

Provider Services

July 2023

Updates and Reminders

Legacy Passport Provider Portal Decommission

- Passport by Molina Healthcare (Passport) will be decommissioning the legacy Passport provider portal managed by Evolent effective July 1, 2023. **The last day of usage will be June 30, 2023.** Users will no longer have access to information contained within the legacy portal for dates of services prior to January 1, 2021.
- To access the legacy Passport provider portal, please visit: <https://phkyportal.valence.care/>
- This does not impact access to the Availity Essentials portal for dates of services on or after January 1, 2021.

New Provider Early Reversal Form

- A new [Provider Early Reversal Permission Form](#) is now available for use.
- This form provides you the ability to request Passport deduct claims paid in error from a future remittance.
- This form is only to be used for the Medicaid line of business.

Updates and Reminders

Your Feedback Requested: Communications Preferences Survey

- We continuously seek to improve our provider communications. To identify gaps, opportunities for improvement, and better understand the needs of our Provider Community, we're asking for your help!
- Please consider providing your feedback by taking our short, 7-question [Provider Communications Preferences](#) survey. Your feedback will help inform provider communication process improvement and is invaluable. This survey will take approximately 4 minutes to complete.

Frequently Used Provider Contracting and Credentialing Forms

- Please ensure you are using the new forms for all provider enrollments, adds, terms, and changes. You can find these forms [here](#).
 - Disclosure of Ownership and Control Form
 - Practitioner Application Form
 - Provider Contract Request Form
 - Provider Information Update Form
 - Healthcare Delivery Organization Form/Blank Attestation Form
 - Group Roster Template

Maintaining Provider Data

Passport strives to maintain the highest quality of provider data possible by enforcing policies that require notification prior to important provider demographic changes. All demographic changes must be submitted to Passport within 30 days.

- Providers are required to submit notification of changes including, but not limited to:
 - Change in office location(s), 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 practice name, Tax ID and/or National Provider Identifier (NPI).
 - Opening or closing your practice to new patients (PCPs only).
 - Any other information that may impact Member access to care.
- Provider roster review
 - Please complete the [Provider Information Update Form \(PIF\)](#) if you find there are errors upon your review.
 - The PIF form is used to communicate changes, deletions and additions regarding participating providers to Passport by Molina Healthcare.

Updates and Reminders

Social Needs Screening (SNS-E) – New in 2023

SNS-E HEDIS Tip Sheet

Measure Description:

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period (January 1 – December 31) for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- **Food Screening:** The percentage of members who were screened for food insecurity between January 1 and December 1 of the measurement period.
 - **Food Intervention:** The percentage of members who received a corresponding intervention within 1 month (31 days total) of screening positive for food insecurity.
 - **Housing Screening:** The percentage of members who were screened for housing instability, homelessness or housing inadequacy between January 1 and December 1 of the measurement period.
 - **Housing Intervention:** The percentage of members who received a corresponding intervention within 1 month (31 days total) of screening positive for housing instability, homelessness or housing inadequacy.
 - **Transportation Screening:** The percentage of members who were screened for transportation insecurity between January 1 and December 1 of the measurement period.
 - **Transportation Intervention:** The percentage of members who received a corresponding intervention within 1 (31 total days) month of screening positive for transportation insecurity.
- Measure uses LOINC codes to close the gap, cannot be put on a claim

Updates and Reminders

What is Care Connections?

- A team of Passport employed Nurse Practitioners who provide wellness and preventative care services
- Coordinate care and facilitate communication between the member, primary care physician and care management
- Quality Services:
 - **Comprehensive Diabetes Care (HBD, KED, EED)**
 - Point-of-care A1c
 - Point-of-care nephrology screen
 - Point-of-care diabetic retinal exam
 - **Colon Cancer Screening (COL)**
 - Cologuard order and result management
 - **“Mothers of Molina” MOM Postpartum (PPC – Post)**
 - Edinburgh Postnatal Depression Scale (EPDS)
 - **Well Child (W15, W30, WCC, AWC)**
 - **Post Discharge Visits**
 - Medication Reconciliation post discharge
 - Behavioral Health (FUH, FUA, FUM)

Access and Availability Standards

As part of our commitment to providing the best quality of care to your patients (our members), Passport, in conjunction with the National Committee for Quality Assurance (NCQA) and the Department for Medicaid Services (DMS), have identified key Access and Availability standards. Please ensure your practice is following these outlined practices. Check out the [Access and Availability Quick Reference Guide](#) for an easy-to-refer-to handout!



Physical Accessibility & Appearance Standards:

- Handicapped/Wheel Chair Accessible
- Clean Appearance
- Adequate Seating
- Posted Office Hours
- Well-Lit Waiting Room



Access Standards:

- Members should be scheduled at the rate of six (6) or less per hour
- PCPs shall not exceed a panel ratio of one (1) PCP to 1,500 members
- Specialist care providers shall not exceed a ratio of one (1) specialist to 5,000 members
- Behavioral Health Care providers shall not exceed a ratio of one (1) behavioral health provider to 5,000 members

Access and Availability Standards (cont.)



Office Standards:

- Wait time should not exceed 30 minutes
- PCP should have a 'no-show' follow-up policy
- Office should have a system in place to remind patients of appointments
- Office should have a policy in place for reporting communicable diseases
- Office should have documented office standards for orderliness, security and confidentiality or medical records
- Office should have an organized, secure and confidential filing system for medical records
- Offices closed during lunch must have phone coverage via answering service or answering machine. Messages must be returned by the end of the business day.



After-Hours Care

A PCP's office telephone must be answered in a way that the member can reach the PCP or another designated provider.

- Telephone must be answered by an answering service that can contact the PCP or other designated on-call provider
- Telephone must be answered by a recording directing the member to call another number to reach the PCP or other designated on-call provider
- Telephone must be transferred to another location where someone will answer and be able to contact the PCP or other designated on-call provider
- After-hours phone calls must be returned within 30 minutes

Access and Availability Standards (cont.) (1 of 2)

Appointment Standards:

Medical Care Providers	
Preventative Care Appointments (For All Medical Provider Types)	Within 30 days
Urgent Appointments (For All Medical Provider Types)	Within 48 hours
After Hours/Emergency Care	24 hours a day/7days a week
Family Planning Services (Counseling and Medical)	Ages 18+: As Soon As Possible/Within 30 Calendar Days Under Age 18: As Soon As Possible/Within 10 Calendar Days
Pregnancy Preventative Care	1 st Trimester – within 14 days 2 nd Trimester – within 7 days 3 rd Trimester – within 3 days
If a referral is required before making an appointment for specialist care, any such appointment shall be made within 30 days for routine care or 48 hours for urgent care.	

Access and Availability Standards (cont.) (2 of 2)

Appointment Standards:

Behavioral Health Care Providers	
Life-Threatening Emergency	Immediately
Non Life-Threatening Emergency	Within 6 hours
Urgent Care	Within 48 hours
Routine Care	Initial Visit: within 10 business days of request Follow-up Visit: within 30 calendar days of request
Post-Discharge Outpatient Aftercare	Within 7 calendar days of discharge
Referrals	Within 30 calendar days

Note: Behavioral Health Providers must contact members who have missed an appointment within 24 hours to reschedule.
Additional information on appointment access standards is available from your local Passport Quality Department.

Availity Essentials - Trainings

We know you've been busy so we're offering a few more training opportunities to fit with your schedule. Join Availity and Molina for Availity Essentials Provider Portal Overview for Molina Healthcare Providers on these dates.

- Monday, July 17 @ 12:00 p.m. -1:15 p.m. ET
- Wednesday, July 26 @ 3:00 p.m. - 4:15 p.m. ET

We'll show you how to work with Molina on Availity and access popular Single Sign On (SSO) capabilities. Here's a preview of what you'll learn:

- View and submit claims
- Upload supporting documentation using the Send Attachments feature
- Directly message Molina Healthcare from within the Claim Status and E&B transactions
- Access these SSO capabilities through Molina's Payer Space: Appeals/Correct Claims, Authorizations, Member Roster, HEDIS® Profile, and Reports

Availity Essentials – Member Redetermination Information

- You can now find your Passport members' redetermination information in Availity.
- The information available is the members redetermination date and if they need to act.
- This information can be found in two location within the portal
 - Eligibility & Benefit Inquiry section (patient specific)
 - Patient Care Portlet (PCP member roster)
- For detailed step by step instructions on where to find and how to utilize this information please review this [document](#).



Monthly Member Benefit Highlight – Member Portal

On Wednesday, June 21st, our member portal MyPassportHealthPlan.com is getting a face-lift.

Link to member portal via our website: <https://member.molinahealthcare.com/Member/LoginKY>

Members can manage their healthcare online through the portal:

- Change their doctor
- Update contact information
- Request an ID card
- Get health reminders on services
- View service history



Members can register today using following these easy steps:

Step 1: Go to www.MyPassportHealthPlan.com

Step 2: Enter your [Member ID](#) number, date of birth and zip code

Step 3: Enter your email address

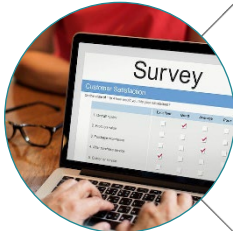
Step 4: Create a password

Step 5: Now you're ready to login and use My Passport Health Plan!

Appendix - June eNews



Update to Peer-to-Peer Review Timeframe



**Provider Feedback Requested:
Communications Preferences Survey**



New Provider Early Reversal Permission Form



Legacy Passport Provider Portal Decommission

Appendix - Resources

- Provider Contact Center [\(800\) 578-0775](tel:(800)578-0775)
- Contracting Inquiries KY_Contract_Management@MolinaHealthCare.com
- Credentialing Inquiries Contracting@passporthealthplan.com
- Appeals and Grievances MHK_Provider_GnA@passporthealthplan.com
- Dental Inquiries KentuckyProviders@DentaQuest.com
- Vision Inquiries www.marchvisioncare.com
- Pharmaceutical Inquiries <http://kyportal.medimpact.com>

Appendix - Online Tools

[Provider Manual](#)

[Quick Reference Guide](#)

[Prior Authorization Look-up Tool](#)

[eNews](#)

[Provider Portal: Availity](#)

[Passport Advantage](#)

[Marketplace](#)

[KHIE](#)

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