



Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

Fourth quarter 2025

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Utilization Management (UM) turnaround time for prior authorization

As part of the CMS-0057 Final Rule on Interoperability and Prior Authorization, new federal requirements for standard requests will take effect on **January 1, 2026**. This will impact how quickly Passport by Molina Healthcare Inc. (Passport), must respond to prior authorization requests. Specifically, Medicare D-SNP, and Marketplace **standard requests must be processed within seven (7) calendar days**. These changes are designed to improve transparency, reduce administrative burden and ensure timely patient care access. To support timely and compliant processing, **providers are strongly encouraged to review their processes and ensure all required clinical documentation is submitted at the time of request**. Submitting complete information helps avoid delays and ensures patients receive timely access to care. In addition, CMS-0057 introduces new application programming interfaces (APIs) to enhance access to prior authorization details. We encourage providers to stay informed and participate in upcoming education sessions to support a smooth transition and avoid delays.



Utilization Management letters available digitally

Utilization Management (UM) letters are now available on Availity Essentials! This initiative supports an environmentally friendly approach by reducing paper usage and aligning with modern digital standards. Providers will not have to do anything, but you will now have quicker access to decisions. This will improve your experience and transparency across the board. Please note that this is only available for Availity authorizations.

Exciting enhancements to Availity Essentials

Passport by Molina Healthcare is making it easier for providers to do business with us by streamlining processes and improving communication through Availity Essentials. Recent updates include larger file upload limits with faster transmission times, real-time digital notifications, a simplified authorization interface, and expanded auto-authorization with more CPT codes. We are also sunsetting the legacy authorization portal to create a more seamless, integrated experience. Together, these enhancements not only reduce administrative burden and improve response time but also set the stage for upcoming Utilization Management changes. By aligning technology upgrades with federal requirements, Passport is supporting providers with the tools needed to deliver more efficient care while focusing on what matters most— caring for patients.

Care Connections

What is Care Connections?

Care Connections, a subsidiary of Molina, extends care beyond clinics by offering in-home and telehealth visits through a dedicated team of Molina-employed nurse practitioners and social workers. Our services complement your care by supporting preventive screenings, chronic disease management, medication reviews and behavioral health assessments. For 2025, we have completed more than 250,000 visits across 22 states.

Care Connections partners with you to keep your patients engaged, supported and empowered—without adding to your workload. We have strengthened the member-primary care provider (PCP) relationship and facilitated continuity of care. **Visits are provided at no cost to the member and do not impact your services or billing.**

How we support your practice

We support all lines of business by engaging members and reinforcing their connection to their care providers. Our clinical professionals:

- Conduct a variety of visits, such as annual preventive and post-discharge visits
- Provide preventive education and health screenings for both in-home and telehealth visits
- Assess social determinants of health (SDOH) and connect members to resources
- Help members maintain or establish a relationship with their PCP
- Identify and close gaps in care
- Encourage timely PCP follow-up

What takes place during a visit?

For adults (18+):

- Vital signs, diabetic testing, colorectal and bone density screenings (if appropriate)
- Medication review and reconciliation
- Case management referrals and escalations

For pediatrics (<18):

- Vital signs, age-appropriate screenings, fluoride varnish and preventive education
- Case management referrals and escalations

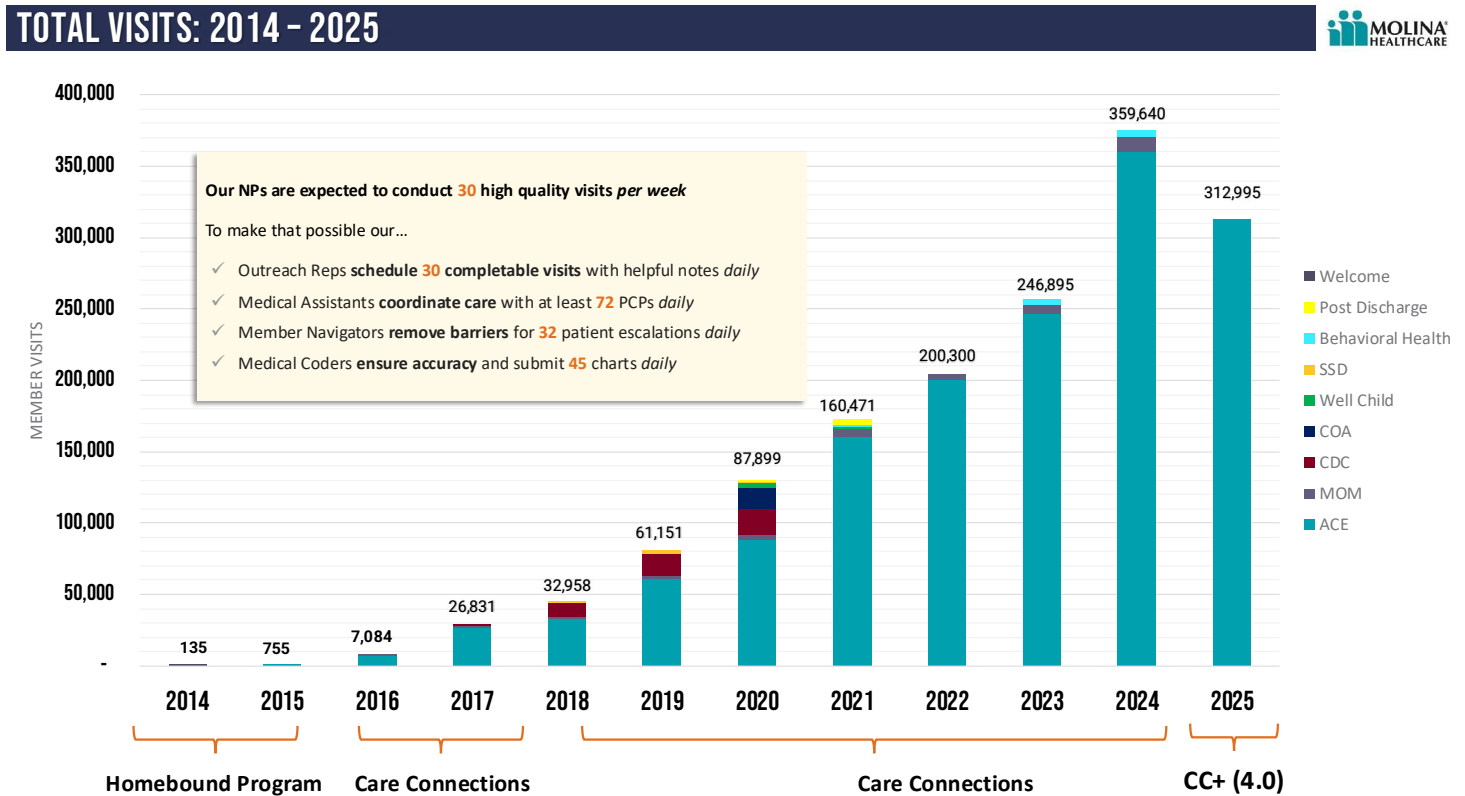


Care Connections (continued)

How can I access electronic records?

Care Connections visit records are available through EpicCare Link—a HIPAA-secure web portal provided by Passport at CCLink.MolinaHealthcare.com.

For support with EpicCare Link, call **(844) 847-9954** and follow the prompts or email ClinicalSupport@MolinaHealthcare.com.



Model of Care training is underway

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Passport requires PCPs and key high-volume specialists including cardiology, neurology and psychiatry to receive training about Passport’s Special Needs Plans (SNP) Model of Care (MOC). The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at MolinaHealthcare.com/model-of-care-Provider_Training. The completion date for this year’s training is **December 31, 2025**. If you have any additional questions, please contact your local Molina Provider Relations representative at **(800) 578-0775**.

2025–2026 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend routine annual influenza vaccination for all individuals aged six months and older without contraindications. Immunization remains the primary preventive measure against influenza and its complications.

This season, ACIP emphasizes using single-dose influenza vaccines free of thimerosal preservative for all children 18 years and younger, pregnant women and adults. Multi-dose thimerosal vials are no longer recommended, aligning with updated safety practices.

Vaccine formulations for 2025–2026 will primarily be trivalent, including updated strains for better protection, notably a new A(H3N2) virus component. Both egg-based and cell- or recombinant-based vaccines are available to accommodate different patient needs.

High-dose, adjuvanted or recombinant influenza vaccines are preferentially recommended for adults aged 65 years and older, reflecting evidence of improved immune response in this population. For individuals younger than 65 without specific risk factors, any age-appropriate vaccine may be used. The live attenuated influenza vaccine (LAIV) remains an option for healthy non-pregnant persons aged two through 49 years, but is contraindicated in pregnancy and some medical conditions.

Timing of vaccination is ideally in September or October to maximize protection before the influenza season peaks; however, vaccinations may be administered throughout the season while the virus circulates. Exceptions include avoiding vaccination in July or August for older adults and pregnant women in early trimesters unless there is concern about access later in the season.

Key administration updates include expanded permissions for FluMist[®], which allow self-administration for adults and administration by caregivers to children aged 2–17, facilitating easier vaccine access.

Prescribers should remain vigilant to contraindications, ensure appropriate dosing by age and educate patients on the importance of influenza vaccination even when circulating virus levels appear low. Vaccination in pregnant persons is strongly recommended at any trimester with inactivated vaccines, supporting maternal and infant health.

Passport will cover all FDA-approved administered flu vaccines during the 2025–2026 flu season.

- 1. 2025–2026 flu season. (2025, August 6). Influenza (Flu)**
- 2. ACIP Recommendations Summary. (2025, August 28). Influenza (Flu)**
3. FluMist (influenza virus vaccine [live/attenuated]) [prescribing information]. Gaithersburg, MD: MedImmune LLC; August 2025.
4. American Academy of Pediatrics, Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2025–2026: policy statement. Pediatrics. Published online July 28, 2025. doi:10.1542/peds.2025-073620
- 5. Miller, A. (n.d.). CDC publishes 2025–2026 US flu vaccination recommendations**



Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children and youth under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services to optimize their health and development throughout childhood.

Passport must provide comprehensive services and furnish all appropriate and medically necessary services needed to correct or ameliorate defects and chronic conditions found, based on certain federal guidelines. Each state may adopt additional guidance for EPSDT and determine what services fall under EPSDT special services. EPSDT is made up of screening, diagnostic and treatment services. All providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- Provide or arrange for screening and other required preventive services for all children.
- Arrange (directly or through referral) for additional treatment as determined by child health screenings.

As a provider, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Passport's Special Investigation Unit 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 the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Passport must comply with these laws and proactively ensure that government funds are used appropriately. Passport's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

You and the SIU

The SIU utilizes leading data analytics software to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 2,200 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases to identify and track fraud, waste and abuse. Our system allows us to track provider compliance with correct coding, billing and the provider contractual agreement.

As a result, providers may receive a notice from SIU by random selection if they have been identified as having outliers that require additional review. 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 support documentation. Should you have questions, please contact your Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president 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. 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 Passport AlertLine toll-free at **(866) 606-3889**, 24 hours a day, 7 days a week. You can also use the website to make a report at any time at MolinaHealthcare.Alertline.com.

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at

- [Medicaid PROVIDER MANUAL](#)
- [Medicare PROVIDER MANUAL](#)
- [Marketplace PROVIDER MANUAL](#)

Improving diabetes care: Why 90-day refills make a big difference

Helping patients stay on track

Managing diabetes is never one-size-fits-all. Many patients struggle with diet, exercise and consistent medication use—challenges that can quickly lead to poor glycemic control. Add in a missed prescription refill, and the risks increase even more.

That's where 90-day refills come in. Extending refill durations is a simple but powerful strategy that helps patients stay adherent, avoid gaps in therapy and maintain better A1c levels—all while reducing the administrative burden on both patients and providers.

The data behind the impact

The Glycogen Storage Disease (GSD) HEDIS® measure evaluates members aged 18–75 with type 1 or type 2 diabetes based on their most recent glycemic status—hemoglobin A1c (HbA1c) or Glucose Management Indicator (GMI)—during the measurement year.

Performance categories include:

- A1c <8.0%: Member is compliant. Higher rates indicate better diabetes control and overall quality performance.
- A1c >9.0% or missing: Member is noncompliant or uncontrolled.

By improving medication adherence through 90-day refills, providers can help more members achieve A1c levels below 8%, directly improving quality scores and patient outcomes.

The quality connection

When members stay on track with their medications, everyone benefits—patients experience better health and fewer complications, while providers and care teams close important HEDIS® care gaps.

Quick win: Encourage 90-day refills at every diabetes follow-up visit. It's a small step that can make a big difference in member outcomes and care quality metrics.

Key takeaway

90-day refills = better adherence, better control and better outcomes. A simple change in prescribing habits can strengthen continuity of care and help our members—and your practices—thrive.



Deficit Reduction Act

The Deficit Reduction Act (DRA) of 2005, which established Section 1902(a)(68) of the Social Security Act, requires that entities that or made payments of at least \$5 million in Medicaid funds per federal fiscal year comply with Section 6032, Employee Education about False Claims Recovery. Each such entity is responsible for establishing its own fraud, waste and abuse (FWA) training, and if such entity cannot or does not provide such training to its employees, then Passport will arrange for the contractor to receive FWA training from Passport. To ensure that such a contracted entity has its own training, we require every year a signed attestation confirming such training. This attestation has been useful to present to external auditors when asked whether our contractors have received FWA training.

Monthly roster reviews for non-delegated providers

The federal no surprises act includes a regulation that calls for plans to verify our provider data every 90 days. The objective is to make it easier for members to contact you and find the care they need in our directory. To support this mandate, our Provider Data Management team has asked us to confirm with you each month that the core pieces of data are still accurate.

eNews

Stay up to date with what's happening at Passport by registering to receive eNews via email! Click here to [register](#).

Provider Online Resources

The resources below can be found under the training and resources page of the Passport website.

Training & Resources | Passport Health Plan by Molina Healthcare

- **Provider manual** is an extension of your contract.
- **The quick reference guide** is 6 pages long and includes contact information, such as phone numbers and emails, for specific contacts in specific areas, which may be useful for your front office staff.
- **Prior auth look-up tool** gives you the ability to look up codes and see if an authorization is required. You enter the state, health plan benefit, LOB and CPT/HCPSC codes.
- **eNews** – If you have not already signed up, please let us know. These communications provide important updates and reminders.
- **Provider Portal** – Availity – Strongly recommend using this portal if you're not already signed up; lots of helpful features.

Provider connect days

Join us in person across Kentucky! We're excited to announce that we will be hosting monthly provider connect days at our One-Stop Help Centers (OSHCs) located throughout Kentucky. These events offer valuable in-person opportunities for providers and office staff to connect directly with the Passport team. You'll have the chance to meet and engage with subject matter experts from the following departments: Provider Services, Contracting, Credentialing, Operations, Quality, Utilization Management and Community Engagement. Our OSHCs are equipped with conference rooms available for provider use, offering a convenient space for meetings or future collaborations. We encourage you to visit and explore how these facilities might support your practice needs. We look forward to partnering with you to support, innovate and serve our Kentucky communities—together.

Date	Open house time	Location	Address
Wednesday, March 11, 2026	10 a.m.–3 p.m. EST	Covington	1613 Madison Avenue Covington, KY 41011
Wednesday, April 15, 2026	10 a.m.–3 p.m. EST	Louisville	2028 W Broadway Louisville, KY 40203
Wednesday, May 20, 2026	10 a.m.–3 p.m. EST	Lexington	127 Tiverton Way, Suite 128, Unit 4 Lexington, KY 40503
Wednesday, June 17, 2026	10 a.m.–3 p.m. EST	Hazard	24 Grand Vue Plaza Hazard, KY 41701
Wednesday, July 15, 2026	10 a.m.–3 p.m. EST	Owensboro	410 Southtown Blvd Owensboro, KY 42303
Wednesday, August 12, 2026	10 a.m.–3 p.m. EST	Bowling Green	36 U.S. 31 W Bypass Bowling Green, KY 42101
Wednesday, September 16, 2026	10 a.m.–3 p.m. EST	Louisville	2028 W Broadway Louisville, KY 40203
Wednesday, October 14, 2026	10 a.m.–3 p.m. EST	Lexington	127 Tiverton Way, Suite 128, Unit 4 Lexington, KY 40503

Clinical policies

Passport by Molina Healthcare 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. The Molina Clinical Policy Committee reviews MCPs annually and approves them bimonthly.

The following policies were revised:

- MCP-463 Radiation Therapy Services (Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT)
 - Removed indications for SIRT for Hepatocellular Cancer and routed the coverage section to MCP 181.
- MCP-292 Phototherapy and Laser Therapy for Dermatological Conditions
 - Annual Review

Evolut:

- ECG_3018 OPDIVO and Opdivo Qvantig (nivolumab IVSC)
 - Converted to new Evolut policy template. Added new formulation to approved indications. Updated references
- ECG_3039 Generic Drugsv2
 - Adding “Endari (l-glutamine)” to list of drugs on policy
- ECG_3055 Pomalyst (pomalidomide)
 - Annual Review
- ECG_3056 Iclusig (ponatinib)
 - Annual Review
- ECG_3057 Gilotrif (afatinib)
 - Annual Review
- ECG_3058 Fusilev, Khapzory (levoleucovorin)
 - Annual Review
- ECG_3059 Iressa (gefitinib)
 - Annual Review
- ECG_3060 Odomzo (sonidegib)
 - Annual Review
- ECG_3061 Besponsa (inotuzumab ozogamicin)
 - Annual Review
- ECG_3062 Doptelet (avatrombopag)
 - Annual Review
- ECG_3063 Mulpleta (lusutrombopag)
 - Annual Review
- ECG_3064 Copiktra (duvelisib)
 - Annual Review
- ECG_3065 Piqray (alpelisib)
 - Annual Review

Clinical policies (continued)

- ECG_3065 Piqray (alpelisib)
 - Annual Review
- ECG_3066 Inqovi (decitabine and cedazuridine)
 - Annual Review
- ECG_3067 Onureg (azacitidine oral)
 - Annual Review
- ECG_3068 Topical and Intralesional therapies
 - Annual Review
- ECG_3069 Fyarro (intravenous sirolimus)
 - Annual Review
- ECG_3070 Vonjo (pacritinib)
 - Annual Review
- ECG_3071 Amtagvi (lifileucel)
 - Annual Review
- ECG_3073 Trastuzumab Products, Pertuzumab, and Phesgo
 - Updated breast cancer indication to allow for “T1, NO” stage to receive trastuzumab/ trastuzumab biosimilar +/- pertuzumab containing regimen. Updated exclusion criteria. Updated references
- ECG_3074 Bone Modifying Agents
 - Converted to new Evolent policy template. Added new biosimilars to policy. Updated exclusion criteria. Updated references
- ECG_3075 Elahere (mirvetuximab soravtansine-gynx)
 - Will remove verbiage regarding disease progression on Avastin (bevacizumab/ bevacizumab biosimilar) containing regimen as a requirement. NCCN does not require this, and is a category
- ECG_3076 Erythropoiesis Stimulating Agents
 - Converted to new Evolent guideline template. This guideline replaces UM ONC_1138 Erythropoiesis Stimulating Agents (ESAs). Updated references
- ECG_3077 Iron Products
 - Annual review
- ECG_3078 Torisel (temsirolimus)
 - Annual review
- ECG_3079 Zelboraf (vemurfenib)
 - Annual review
- ECG_3080 Doxil (liposomal doxorubicin)
 - Annual Review
- ECG_3081 Mekinist (trametinib)
 - Annual Review
- ECG_3082 Tafinlar (dabrafenib)
 - Annual Review

Clinical policies (continued)

- ECG_3083 Imbruvica (ibrutinib)
 - Annual Review
- ECG_3084 Zydelig (idelalisib)
 - Annual Review
- ECG_3085 Alecensa (alectinib)
 - Annual Review
- ECG_3086 Cotellic (cobimetinib)
 - Annual Review
- ECG_3087 Bavencio (avelumab)
 - Annual Review
- ECG_3088 Alecensa (alectinib)
 - Annual Review
- ECG_3089 Rydapt (midostaurin)
 - Annual Review
- ECG_3090 Elzonris (tagraxofusp)
 - Annual Review
- ECG_3091 Turalio (pexidartinib)
 - Annual Review
- ECG_3092 Inrebic (fedratinib)
 - Annual Review
- ECG_3093 Tazverik (tazemetostat)
 - Annual Review
- ECG_3095 Elitek (rasburicase)
 - Annual Review
- ECG_3096 Qinlock (ripretinib)
 - Annual Review
- ECG_3097 Abecma (idecabtagene vicleucel)
 - Annual Review
- ECG_3099 Carvykti (ciltacabtagene autoleucel)
 - Annual Review
- ECG_3103 Cometriq or Cabometyx (cabazantinib)
 - Converted to new Evolent policy template. Added new indication. Updated maximum dosage form quantities in exclusion criteria. Updated references.
- ECG_3104 Radiopharmaceuticals
 - Converted to new Evolent policy template. Updated indication. Updated references



Clinical policies (continued)

- ECG_3105 Imfinizi (durvalumab)
 - Converted to new Evolent policy template. Updated indication. Updated references.
- ECG_3106 Myeloid Growth Factors (MFGs)
 - Under “Prophylaxis/Prevention of Febrile Neutropenia from Chemotherapy” in indication section, removed statement “Long-acting MGF may be used only if the member is unable to self-administer due to limitations, and the member is unable to travel to the office for daily injections.”
 - For Centene, the redirection to short acting products were removed on the corporate level because financially, the cost difference between the short-acting and long-acting MGF products is not that large as it used to be in the past. Plus redirecting to short-acting adds additional burden on the member and the provider. Converted to new Evolent policy template. Updated references
- ECG_3107 Ziihera (zanidatamab-hrii)
 - Added note under indication section to highlight low-value regimen for previously treated, unresectable, or metastatic HER2-positive biliary tract cancer. FDA accelerated approval; greater than 25% cost over alternative (WAC monthly cost of \$42,660 and an annual cost of \$554,580). OSAB recommended Enhertu (trastuzumab deruxtecan) as the alternative treatment, which costs ~\$250,000 annually. Converted to new Evolent policy template
- ECG_3108 Unloxcyt (cosibelimab-ipdl)
 - Added note under indication section to highlight low-value regimen for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation. Regular FDA approval was based on phase 1 trial data. Converted to new Evolent policy template
- ECG_3109 Intravenous Immune Globulin (IG)
 - Annual Review
- ECG_3110 Sprycel (dasatinib)
 - Annual Review
- ECG_3111 Tasigna (nilotinib)
 - Annual Review
- ECG_3112 Voraxaze (glucarpidase)
 - Annual Review
- ECG_3113 Nplate (romiplostim)
 - Annual Review
- ECG_3114 Ibrance (palbociclib)
 - Annual Review
- ECG_3116 Nerlynx (neratinib)
 - Annual Review
- ECG_3117 Idhifa (enasidenib)
 - Annual Review

Clinical policies (continued)

- ECG_3118 Erleada (apalutamide)
 - Annual Review
- ECG_3119 Tavalisse (fostamatinib)
 - Annual Review
- ECG_3120 Polivy (polatuzumab vedotin)
 - Annual Review
- ECG_3121 Padcev (enfortumab vedotin-ejfv)
 - Annual Review
- ECG_3122 Monjuvi (tafasitamab-cxix)
 - Annual Review
- ECG_3123 Jelmyto (mitomycin for pyelocalyceal instillation)
 - Annual Review
- ECG_3124 Zynlonta (loncastuximab tesirine-lpyl)
 - Annual Review
- ECG_3128 Anktiva (nogapendekin alfa inbakicept-pmln)
 - Annual Review
- ECG_3129 Ojemda (tovorafenib)
 - Annual Review
- ECG_3130 Penpulimab-kcqx
 - New FDA Drug/Indication
- ECG_3131 Avmapki Fakzynja Co-pack (avutometinib and defactinib)
 - New FDA Drug/Indication
- ECG_3132 Emrelis (telisotuzumab vedotin-tllv)
 - New FDA Drug/Indication
- ECG_3133 Imjudo (tremelimumab)
 - Converted to new Evolent policy template. Updated NSCLC indication to allow maintenance therapy with durvalumab +/- pemetrexed after first-line therapy for recurrent, advanced, or metastatic disease with platinum-based chemotherapy, tremelimumab, and durvalumab if restaging shows stability or response. Updated references