicide prevention awareness aims to increase the understanding of suicide risk factors, decrease the stigma of talking about suicide and works toward reducing the number of suicides to zero. We can all work together in our communities to educate ourselves about suicide prevention strategies and have a dramatic impact on the number of lives saved. Passport offers providers free access to PsychHub – a digital behavioral health education platform – which offers courses on behavioral health topics, including suicide. Courses include a suicide prevention series on:



- CBT for Reducing Suicide Risk (2.75-3.00 CE credits)
- Collaborative Assessment and Management of Suicidality (3.25-4.25 CE credits)
- Counseling on Access to Lethal Means (1.50-2.25 CE credits)
- Suicidal Behavior Competency (1.00 CE credit)

To create your free PsychHub account, please visit resources.psychhub.com/molina, select **Molina Provider** and follow the prompts to create an account.

National depression and mental health screening

Passport encourages providers to proactively screen for depression via the use of the PHQ-2 and PHQ-9 to promote early identification and intervention for members at risk of depression and suicide. In addition to offering providers access to the PsychHub education platform, Passport has also developed a behavioral health toolkit for providers, which includes a chapter on depression screening and follow-up, as well as chapters on recommended screening, assessments and interventions for other behavioral health conditions. You can access the toolkit online at MolinaHealthcare.com/Providers/Common/Medicaid/BH_Toolkit/BH_Toolkit.aspx.

Clinical policy update highlights from third quarter 2023

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

Passport follows Molina Clinical Policies as outlined on the Molina Clinical Policy website. These clinical policies function as a set of guidelines for coverage decisions or determinations. In the event a Molina Clinical Policy is not inclusive of Kentucky state guidelines or requirements, Passport shall publish a Kentucky-specific clinical policy. Kentucky-specific clinical policies are posted on Passport's website at www.PassportHealthPlan.com and shall supersede Molina Clinical Policies, where applicable. Please note these policies do not constitute plan authorization, nor are they an explanation of benefits.

The following new policies were approved:

- MCP-438: Adstiladrin (nadofaragene firadenovec-vncg)
- MCP-435: Omisirge (omidubicel-only)
- MCP-439: Vyjuvek (beremagene geperpavec)
- MCP-667: Xenoview (Xenon MRI) (MCP no. updated to 667 after meeting to reflect this is an Advanced Imaging policy)
- MCP-436: Elevidys (delandistrogene moxeparovec-rokl)
- MCP-433: Roctavian (valoctocogene roxaparovec)
- MCP-442: MISHA Knee Implant System
- MCP-441: Pancreatic Islet Cell Allotransplantation Lantidra (donislecel-jujn)
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
- MCP-437: Transcatheter Mitral Valve Implantation

The following policies were revised:

- MCP-118: Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
- MCP-188: Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
- MCP-187: Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)
- MCP-256: Hematopoietic Stem Cell Transplantation for Mucopolysaccharidoses Lysosomal Storage Disorders
- MCP-122: Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome
- MCP-283: Hematopoietic Stem Cell Transplantation for Wilms Tumor
- MCP-045: Kidney Transplantation
- MCP-017: Pancreas Transplantation Procedures
 - The above transplant policies were updated to clarify that an abnormal neurological exam does not always disqualify transplant, removed abnormal serology indications and indications for colonoscopy were updated to age 45 years.
- MCP-206: Virtual Bronchoscopy & Electromagnetic Navigational Bronchoscopy for Evaluation of Peripheral Pulmonary Lesions
 - Added electromagnetic bronchoscopy as medically necessary and added roboticassisted bronchoscopy as experimental/investigational/unproven.

- MCP-363: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA)
 - Updated coverage indications to include indications for eligible pediatric patients with Down syndrome.
- MCP-416: External Beam Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT
 - Removed the requirement for two DVH comparison plans and dose indications, comparison plans require a practice to create two plans instead of one.
 - For cervical and endometrial cancer, allowed fractions increased by three to include a commonly prescribed total fraction number.
 - Clarified that lymph node-positive rectal cancer is eligible for IMRT.
 - Clarified that the entire esophagus is eligible for IMRT.
 - Clarified that all pancreatic cancers are eligible for IMRT.
 - Added IMRT for stage I and II NSCLC with more than 10 fractions is not considered medically necessary.
- MCP-395: Kymriah (tisagenlecleucel)
 - Revised to include members with relapsed/ after two lines of standard chemotherapy.
- MCP-417: Neutron and Proton Beam Radiation Therapy Policy
 - Removed the need for IMRT vs. PBRT comparison study requirement.
- MCP-415: Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
 - Updated to include use as monotherapy.
- MCP-105: Provenge (sipuleucel-T)
 - Inclusions section rewritten.
- MCP-423: Topical and Intralesional Therapies
 - Removed statements indicating that certain topical and intralesional therapies are preferred. Added indications for Levulan Kerastick (aminolevulinic acid hydrochloride),
- Klisyri (topical tirbanibulin).
 - Removed Photofrin for use as photodynamic therapy for actinic keratoses or cSCC in situ (Bowen's disease); Tazorac and Aldara from treatment options for cutaneous T-cell lymphoma; Aldara, clobetasol propionate, Kenalog injection and Rituxan injection as treatment options for cutaneous B-cell lymphoma.
 - Removed Picato (discontinued).
- MCP-403: Abecma (idecabtagene vicleucel)
 - For multiple myeloma, added indication to clarify that members must have measurable disease or evidence of disease progression from the last line of therapy.
- MCP-655: Brain PET
 - Indication updated to read "monoclonal antibodies directed against aggregated forms of amyloid beta" instead of Aduhelm due to new drug availability.
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
 - Allogenic transplantation information was removed from the policy, and a cross-reference to new MCP on allogenic islet cell transplantation.
- MCP-662: Whole Body MRI and/or CT
 - Policy title updated, and indications updated to include whole body CT indications.
- MCP-234: 3D Interpretation and Reporting of Imaging Studies
- MCP-406: Enteral Nutrition
- MCP-121: Inhaled Nitric Oxide (INO) for Neonatal Hypoxic Respiratory Studies

- MCP-245: Heart Transplantation with a Total Artificial Heart (TAH)
- MCP-272: Hematopoietic Stem Cell Transplantation for Ewing's Sarcoma
- MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders
- MCP-309: Hematopoietic Stem Cell Transplantation for myelodysplastic Syndromes (MDS)
- MCP-193: Hematopoietic Stem Cell Transplantation for Neuroblastoma
- MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis/Myeloproliferative Neoplasms
- MCP-115: Lung Transplantation
- MCP-117: Small Bowel Transplantation, Small Bowel and Liver Transplantation, and Multivisceral Transplantation
- MCP-194: Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Disease or Thalassemia Major
- MCP-048: Adstiladrin Nadofaragene Firadenovec
- MCP-396: Yescarta (axicabtagene ciloleucel)
- MCP-378: Tecartus (brexucabtagene autoleucel)

The following New Century Health policies have been approved:

To view New Century Health clinical policies please visit newcenturyhealth.com/compliance-and-regulatory-information/.

- NCH UM Cardio 1112: Cardiac Telemetry
- NCH UM Cardio 1256: Device (PPM, AICD, ILR) Interrogation
- NCH UM Cardio 1158: Microvolt T-Wave Alternans
- NCH UM Cardio 1159: Tilt Table
- NCH UM Cardio 1257: Device (PPM, AICD, CRT-D, Subcut-ICD, ILR) Programming
- NCH UM Cardio 1291: Coronary Atherectomy
- NCH UM Cardio 1318: Peripheral Intra Vascular Arterial and Venous Ultrasound
- NCH UM Cardio 1321: Temporal Artery Biopsy
- NCH UM Cardio 1358: Intra Cardiac Echocardiography (ICE)
- NCH UM Cardio 1418: Intervention on Adults with Congenital Heart Defects
- NCH UM Cardio 1428: Guidelines for Medical Management of Heart Failure Reduced Ejection Fraction
- NCH UM Cardio 1430: Guidelines for Medical Management of Atrial Fibrillation (AF)
- NCH UM Cardio 1436: Guidelines for medical Management of Moderate – Severe Mitral Regurgitation (MR)
- NCH UM Cardio 1095: Aortic Calve Replacement
- NCH UM Cardio 1097: Ascending Aortic Graft Surgery
- NCH UM Cardio 1098: Descending Thoracic Aortic Graft Surgery
- NCH UM Cardio 1100: Tricuspid Valve Surgery
- NCH UM Cardio 1139: Electrophysiology Study with Arrhythmia Induction
- NCH UM Cardio 1152: Device Physiologic CV Data Element Interrogation
- NCH UM Cardio 1162: Endo Vascular Abdominal Aortic and Iliac Artery Aneurysm Repair
- NCH UM Cardio 1163; Carotid Endarterectomy
- NCH UM Cardio 1168: Inferior Vena Cava Filter Device
- NCH UM Cardio 1175: Perioperative Cardiovascular Evaluation Before Surgery

- NCH UM Cardio 1295: Trans Catheter Aortic Valve Replacement
- NCH UM Cardio 1320: Percutaneous Left Atrial Appendage Closure
- NCH UM Cardio 1337: Abdominal Aortic Aneurysm Open Repair
- NCH UM Cardio 1370: Thoeacentesis and Pleurodesis
- NCH UM Cardio 1417: Percutaneous Closure of PFO
- NCH UM ONC 1329: Yescarta (axicabtagene ciloleucel)
- NCH UM ONC 1332: Lutathera (lutetium Lu 177 dotate)
- NCH UM ONC 1413: Tecartus (brexucabtagene autoleucel)
- NCH UM ONC 1421: Breyanzi (lisocabtagene maraleucel)
- NCH UM ONC 1429: Abecma (idecabtagene vicleucel)
- NCH UM ONC 1460: Carvykti (ciltacabtagene autoleucel)
- NCH UM XRT 2009: External

The following policies have been retired and are no longer available online:

- MCP-638: Abdomen Pelvis CT/MHI-A-0013
- MCP-649: Breast MRI/MHI-A-0048
- MCP-633: Lower Extremity Knee MRI/MHI-A-0052
- MCP-633: Lower Extremity Ankle MRI/MHI-A-0045
- MCP-618: Lumbar Spine CT/MHI-A-0027
- MCP-663: Shoulder MRI/MHI-A-0056
- MCP-614: Chest MRI/MHI-A-0446
- MCP-157: Cell-free DNA Screening for Chromosomal
- Aneuploidy MCP-369: Facet Joint Allograft Implants for Facet
- Disease MCP-091: Pediatric Bariatric Surgery
- MCP-175: Transcatheter Aortic Valve Replacement

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed.

Providers can access the current Provider Manual online at

MolinaHealthcare.com/Providers/KY/Medicaid/Manual/Medical.aspx.

The items listed below reflect significant changes made in the 2023 Provider Manual. Changes are broken down by line of business, manual section and page number.

For Medicaid, the following changes have been made:

- Additional information is provided under **Access to Interpreter Services**
- Updated information listed under **Information Security and Cybersecurity**

Kentucky quality corner

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.

Metabolic testing for children and adolescents on antipsychotics

Antipsychotic prescribing for children and adolescents has recently seen a material increase.^{1 2} Children and youth covered by Medicaid may be two to three times as likely to be prescribed antipsychotics as those covered by commercial insurance.³ In keeping with professional guidelines, antipsychotic medication should be used in conjunction with multi-modal therapy.³ These medications can increase the risk of developing serious metabolic complications with lifelong consequences.^{4 5} Due to these health risks, blood glucose and cholesterol testing are key elements to ensure appropriate management of these medications in children and adolescents.

The HEDIS® measure Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) assesses the percentage of children or adolescents 1-17 years of age who had two or more antipsychotic prescriptions and received both blood glucose and cholesterol testing.

Providers should ensure that child and youth members prescribed antipsychotic medication receive annual blood glucose and cholesterol testing.

Please review the HEDIS® tip sheet on Availity [here](#) for additional guidance.

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



1. Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." *Canadian Journal of Psychiatry* 57:717–21.
2. Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." *Ambulatory Pediatrics* 6(2):79–83.
3. Substance Abuse and Mental Health Services Administration: Guidance on Strategies to Promote Best Practice in Antipsychotic Prescribing for Children and Adolescents. HHS Publication No. PEP19- ANTIPSYCHOTIC-BP, Rockville, MD: Office of Chief Medical Officer, Substance Abuse and Mental Health Services Administration, 2019.
4. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association*
5. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135–41.



Seasonal respiratory vaccine reminders

We hope that every member is offered their seasonal vaccines this fall and winter as appropriate, including flu, RSV and COVID-19. Passport will remind members of the value of all three and redirect them to speak with their providers if they have any questions. We know that members can choose where they seek immunizations: Providers, health departments, pharmacies, retail clinics, pop-up vaccine events, etc. Our member communications will reinforce speaking with a trusted medical professional if they have any questions or concerns about getting their shots this year.

We continue to see very low rates of infants on Medicaid who are fully vaccinated for flu yearly. Please help caregivers understand the importance of two doses in infants and children under 9 years of age receiving their flu shot. The second shot should be given within four weeks after the first so the second isn't missed or forgotten by the caregiver.

Equally important for infants is the newly approved RSV monoclonal antibody – Nirsevimab – covered through the Vaccine for Children (VFC) program and the standard Medicaid benefit plan. Caregivers may need additional education and motivational interviewing since it is a new product. All infants under 8 months born during or entering their first RSV season should be offered this important coverage. See the CDC's website for additional details: cdc.gov/vaccines/vpd/rsv/hcp/child.html.

Finally, there is some demand for the new COVID-19 vaccine. We know it can feel like a fatigued topic, but we hope all providers recommend up-to-date COVID-19 vaccinations. Many in Kentucky – especially young children – have not received any form of the vaccine yet and would benefit from immunization this season.

Oral health and how it affects overall health

Maintaining a healthy mouth is not only the key to a beautiful smile but also 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.

By practicing basic oral health habits, patients can improve their overall health. These healthy oral practices can begin early in childhood for a good lifetime foundation. In fact, HEDIS® quality measures include Topical Fluoride for Children (TFC) and Oral Evaluation of Dental Services (OED). TFC is an evaluative measure for members aged 1-4, including administering at least two fluoride applications during the measurement year. OED measures the percentage of members up to 21 years of age who received a comprehensive oral evaluation with a dental provider during the measurement year.

If your patient is not seeing a dentist, please consider providing fluoride treatments to help prevent cavities and boost oral health for the child until they begin seeing a dentist regularly.

Treatments to consider, along with clinical guidance and resources, are as follows:

1. **Fluoride varnish:** The United States Preventive Services Task Force (USPSTF) recommends that primary care providers apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
2. **Fluoride supplementation:** If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

Pediatricians and family care providers can help get patients established for a lifetime of healthy oral habits and a beautiful smile by reminding patients about the dentist at annual well-visits and reminding all patients – on any visit – that good health begins with the mouth.

Effective January 1, 2024, all Medicaid payers will participate in a new Kentucky Department of Medicaid Services Performance Improvement Plan focusing on pediatric oral health. More information will be available in 2024.

Additional information on the HEDIS® measures can be found at:

- [Oral Evaluation HEDIS® tip sheet](#)
- [TFC HEDIS® tip sheet](#)

Chlamydia screening for women

Passport promotes screening for women between the ages of 16-24, as chlamydia continues to be prevalent in this age group. **Passport offers our members a \$25 healthy reward gift card when screenings are completed.** We want to encourage our providers to continue educating this population on how they can get chlamydia and how it can be prevented, as well as screening and treatment.

Kentucky prevalence

Chlamydia is the most common STD in Kentucky at a rate of 419.7 cases per 100,000 people.

Next steps:

- Yearly screening for chlamydia for persons between the ages of 16-25 who have been identified as sexually active.
- Use well-child exams and well-women exams to include chlamydia screening as a standard lab.
- If given the opportunity, please speak confidentially to female patients without a parent present.
- Offer patients a urine test to screen for chlamydia.
- Make chlamydia swabs readily available next to pap test or pregnancy detection materials.

Codes included in the current HEDIS® measure

Codes to identify chlamydia screening

Description: Chlamydia testing

Code: CPT: 87110, 87270, 87320, 87490-87492, 87810

The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.

Sources:

CDC 2020 STD Surveillance Report
STD Testing in Kentucky- [testing.com](https://www.testing.com)

Reference: Chlamydia and gonorrhea: Screening. Recommendation: Chlamydia and Gonorrhea: Screening | United States Preventive Services Taskforce. (2021, September 14). Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>

Pharmacy benefit coverage for continuous glucose monitor and supplies

Passport would like to inform providers that the therapeutic continuous glucose monitoring (CGM) systems – DexCom G6 and Freestyle Libre 3 – are covered with prescription(s) under the pharmacy benefit for eligible members diagnosed with insulin-dependent/gestational diabetes and are insulin dependent.

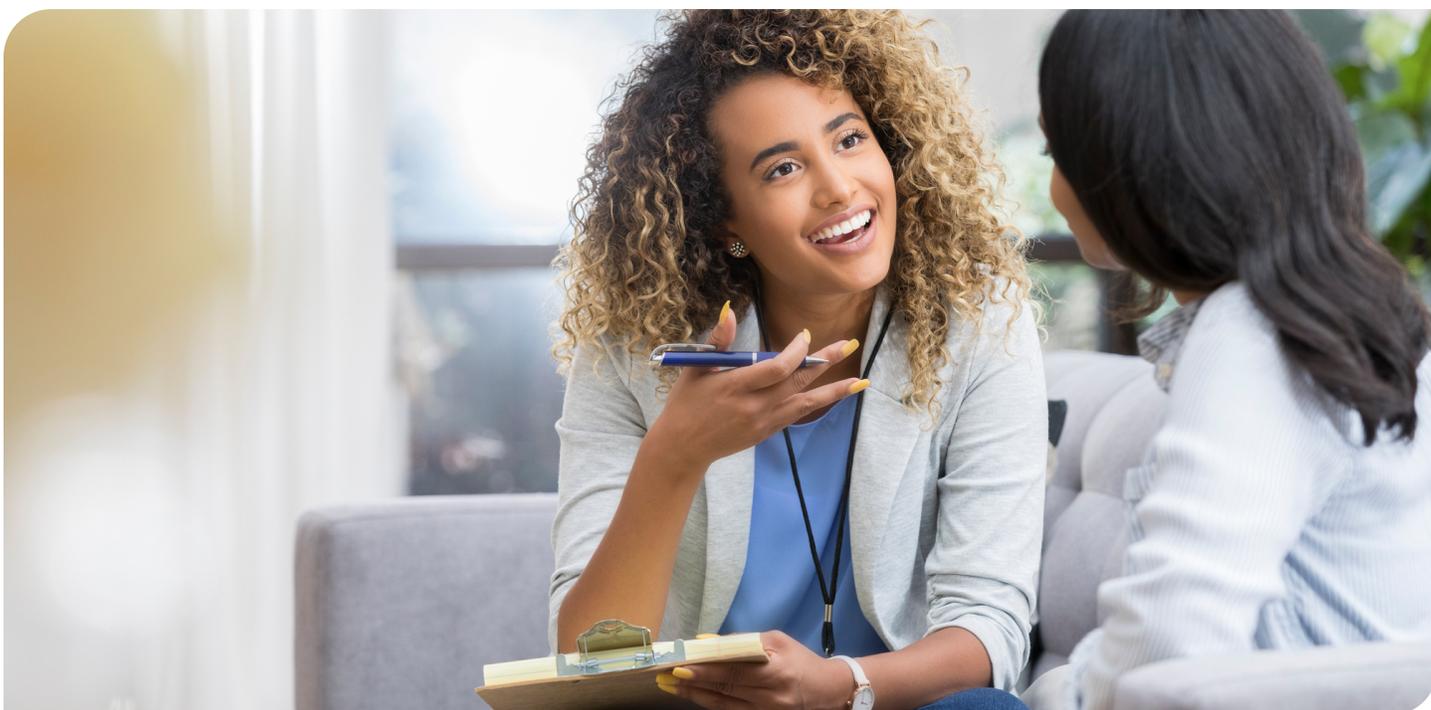
CGMs and components

Manufacturer	Product name	NDC	Limit
Dexcom	Dexcom G6, Transmitter	08627-0016-01	One per 90 days
	Dexcom G6 Sensor	08627-0053-03	Three per 90 days
	Dexcom G6 Receiver	08627-0091-11	One per year
Abbott Diabetes Care	Freestyle Libre 3, Sensor	57599-0818-00	Two per 28 days

There is no prior authorization form required for the Dexcom G6 or Freestyle Libre 3 through the pharmacy benefit if the member has a diagnosis of insulin-dependent/gestational diabetes and is insulin-dependent.

We recommend speaking to your eligible and active CGM patients about the convenience of ordering the Dexcom G6 or Freestyle Libre 3 through their participating pharmacy.

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



Passport-covered products for members with diabetes

Passport knows that caring for patients with diabetes is a top priority for our providers to keep their blood sugar in control and their A1c in an acceptable range.

Below is a list of current Passport-covered products that can be referred to when providing care to your Passport patients with diabetes:

Continuous glucose monitor components:

- Dexcomó
 - Transmitter one/90 days
 - Sensor three/90 days
 - Receiver one/year
- Freestyle Libre 3 sensor two/28 days

Blood glucose monitors- one/year:

- Abbott Freestyle: Freedom, Insulinx, Lite, Precision
- Lifescan Onetouch: Ultra2, Verio Flex, Verio Reflect
- Corresponding test strips- 200/month unless a PA for more frequency

Insulin pens- 200/month unless a PA for more frequency:

- BD UF: Micro, Mini, Nano, Orig & Short
- BD: Autosshield Duo & Nano

Insulin pumps:

- Omnipod: starter, G6 into, or dash intro one/5 years
- V-GO: 20/30/40 Disposable 30/30 days

Insulin syringes – no limits:

- BD Veo
- BD Insulin UV
- Sure Comfort
- Easy Touch/Insulin
- Trueplus

Please ensure all applicable office staff and practitioners are aware of these Passport-covered products and share this information with your Passport patients living with diabetes.

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

The importance of annual eye exams for members with diabetes

Passport – along with March Vision and participating PCPs – want to be sure that our members with diabetes are getting annual eye exams.

The facts speak for themselves. Specifically:

- Diabetes is the leading cause of blindness in adults ages 20 to 74.
- As many as 45% of adults in the U.S. haven't had a dilated eye exam in the last two years.
- Eye exams can help detect diseases such as stroke, diabetes, high blood pressure, autoimmune diseases, cancers and glaucoma.
- Diabetic retinopathy is often the first evidence of vascular disease.
- CDC estimates that by 2050, the number of people with diabetic retinopathy will double.

What you can do:

- Confirm that patients are receiving annual dilated eye exams.
- Refer your Passport members/patients to a network eye doctor for a diabetic eye exam.
- Review and incorporate PCP notification letters into your patient's medical record.

Marketplace updated prior authorization code matrix for January 1, 2024

Passport is updating the prior authorization (PA) code matrix for January 1, 2024. This is a notification only and does not determine if the member's plan covers the benefit. For a list of codes being updated, please visit our website.

The process for obtaining a PA has not changed. Please complete the Prior Authorization/Service Request Form with all pertinent information and medical notes as applicable. The Service Request Form is available on the Passport website under **Frequently Used Forms**.

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

How to reach the care management team

Need to make a referral to care management or follow up with someone on the care management team about a specific member? There are multiple ways for providers to get in touch with our care management team:

- Call **Provider Services** at **(800) 578-0775** and follow the prompts to get to the care management team. Leave us a message on our private and passcode-protected voicemail.
- Send us an email at KYCareManagement@MolinaHealthcare.com.
- Send a fax to **(800) 983-9160**.

You can choose the most convenient way to contact us, and we'll respond within one business day. We look forward to hearing from you!

Verify your email address to continue receiving Passport eNews and quarterly newsletters

At Passport, we know you're busy and have to juggle a bulk of information from multiple health care payers. That's why we created the eNews program over a decade ago – to give you the Passport-specific information you need in a brief, easy-to-read format.

We're updating our database in advance of some exciting changes coming soon. We need your help to ensure the appropriate staff in your office/team are included.

Please complete our brief nine-question survey by December 22, 2023, to continue receiving eNews alerts.

Please forward this throughout your organization to any providers or office staff who may be interested.

You don't need to do anything if you no longer want to receive Passport eNews and quarterly newsletters. If you missed them the first time, you can click [here](#) to see all current and past eNews or [here](#) to see all quarterly newsletters.