



Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

Second quarter 2025

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Salesforce communications

Several Molina Healthcare departments have transitioned to Salesforce, an AI CRM database for email communication. As a result, you will now receive emails from us via Salesforce. If you have blocked this type of communication, please unblock it to receive important messages such as approval and credentialing decisions. Work with your IT department to unblock these emails by following the steps below:

1. Allow Salesforce email IP addresses to pass through your organization's email system. Below is a list of IP addresses where emails will originate.
2. Verify that your organization's email system supports secure connections (TLS) with the appropriate settings.
3. Ensure your organization's mail server can correctly route emails from Salesforce.
4. Check the authentication protocols on your organization's email server to ensure proper communication.

IP range:
13.108.0.0 –
13.111.255.255

Description:
Salesforce primary
email sending IP
range

IP range:
96.43.144.0 –
96.43.159.255

Description:
Additional IP
range used for
email relays and
SMTP mail servers

IP range:
182.50.78.0 –
182.50.78.255

Description:
IP range
associated with
specific Salesforce
email services

Once these configurations are verified and set up, email communication should function properly between Salesforce and your system.

Passport's utilization management

One of Passport's utilization management (UM) department's goals is to render appropriate UM decisions consistent with objective clinical evidence. To achieve this goal, Molina maintains the following guidelines:

- Our highly trained UM staff evaluates medical information received by our providers against nationally recognized objective-and evidence-based criteria. We also consider individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation and home environment, when applicable) and the local delivery system when determining the medical appropriateness of requested health care services.
- Passport's clinical criteria include:
 - MCG criteria that are utilized to conduct inpatient review (except when Change Healthcare InterQual® is contractually required)
 - American Society of Addiction Medicine (ASAM) criteria
 - National Comprehensive Cancer Network (NCCN)
 - Hayes Directories
 - Applicable Medicaid guidelines
 - Molina Clinical Policy (MCP) and Molina Clinical Review (MCR) developed by designated corporate medical affairs staff in conjunction with Passport physicians serving on the Medical Coverage Guidance Committee
 - UpToDate®
 - Other nationally recognized criteria, including technology assessments and well-controlled studies that meet industry standards, Passport policy, and when appropriate, third-party (outside) board-certified physician reviewers
- Passport ensures all criteria used for UM decision-making are available to practitioners upon request. The clinical policy website, [Policies Home](#), provides access to MCP and MCR criteria. Providers can also access the MCG Cite for Care Guideline Transparency tool through our [Availity Essentials provider portal](#). To obtain a copy of the UM criteria, call our UM department at **(800) 578-0075 (TTY/TDD at 711 Relay)**.
- As the requesting practitioner, you will receive written notification of all UM denial decisions. If you need assistance contacting a medical reviewer about a case, please call the UM department at **(800) 578-0075 (TTY/TDD at 711 Relay)**.

It is important to remember:

- UM decision-making is based only on the appropriateness of care and service and the existence of coverage.
- Passport does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- UM decision-makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
- Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.

Passport's utilization management (continued)

- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Passport will arrange for a member to obtain a second opinion out of network at no additional cost to the member. Passport provides for a second opinion from a qualified in-network practitioner. Members from all Passport lines of business and programs should refer to their benefit documents (such as schedule of benefits and/or evidence of coverage) for second-opinion coverage benefit details, limitations and cost-share information. If an appropriate practitioner is unavailable in network, prior authorization (PA) is required to obtain the second opinion of an out-of-network provider. Claims for out-of-network providers without a PA will be denied, unless regulation dictates otherwise. All diagnostic testings, consultations, treatments and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered.
- Some of the most common reasons for a delay or denial of a request include:
 - Insufficient or missing clinical information to provide the basis for making the decision
 - Lack of or missing progress notes or illegible documentation

Passport's UM department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call **(800) 578-0775 (TTY/TDD at 711 Relay)**. You may also fax a question about a UM issue to **(833) 454-0641**. The medical director is available to answer more complex medical decision questions and explain medical necessity denials.

Passport offers the ability to quickly and conveniently submit and check PA status through the [Availity provider portal](#).

Passport PA fax numbers include:

- **Advanced imaging: (877) 731-7218**
- **Medicaid: (833) 454-0641**
- **Marketplace: (833) 322-1061**
- **MMP physical and behavioral health: (844) 251-1541**
- **Medicare physical and behavioral health: (844) 251-1540**
- **Medicare and MMP inpatient: (844) 834-2152**
- **Medicare Part D pharmacy: (866) 290-1309**

For information about Passport's formulary PA and the exception process, please refer to the Drug Formulary and Pharmaceutical Procedures article.

Passport regular business hours are Monday and Friday 8 a.m. – 6 p.m. ET and Tuesday through Thursday 8 a.m. – 5:30 p.m. ET, including weekends and holidays. Voicemail messages and faxes received after regular business hours will be returned the following business day. Passport has language assistance and TDD/TTY services for members with language barriers, members who are deaf or hard of hearing and those with speech disabilities.

Care management

Passport offers you and your patients the opportunity to participate in our complex care management program. Members must have the most complex service needs for this voluntary program. This may include members with multiple medical conditions, high levels of dependence, conditions that require care from multiple specialties and/or additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Passport complex care management program is to:

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

If you would like to learn more about this program, speak with a complex care manager and/or refer a patient for an evaluation by calling toll-free **(800) 578-0775 (TTY/TDD at 711 Relay)**.



Important message – Updating provider information

Passport by Molina Healthcare (Passport) needs to keep our provider network information current. Up-to-date provider information allows Passport to accurately generate provider directories, process claims and communicate with our provider network. Providers must notify Passport in writing at least 30 days in advance, when possible, of changes, such as:

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

Changes should be submitted on the Provider Information Update Form or Approved Roster Template, which is located online at [Frequently Used Forms](#).

Send changes to:

Email: Contracting@PassportHealthPlan.com

Fax: **(833) 529-1081**

Contact your provider services representative at KYProviderRelations@MolinaHealthcare.com if you have questions.

Practitioner credentialing rights: What you need to know

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

Passport is also responsible to its providers to ensure that the credentialing information it reviews is complete and accurate. As a Passport provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process
- Non-discrimination during the credentialing process
- Be notified of information obtained during the credentialing process that varies substantially from what you submit
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, except for references, recommendations or other peer-review protected information
- Correct erroneous information
- Receive notification of the credentialing decision within 45 days of the committee decision or shorter timeframes as contractually required

Practitioner credentialing rights: What you need to know (continued)

- Receive notification of your provider's right to appeal an adverse decision made by the committee
- Be informed of the above rights

Please review our provider manual for further details on all your rights as a Passport provider. You may review the provider manual on our website at:

- [2025-MKY-Provider-Manual.ashx](#)
- [PROVIDER MANUAL](#)

You can also contact your provider services representative at: KYProviderRelations@MolinaHealthcare.com.

Drug formulary and pharmaceutical procedures

At Passport, formulary and pharmacy services procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee for Marketplace and Medicare. For Medicaid, MedImpact (KY's Pharmacy Benefit Manager) manages the Preferred Drug List and facilitates P&T Committee meetings. These committees meet on a quarterly basis, and changes to the formularies are sent to all providers by fax, letters or newsletter articles. Changes are also kept updated on the website listed below.

The P&T Committees are responsible for developing and updating drug formularies that promote safety, effectiveness and affordability where state regulations allow. The committee objectively reviews new Food and Drug Administration (FDA)-approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information, new clinical guidelines and practice trends that may impact previous formulary placement decisions. Additional committee oversight includes PA, step therapy, quantity limits, generic substitutions, medical exception protocols to allow coverage for non-formulary drugs other drug utilization management activities that affect access and drug utilization evaluations and intervention recommendations for Passport health plans. Drug formulary activities are inclusive of prescriber-administered specialty medications as a medical benefit and pharmacy benefit services.

The drug formularies reviewed and approved by the P&T Committees are updated quarterly and include explanations of quantity limits, age restrictions, therapeutic class preferences and step therapy protocols. These changes and all current documents are also posted on our website at [Passport Providers](#).

Drug formulary and pharmaceutical procedures (continued)

Providers may request a formulary exception for coverage of a drug outside of the drug formulary restrictions. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary or to request that a UM requirement be waived (e.g., step therapy, PA, quantity limit) for a formulary drug. Select medications on the drug formulary or drugs not listed on the formulary may require PA. PA is a requirement in which a prescriber obtains advance approval from Molina before a specific drug is delivered to the member to qualify for payment coverage. The drug formulary/PDL is available online at:

Medicaid: [Providers](#)

Marketplace: [Medicaid Provider Portal Home | Kentucky](#)

Medicare: [Pharmacy](#)

The P&T Committee also promotes member safety. In the event of a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners will be notified by Passport within 30 calendar days of the FDA notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail and/or telephone.

Resources available on Molina's provider website

Featured online at [Health Care Professionals | Passport Health Plan by Molina Healthcare](#):

- Clinical practice and preventive health guidelines
- Health management programs
- Quality improvement programs
- Member rights and responsibilities
- Privacy notices
- Provider manual
- Current formulary
- Cultural competency provider trainings

If you would like to receive any of the information posted on our website in a printed format, please call **(800) 578-0775 (TTY/TDD at 711 Relay)**.

Translation services

Passport can provide information in our members' primary language. We can arrange for an interpreter to help you speak with our members in almost any language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Passport at **(800) 578-0603**. You can also call **TTD/TTY: 711** if a member has a hearing or speech disability.



Patient safety

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

The Passport patient safety activities address the following:

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

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

- **Leapfrog Quality Index Ratings**
- **The Joint Commission Quality Check®**

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

- **The Leapfrog Group**
- **The Joint Commission**

Care for older adults

Many adults over 65 have comorbidities that often affect their quality of life. As this demographic ages, decreased physical function, cognitive ability and increased pain are common. Regular assessment of these additional health aspects can help ensure this population's needs are appropriately met.

- Advance care planning – Discussions regarding treatment preferences, such as advance directives, should start before the member is seriously ill.
- Medication review – All medications the member takes, including prescription and over-the-counter medications or herbal therapies, should be reviewed.
- Functional status assessment – These include functional independence or loss of independent performance assessments.
- Pain screening consists of notating the presence or absence of pain.

Providers should include these components in their standard well-care practice for older adults to help identify unrecognized ailments and increase their quality of life.

Hours of operation

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

Non-discrimination

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

[Member Rights & Responsibilities | Passport by Molina Healthcare](#)

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



Member rights and responsibilities

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

Passport members have the right to:

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

Molina members have the responsibility to:

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

You can find the complete Molina Member Rights and Responsibilities Statement on our website at [Member Rights & Responsibilities | Passport by Molina Healthcare](#). Written copies and more information can be obtained by contacting Provider Services at **(800) 578-0775 (TTY/TDD at 711 Relay)**.

Population health (health education, disease management, care management and complex care management)

The tools and services described here are educational support for our members. We may change them at any time to meet their needs.

Passport offers programs to help our members and their families manage a diagnosed health condition. As a provider, you also help us identify members who may benefit from these programs. Members can request to be enrolled or disenrolled in these programs. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular disease (CVD) management/
congestive heart disease
- Chronic obstructive pulmonary disease
(COPD) management
- Depression management
- High-risk obstetrician-gynecologist
(OB/GYN) care management
- Transition of care (ToC)
- Emergency department diversion
- Substance use disorder care model
- Serious mental illness/severe emotional
disturbance care model

You can find more information about our programs at [here](#).

If you have additional questions about our programs, please call Provider Services at **(800) 578-0775 (TTY/TDD at 711 Relay)**.



Quality improvement program

Passport's quality improvement (QI) program provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. The QI committee assists the organization in achieving these goals. It is an evolving program that is responsive to the changing needs of the health plan's members and the standards established by the medical community and regulatory and accrediting bodies.

The key quality processes include but are not limited to:

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



Quality improvement program (continued)

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

The effectiveness of QI program activities in producing measurable improvements in the care and service provided to members is evaluated by:

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

Passport would like to help you promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Passport website, please contact the QI department at **(800) 578-0775 (TTY/TDD at 711 Relay)**.

If you would like more information about our QI program or initiatives and the progress toward meeting quality goals, you can visit our website at [Passport Providers](#) and access the Health Resources area on our provider website pages. If you would like to request a paper copy of our documents, please call the QI department at **(800) 578-0775 (TTY/TDD at 711 Relay)**.



Standards for medical record documentation

Passport has established medical record documentation standards to help assure our members' highest quality of care. Medical record standards promote quality care through communication, coordination and continuity of care, and efficient and effective treatment.

Passport's medical record documentation standards include:

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

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

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

For more information, please call the QI department at **(800) 578-0775 (TTY/TDD at 711 Relay)**.

Preventive health guidelines

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

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

You can view all guidelines at [Passport Providers](#) by accessing the Health Resources section on our provider web pages. To request printed copies of preventive health guidelines, please contact Provider Services at **(800) 578-0775**.

Clinical practice guidelines



Clinical practice guidelines are based on scientific evidence, a review of the medical literature or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The care recommendations are suggested as guides for making clinical decisions. Providers and our members must work together to develop individual treatment plans tailored to the member's specific needs and circumstances.

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

- Acute stress and post-traumatic stress disorder (PTSD)
- Anxiety/panic disorder
- Asthma
- Attention deficit hyperactivity disorder (ADHD)
- Autism
- Bipolar disorder
- Children with special health care needs
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Depression
- Diabetes
- Heart failure in adults
- Homelessness - special health care needs
- Hypertension
- Obesity
- Opioid management
- Perinatal care
- Pregnancy management
- Schizophrenia
- Sickle cell disease
- Substance abuse treatment
- Suicide risk
- Trauma-informed primary care

You can also view all guidelines at [Passport Providers](#) in the Health Resources section on the provider web pages. To request a copy of any guidelines, please contact Provider Services at **(800) 578-0775 (TTY/TDD at 711 Relay)**.

Advance directives

Providers can assist Passport members in preparing an advance directive. Anyone 18 or older can have an advance directive, including a living will document and a durable power of attorney.

A living will is written instruction explaining the wishes of a Passport member regarding health care in the case of a terminal illness or any medical procedures that can prolong life. A durable power of attorney names a person to make decisions for our members if they cannot.

The following links provide free forms and information to help create an advance directive:

- [CaringInfo](#)
- [National Medical Library](#)

Members will need two witnesses for the living will and valid notarization for a durable power of attorney.

An advance directive must be honored to the fullest extent permitted under law. Providers should discuss advance directives and provide appropriate medical advice if the member desires guidance or assistance, including any objections they may have to a directive prior to service whenever possible. Providers cannot refuse treatment or otherwise discriminate against members because they completed an advance directive. Members have the right to file a complaint if they are dissatisfied with the handling of an advance directive and/or if there is a failure to comply with advance directive instructions.

Providers should have materials on advance directives for members to review. They should also put a copy of a completed advance directive form in a prominent section of the medical record. The medical record should also document if a member chooses not to execute an advance directive. Providers should inform members that advance care planning is a part of good health care.

Behavioral health

PCPs provide outpatient behavioral health services within the scope of their practice and are responsible for coordinating members' physical and behavioral health care.

Behavioral health services are a direct access benefit and are available with no required referrals; however, PCPs are responsible for assisting in coordinating access and treatment, if needed. If you or the member need assistance with obtaining behavioral health services, please contact Member Services at **(800) 578-0603 (TTY/TDD at 711 Relay)**.

Our 24-hour Nurse Advice Line is also available to members 24 hours a day, 7 days a week, 365 days per year for mental health or substance use needs. The services received will be confidential.

Providers may refer to the Molina Behavioral Health Toolkit for providers online at [Behavioral Toolkit](#) for additional clinical guidance, recommendations and training/education opportunities related to behavioral health conditions.



Care coordination and transitions

Coordination of care during planned and unplanned transitions for Passport members

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

Passport has resources to assist you in easing the challenge of coordinating care. Our staff, including nurses, can work with all parties to ensure appropriate care.

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

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

This information should be faxed to Passport at:

- UM department: **(833) 454-0641**

Health risk assessment (HRA) and self-management tools

Passport provides members with a health risk assessment (health appraisal) on the My Molina® member portal. Our members are asked questions about their health and behaviors and receive a report about possible health risks. A self-management tool is also available to offer guidance for weight management, depression, financial wellness and various other topics. Molina members can access these tools on [MyMolina.com](https://www.mymolina.com).

Availity appeals benefit

Background: Appeals empower providers to advocate for their patients. Integrating a digital appeal workflow can help alleviate resource strain and yield savings.

Provider action required: We encourage you to use the provider portal Availity as your preferred appeal submission method. Visit [Availity.com](https://www.availity.com) to start submitting appeals today. New to Availity? Create a free account and discover all the benefits of using Availity! A few spotlight benefits are outlined below.

Environmental:

- 1. Reduced paper usage:** Moving to portal submissions significantly cuts down on paper consumption.
- 2. Lower carbon footprint:** Digital submissions reduce the need for physical transportation of documents.
- 3. Energy savings:** Less reliance on physical storage and handling of paper documents can lead to energy savings in terms of reduced printing, copying and storage needs.

Operational:

- 1. Increased efficiency:** Portal submissions streamline the process, reducing the time and effort required for manual data entry.
- 2. Cost savings:** Eliminating paper and reducing manual labor can reduce costs associated with printing, storage, transporting and administrative tasks.
- 3. Improved accuracy:** Digital submissions minimize human errors, leading to more accurate and reliable data.

Voice of the Customer:

- 1. Convenience:** You can submit documents anytime and from anywhere with a reliable internet connection, making the process more convenient and accessible.
- 2. Updates:** Portal submissions often provide status updates, enhancing transparency and keeping you informed throughout the process.
- 3. Enhanced security:** Digital platforms can offer better security features, protecting sensitive information more effectively than traditional submission methods, like mail.

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

Clinical policy updates

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). 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).

Updates from the first quarter 2025:

The following new policies were approved:

- MCP-461 Kebilidi (eladocogene exuparvec)
- MCP-462 Aucatzyl (obecabtagene autoleucel)
- MCP-463 Radiation Therapy Services (Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT)
- MCP-464 Neutron and Proto Beam Radiation Therapy

The following policies were revised:

- MCP-067 Back Braces
 - Coverage criteria updated with removal of referral information in LSO criteria; under CTLSO/TLSO criteria clarified for scoliosis on curve angle to greater than 25 degrees, Risser grade and menarche timing. Under CTLSO/TLSO duplicate spinal curve criteria and worsening spinal curve documentation criteria removed. Brace replacement criteria clarified.
- MCP-116 Heart Transplantation
 - Coverage criteria updated with removal of redundant criteria points of reduced exercise capacity and dependent on IV inotropes. Pediatric absolute and relative contraindications clarified with reference to MCP 459 pre-transplant and transplant evaluation.
- MCP-269 Speech Therapy for Feeding Disorders
 - Policy name changed to 'Speech Therapy for Feeding Disorders.' Updated Coverage Criteria. For speech therapy unrelated to feeding disorders, will defer to MCG.
- MCP-293 Spinraza (nusinersen)
 - Added requirement of Medical Director/Chief Medical Officer review.
- MCP-318 Luxturna (voretigene neparvovec-rzyl)
 - Added requirement of Medical Director/Chief Medical Officer review.
- MCP-353 Electric Tumor Treatment Fields for Glioblastoma
 - Coverage criteria updated to clarify temozolomide treatment criteria, continuation criteria updated and revised.
- MCP-383 IB-Stim Device for Abdominal Pain in Adolescents (Percutaneous Electrical Nerve Field Stimulation)
 - Coverage criteria changed from E/I/U to covering this treatment.
- MCP-420 Zynteglo (betibeglogene autotemcel)
 - Added requirement of Medical Director/Chief Medical Officer review.
- MCP-424 Skysona (elivaldogene autotemcel)
 - Added requirement of Medical Director/CMO review.

Clinical policy updates (continued)

- MCP-425 Hydrogel Perirectal Spacer for Prostate Radiotherapy (SpaceOAR)
 - Coverage criteria updated to include Barrigel Injectable Gel and the BioProtect Balloon Implant System. Title changed from Hydrogel Spacer for Prostate Radiotherapy (SpaceOAR) to Perirectal Spacer for Prostate Radiotherapy.
- MCP-429 Hemgenix (etranacogene dezaparvovec-drlb)
 - Added requirement of Medical Director/CMO review. Annual review, references and summary of evidence updated, no other changes to criteria.
- MCP-433 Roctavian (valoctocogene roxaparvovec)
 - Added requirement of Medical Director/CMO review.
- MCP-436 Elevidys (delandistrogene moxeparvovec)
 - Added requirement of Medical Director/CMO review.
- MCP-438 Adstiladri (nadofaragene firadenovec-vncg)
 - Added requirement of Medical Director/CMO review.
- MCP-439 Vyjuvek (beremagene geperpavec)
 - Added requirement of Medical Director/Chief Medical Officer review.
- MCP-447 Casgevy (exagamglogene autotemcel) for Sickle Cell Disease
 - Added requirement of Medical Director/CMO review.
- MCP-448 Lyfgenia (lovotibeglogene autotemcel)
 - Added requirement of Medical Director/Chief Medical Officer review. Annual review, References and Summary of Evidence updated, no other changes to criteria.
- MCP-449 Casgevy (exagamglogene autotemcel) for Beta Thalassemia
 - Added requirement of Medical Director/CMO review.
- MCP-453 Lenmeldy (atidarsagene autotemcel)
 - Added requirement of Medical Director/CMO review.
- MCP-458 Beqvez (fidanacogene elaparvovec)
 - Added requirement of Medical Director/CMO review.
- MCP-460 Tecelra (afamitresgene autoleucel)
 - Added requirement of Medical Director/CMO review.
- MCP-700 Foot Surgery: Bunionectomy
 - Added requirement of Medical Director/Chief Medical Officer review. Annual review, References and Summary of Evidence updated, no other changes to criteria.
- NCH UM CARDIO_1080 Implantable Cardioverter Defibrillator_05312024.06282024
 - Annual review. CPT codes updated.
- NCH UM CARDIO_1117 Enhanced External Counterpulsation (EECP)_01262024.06282024
 - Annual review
- NCH UM CARDIO_1122 Transesophageal Echocardiography_05312024.06282024
 - Annual review. CPT codes updated.
- NCH UM CARDIO_1127 Diagnostic Heart Catheterization_05212024.06282024
 - Corrected CPT codes from previous policy version, references updated, format changes-right heart cath only points were taken out and new policy created.

Clinical policy updates (continued)

- NCH UM CARDIO_1149 Cardiac Resynchronization Therapy_05212024.06282024
 - Annual review. CPT codes updated.
- NCH UM CARDIO_1162 Endo Vascular Abdominal Aortic and Iliac Artery Aneurysm Repair_01262024.06282024
 - Removed reference to the descending thoracic aorta and thoracoabdominal aorta, references updated, format changes.
- NCH UM CARDIO_1256 Device (PPM, AICD, ILR) Interrogation_05312024v2
 - This guideline replaces UM Cardio 1256 Cardio Policy Device Interrogation
- NCH UM CARDIO_1292 Coronary Intra Vascular Arterial Ultrasound_01262024.06282024
 - Annual review
- NCH UM CARDIO_1318 Peripheral Intra Vascular Arterial and Venous Ultrasound_01262024.06282024
 - Annual review
- NCH UM CARDIO_1319 Venogram Invasive Vein Mapping_01262024.06282024
 - Annual review
- NCH UM CARDIO_1337 Abdominal Aortic Aneurysm Open Repair_01262024.06282024
 - Removed reference to the descending thoracic aorta and thoracoabdominal aorta, references updated, format changes.
- NCH UM CARDIO_1339 Hemodialysis Access Maintenance_01262024.06282024
 - Annual review
- NCH UM CARDIO_1358 Intra Cardiac Echocardiography (ICE)_01262024.06282024
 - Annual review
- NCH UM CARDIO_1390 Ventricular Assist Device (VAD) Percutaneous and Permanent_01262024.06282024
 - Annual review
- NCH UM CARDIO_1417 Percutaneous Closure of PFO_01262024.06282024
 - Annual review
- UM CARDIO_1096 Aorta Coronary Bypass Surgery_05132024
 - This guideline replaces UM CARDIO_1076 Arterial Duplex. Updated clinical indication and background sections. Removed limitation and special notes sections.
- UM CARDIO_1117 Enhanced External Counter -Pulsation
 - This guideline replaces UM Cardio 1117 Enhanced External Counter Pulsation (EECP)
- UM CARDIO_1122 Transesophageal Echocardiography (TEE)
 - This guideline replaces UM CARDIO_1122 Transesophageal Echocardiography (TEE). Added missing CPT code 96374.
- UM CARDIO_1256 Device Interrogation
 - This guideline replaces UM Cardio 1256 Cardio Policy Device Interrogation
- UM CARDIO_1292 Coronary Intra Vascular Arterial Ultrasound
 - This guideline replaces UM 1292 Coronary Intra Vascular Arterial Ultrasound

Clinical policy updates (continued)

- UM CARDIO_1318 Peripheral Arterial and Venous Ultrasound
 - This guideline replaces UM 1318 Peripheral Intravascular Arterial and Venous Ultrasound
- UM CARDIO_1319 Venogram Invasive Vein Mapping
 - This guideline replaces UM CARDIO_1319 for Venogram Invasive Vein Mapping. Clinical indications were updated per societal guidance.
- UM CARDIO_1339 Hemodialysis Access Maintenance
 - This guideline replaces UM CARDIO_1339 for Hemodialysis Access Maintenance. Added CPT codes 36836 and 36837. Clinical indications were updated per societal guidance.
- UM CARDIO_1358 Intra Cardiac Echocardiography
 - This guideline replaces UM CARDIO_1358 for Intra Cardiac Echocardiography (ICE)
- UM CARDIO_1417 Percutaneous Closure of PFO
 - This guideline replaces UM CARDIO_1417 for Percutaneous Closure of Patent Foramen Ovale (PFO)
- UM CARDIO_1456 Vascular Embolization and Occlusion
 - Annual review
- ECG_7000 Radiation Therapy Services 2025
 - Replacement for retired policy XRT_2009
- ECG_7001 Proton Beam Radiation Therapy and Neutron Beam Radiation Therapy Services
 - Replacement for retired policy XRT_2010