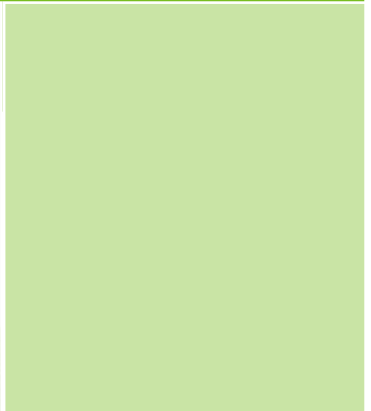




PASSPORT
HEALTH★PLAN 



Built by Kentuckians for Kentuckians

Passport Health Plan is a community-based, nonprofit health plan sponsored by healthcare providers. For over 16 years, we have worked closely with Kentucky providers and community advocates to administer Medicaid benefits to members in Kentucky.

Our Mission: To improve the health and quality of life of our members.

Our Vision: To be the leading model for collaboration and innovation in health care.

Our Values: Integrity, Collaboration, Community and Stewardship

Where most health plans offer a “one-size-fits-all” approach, Passport offers a willingness to collaborate with and serve the needs of our members, contracted providers, customers and advocates. Our successes demonstrate years of adapting to changing state and federal requirements while meeting our communities’ unique needs.

Passport Health Plan offers:

- Low administrative costs. Only 7 cents of every dollar goes to administrative expenses.
- 98% of all claims are paid correctly within 30 days.
- Consistently high member satisfaction scores and retention rates.
- Community engagement with a grassroots approach.

Improving Health Outcomes

Passport is passionate about helping Kentuckians live healthier lives. We believe it takes a true collaboration between members, providers, health plans and other community partners to accomplish this goal. As a result, Passport has earned the Accreditation status of “Excellent”—the highest level possible by the National Committee for Quality Assurance (NCQA)—every year since 2002.

Passport offers award-winning, innovative health programs including:

- Asthma and COPD
- Diabetes
- Congestive Heart Failure (CHF)
- Perinatal programs
- PCP Psychiatric Decision Support Lines
- Smoking Cessation

We're Here for You!

Passport has dedicated phone lines ready to serve our providers and members.

PROVIDER SERVICES

Monday – Friday

8:00 am – 6:00 pm (EST)

(800) 578-0775

Providers – Call us if you:

- Have questions about a member's eligibility.
- Would like to check status of a claim.
- Would like to add a member to your panel.
- Need to verify benefit information.
- Need to verify authorization requirements.
- Have general inquiries.

MEMBER SERVICES

Monday – Friday

7:00 am – 7:00 pm (EST)

(800) 578-0603

Members – Call us if you:

- Have questions about your benefits.
- Want to change your primary care provider.
- Need a new Passport ID card.
- Have a change in address.
- Want to ask questions or to check your eligibility.
- Receive a bill in the mail.

24/7 Behavioral Health Hotline: (855) 834-5651

24/7 Nurse Advice Line: (800) 606-9880

Stay Up to Date with Passport



One of the best ways to stay up-to-date on any changes that may affect you is through Passport's eNews. This communication is sent by email and only as needed. Your email box will not be bombarded with messages from Passport and Passport does not share your information. To sign-up for this important communication, please go to our website and submit a request www.passporthealthplan.com/providers.

Forms Library

You can now download any form that you need all from the same location. To visit our Provider Forms page, go to www.passporthealthplan.com/provider/resources/forms

facebook.

Like us at facebook.com/passporthealthplan



Follow us @PassportHealthP and @PassportProv



Check out our channel at youtube.com/passporthealthplan

Claims

Provider Claims Service Unit (PCSU):

(800) 578-0775 option 2, then option 2

Claims Status inquiries:

(800) 578-0775 option 2, then option 1 (8am-6pm EST)

Please have the following info available when calling:

- Passport Provider ID, NPI, or Tax ID
- Member ID
- Date of Service
- Amount Billed
- Contact Phone

Fax: (502) 585-8339.

Passport's Electronic Fund Transfer (EFT) and electronic claims vendor is Emdeon. Contact the Emdeon Corporation Help Desk at: (800) 845-6592 or access Emdeon's web site, www.emdeon.com.

Passport's Electronic Data Interchange (EDI) electronic payer ID is **61129** for submitting claims electronically.

For participating provider online claim status, member eligibility, referral submissions, and remittance verification, visit: www.passporthealthplan.com/provider/secure/navinet

For additional claims processing guidelines, please visit: www.passporthealthplan.com/provider/resources/manual

Important Addresses

Medical & Family Planning

Passport Health Plan
Attn: Claims
PO BOX 7114
London, KY 40742

Behavioral Health

Beacon Health Strategies
500 Unicorn Park Dr., Suite 401
Woburn, MA 01801
(888) 204-5581
www.provider.beaconhs.com

Refund checks

Passport Health Plan
Attn: Finance
5100 Commerce Crossings Dr
Louisville, KY 40229

Dental Claims

Avesis Dental
PO BOX 7777
Phoenix, AZ 85011
(866) 909-1083
www.avesis.com/passport

Provider Claims Appeals

Passport Health Plan
Attn: PCSU Appeals
PO BOX 7114
London, KY 40742

Vision Claims

Block Vision
939 Elkridge Landing Rd, Suite 200
Linthicum, MD 21090
(866) 819-4298 – dial your NPI
(800) 243-1401 – select 3 for providers
www.blockvisiononline.com

Why Referrals Matter

Passport's referral requirements are based on the premise that our members are best served with a primary home for care and oversight, thus the PCP is responsible for coordinating the member's health care. This ensures that appointment slots are available to patients who truly need specialty care, and at the same time, optimizes reimbursement for unit of service delivered.

Referrals allow:

- Optimization of care at appropriate levels and locations.
- Reduction in duplication of services.
- Patient-centered care coordination.

Referral submission

- **Online:** Make the referral via www.navinet.com
- **Mail:** Download the referral form at www.passporthealthplan.com/provider/resources/forms and mail to:
P.O. Box 7114
London, KY 40742.

*Exceptions not requiring referral include OB/GYN and orthopedics. Please refer to Passport's Provider Manual for the complete list of exceptions.

Passport Member Benefits

BENEFIT	MEMBER PAYS
Primary Care Provider (PCP)	
Visits to your PCP	\$0
Routine checkups	\$0
Immunizations (shots)	\$0
Physical exams	\$0
Screening Tests	
Tests for breast, cervical, colorectal and prostate cancer	\$0
Tests for asthma, cholesterol, diabetes, glaucoma, heart disease, high blood pressure and osteoporosis	\$0
Pregnancy tests (Please refer pregnant members to Care Coordination at (877) 903-0082)	\$0

BENEFIT	MEMBER PAYS
Prescriptions	
Generic medicines (including some over-the-counter medicines, if ordered by your PCP)	\$0
Preferred Brand-name medicines (including some over-the-counter medicines, if ordered by member's PCP)	\$2
Non-preferred brand drugs	\$4
90-day supply of some generic maintenance medicines	\$0
<i>Some prescriptions may need prior authorization. Some Medicare members may have a copay, if Part D covers the medicine.</i>	
Tests and Treatments	
Lab and X-rays	\$0
Radiation therapy	\$0
Dialysis	\$0

Passport Member Benefits (continued)

BENEFIT	MEMBER PAYS
Medical Supplies	
Medical equipment and other supplies	\$0
Diabetes monitoring equipment and supplies	\$0
Prosthetics and orthotics	\$0
Dental Care	
1 cleaning per year for adults (21 years and older) and other services	\$0
2 cleanings per year for children and teens (under age 21) and other services	\$0
1 plaque removal for pregnant women	\$0

BENEFIT	MEMBER PAYS
Vision Care	
1 eye exam per year for adults (21 years and older)	\$0
1 eye exam per year for children and teens (under age 21)	\$0
1 pair of eyeglasses for children and teens, as needed	\$0
Other services for children and teens, as needed	\$0
Behavioral or Mental Health Services	
Medicines	see above
Office visits	\$0
Inpatient stays and outpatient medical visits	\$0
Other Services Covered by KyHealth Choices: Call 1-800-635-2570	
Rides to and from medical visits.	\$0

Preauthorization

Department	Phone Number	Fax Number
Concurrent Review	(502) 585-2023	(502) 585-7989
Cosmetics	(502) 585-7069	email: UMCosmetics@Passporthealthplan.com
DME	(502) 585-7310	(502) 585-7990
Family Planning	(800) 578-0636	(502) 585-7989
General Number	(800) 578-0636	(502) 585-7989
High Dollar Radiology; MedSolutions	(877) 791-4099	(888) 693-3210 or www.medsolutionsonline.com
Home Health	(502) 585-7320	(502) 585-8204
Medical & Surgical Appeals	(502) 585- 7307	(502) 585-8461
Passport On-Line Authorization		Contact your Provider Relations Specialist
Retrospective Review	(502) 585-7972	(502) 585-8207
Therapies/Pain management	(502) 585-6055	(502) 585-8205

Review Type	Provider must contact Passport:
Elective / Scheduled Inpatient & Outpatient	Prior to the inpatient admission / service
Emergency / Urgent Inpatient & Outpatient	Within one business day of the admission / service

Inpatient Only Codes: Select surgical procedures must be performed in the inpatient setting. A detailed list of codes may be obtained at the Centers for Medicare and Medicaid Services (CMS) website at www.cms.hhs.gov.

Preauthorization (continued)

Services Requiring Authorization

- All Inpatient Admissions / Hospitalizations
- Cosmetic Procedures
- DME > \$500 – rental or purchase
- Enteral Products
- Home Infusion – IV Therapy (IVT) – Authorizations administered by Magellan
- Neuropsychological Testing
- Ostomy Supplies
- Pain Management
- Rehabilitation
- Select EPSDT Special Services
- Stem Cell/Progenitor Cell Retrieval
- Maternity code Range: 644.XX through 665.XX. No authorization required for stay less than or equal to 3 days. AUTHORIZATION IS REQUIRED FOR all Cesarean Sections, scheduled inductions, and non-par providers, regardless of delivery type.
- Ocular Photodynamic Therapy with Verteporfin (Visudyne)
- All DME with E1399 Codes
- Select Orthotics / Prosthetics
- High Cost Medication > \$400
- Home Health / Skilled Nursing, Private Duty Nursing
- Family Planning – Terminations
- PET Scan / MRI / MRA / CT / CTA / Select Cardiac Imaging – Authorizations administered by MSI
- Investigational/Experimental Procedures
- Nonparticipating Provider Services
- Synagis Injections – Authorizations administered by Magellan
- Therapy Services – PT, OT, SLP

To request authorization of services, call or fax the Passport Utilization Management department Monday through Friday from 8:00 am to 5:30 pm, except holidays.

Content subject to change.

Prescribing Outpatient Medications

Outpatient Pharmacy Benefits	Outpatient pharmacy benefit includes medications coverable by Medicaid, certain diabetic supplies, and home infused medications.
Formulary Information	To view drugs covered on the preferred drug listing, visit the online searchable Preferred Drug Listing at www.passporthealthplan.com/pharmacy . This listing is accessible on most hand-held devices with Internet capabilities.
Prior Authorization	<p>Prior authorization may be requested by phone, fax or online. To access the online submission tool and fax forms, visit www.passporthealthplan.com/pharmacy.</p> <p>Beginning in 2014, a decision will be issued within 24 hours of submission.</p>
Prescriber Requirements	Prescribers must have a valid, current Kentucky Medicaid (MAID) license number and National Provider Identifier (NPI).
Formulary and Program Updates	Updates to the Preferred Drug List and prescription drug program are distributed via Passport's Pharmacy News Bulletin which is also available through our email service (eNews), your Provider Relations Specialist or Passport's web site, www.passporthealthplan.com/pharmacy/communication/news/index.aspx
e-Prescribing	Passport Formulary is available for e-prescribing systems. Formulary information is refreshed monthly. Visit online formulary for the most up to date information.

Prescribing Outpatient Medications (continued)

Pharmacy Lock-In	Members who meet criteria will be locked into one pharmacy for prescriptions; one prescriber for controlled substances.
Member Cost Sharing	<p>Effective 2014, Passport members will have the following copays:</p> <ul style="list-style-type: none">\$0 Generic Drugs\$2 Preferred Brand Drugs\$4 Non-preferred Drugs <p>Note: Some exemptions apply. Please consider generic and preferred brand drugs when clinically appropriate. For a comparison of the most commonly prescribed medications by cost and formulary status, contact your Provider Relations Specialist or the pharmacy department at (502) 585-8249 for a copy of Passport's Cost Comparison Guide.</p>
Pharmacy Communications	Periodically, the pharmacy department will send information regarding potential opportunities to maximize member health outcomes as well as other notifications pertaining to patient safety.

What's Not Covered

Services not covered by Passport include:

- Abortions, unless the life of the mother is in danger, or in the event of rape or incest.
- Elective cosmetic surgeries and medicines.
- Experimental procedures or drug therapy.
- Funeral or burial costs.
- Hysterectomy, if performed for hygiene or sterilization reasons only.
- Infertility treatment (medical or surgical).
- Making mentally ill patients or persons in the hospital sterile.
- Oral surgery that is cosmetic.
- Paternity testing.
- Personal care items. For example: hair brushes, shampoo, toothpaste, feminine hygiene products.
- Personal items or services while members are in the hospital, such as television or telephone.
- Reversing or changing back surgeries like tubal ligation or vasectomy.
- Services, medicines and medical equipment that are not medically necessary.
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services.
- Sex change operations.
- Specialty care not set up by members' PCP. This does not apply to members with Medicare or children in out-of-home placement (foster care).

Magellan Pharmacy Solutions

Passport's Pharmacy Benefit Management operations are administered by Magellan Pharmacy Solutions (Magellan). Prescribers may contact Magellan's Support Center to speak with skilled clinicians, including Certified Pharmacy Technicians and Clinical Pharmacists, about service requests and inquiries related to prior authorizations (PA), formulary questions, and drug coverage. Support Center staff can also provide assistance with policy and procedural inquiries, non-clinical requests, pharmacy claims processing inquiries, and claims payment status.

Prior Authorization (PA) Requests by Web

Pharmacy Web Prior Authorization (Web PA) <https://kyphp.MagellanPharmacySolutions.com/provider>.

Prior Authorization (PA) Requests by Phone

Prescribing physicians or their designee should initiate all requests for PA with Magellan: Call number below, then select Option 1

Prior Authorization (PA) Requests by Fax or Mail

Download and complete a prior authorization request form: www.passporthealthplan.com/pharmacy, then fax to number below
Faxed PA requests are processed within 24 hours. Please expect delayed responses when mailing PA requests. Mailed PA requests are processed into Magellan's fax server upon receipt (mailing address is on form).

Hours of Operation

Magellan's Support Center staff can be reached 24 hours a day, 7 days a week at (800) 846-7971, or by fax at (800) 229-3928.

Care Coordination

Case Management Programs

Passport's Case Management Programs provide individual services to members with multiple medical, social and psychological needs by facilitating communication and collaboration to coordinate resources and services on behalf of the member. The role of the case manager is to advocate for the member and support efforts for improved health and quality of life.

Embedded Case Managers (877) 903-0082

Physically located in high-volume provider offices, embedded case managers work to engage with members, promote the most effective healthcare delivery and reduce inappropriate use of emergency room resources.

Behavioral Health Liaison (877) 903-0082

Improves continuity of care for those in need of physical and behavioral health services.

Foster Care/Adoption/Guardianship Liaison (502) 585-7337

Works in collaboration with the Department of Community-Based Services (DCBS) for those in need of foster care, adoptive assistance, as well as residents of psychiatric facilities, group homes and the Department of Juvenile Justice.

Health and Disease Management

As part of our mission to improve the health and quality of life of our members, Passport offers our members and providers preventive health education, outreach, resources and coordinated support services aimed at health improvement and disease management.

Health Management (HM) Programs

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Targeted outreach to non-compliant members to encourage utilization of periodic well-child visits, immunizations, health education, anticipatory guidance and developmental assessments.

“Yes, You Can!” Smoking Cessation Program

Utilizes behavioral modification and pharmaceutical support.

Rapid Response Outreach Team (Care Coordinators)

Removes barriers to necessary health services and reduces unnecessary high-activity care.

Disease Management (DM) Programs

- Chronic Respiratory DM
- Congestive heart failure DM
- Diabetes DM
- Obesity DM (SCORE—Shrinking Childhood Obesity with Real Expectations)
- Perinatal DM (Mommy Steps)

PROVIDERS TO REFER: **Rapid Response Outreach Team** (502) 585-7337

Radiology Services

Passport partners with MedSolutions Inc. to provide authorization services for high-tech imaging studies for our members. Providers are required to seek prior authorization from MedSolutions for the following outpatient imaging services:

Authorization is required for:

- All Computed Tomography Scans (CT)
- All Computed Tomography Angiography Scans (CTA)
- All Magnetic Resonance Imaging (MRI)
- All Magnetic Resonance Angiography (MRA)
- All Positron Emission Tomography Scans (PET)
- Nuclear Cardiac Medicine (NCM)
- Myocardial Perfusion Imaging (MPI)

Authorization is NOT required if performed:

- Inpatient
- Emergency room
- 23 Hour Observation

NOTE: Studies performed without authorization may be denied for payment.

Submit requests for authorization online, by phone, or fax:

- Log onto www.medsolutionsonline.com (available 24/7)
- Call MedSolutions at (877) 791-4099 (available Monday – Friday, 8 am – 9 pm EST)
- Faxes must be sent on a MedSolutions Form (available online) to (888) 693-3210 (available 24/7)

For urgent requests:

Call MedSolutions toll-free at (877) 791-4099 for expedited authorization if imaging services are required in less than 48 hours due to medically urgent conditions. Be sure to tell the representative the authorization is for medically urgent care.

Behavioral Health Management

Passport's behavioral health administrator is Beacon Health Strategies, an NCQA and URAC accredited managed behavioral health care organization. As a Passport partner, Beacon will be administering mental health and substance abuse services for our members. For questions or more information, go to www.beaconhealthstrategies.com or see contact information below.

Passport's Behavioral Health Hotline

(855) 834-5651

Main fax number

(781) 994-7633

TTY Number (for hearing impaired)

(781) 994-7660 or (866) 727-9441

Email

passportbehavioralhealth@passporthealthplan.com

Claims Hotline

(888) 249-0478

eServices Helpline

(866) 206-6120

IVR

(888) 210-2018

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federally mandated program begun in 1967 for Medicaid-eligible children ages birth to 21 years.

- EPSDT uses a Periodicity Schedule based on the AAP/ Bright Futures Standards of Care and State guidelines.
- Members should have an EPSDT Screening at the following ages:

Birth to 1 month	9 months	30 months
2 months	12 months	3 years
4 months	18 months	and every year
6 months	24 months	through age 20
- Providers must file claims within 180 days from the original date of service. This is consistent with Passport's policy for all claims.
- Providers may file sick and EPSDT visits for the same date of service. Please follow standard coding guidelines.
- Providers are encouraged to review medical history and use the online tools at www.navinet.com to determine appropriate delivery of EPSDT services. This application uses claims data to provide real-time preventive and chronic care screening information, including EPSDT screens due.
- Member eligibility can be verified online at NaviNet or by faxing your request to the EPSDT team at (502) 585-8457 at least 24 hours in advance.
- EPSDT Expanded Services are required to treat conditions detected during an encounter with a health care professional and eligible for payment under the Federal Medicaid program but not currently recognized under the State plan.
- All Passport members under the age of 21 are eligible for EPSDT Expanded Services when such services are determined to be medically necessary. There is no limitation on the length of approval for these services so long as the conditions for medical necessity continue to be met and the member remains eligible for Passport benefits.
- Providers must forward all requests for EPSDT Expanded Services to the Passport Utilization Management (UM) department for medical necessity review.
- DMS requires that providers bill EPSDT with the modifier EP.

If you have questions regarding EPSDT benefits, please contact your Provider Relations Specialist or Provider Services at (800) 578-0775, Monday-Friday from 8 a.m. to 6 p.m., except holidays.

Language Access Requirements

Title VI

Under Title VI of the 1964 Civil Rights Act, no person in the United States shall be excluded from participation in or discriminated against on the basis of race, color or national origin. All recipients, directly or indirectly, of federal funds (such as, but not limited to, Medicaid, SCHIP and Medicare payments, NIH grants, and CDC monies) are required by Executive Order 13166 to ensure that their own programs provide equal access to persons with Limited English Proficiency (LEP).

Culturally & Linguistically Appropriate Services (CLAS Standards) U.S. Department of Health and Human Services (HHS) –Office of Minority Health

The CLAS Standards are mandated by HHS to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages (verbal and written), health literacy, and other communication needs.

CLAS Standards require you to provide qualified interpretive services and professionally translated materials for your non-English speaking patients. Bilingual speakers do not necessarily qualify as medical interpreters, nor do friends, children, or other family members of the patients.

Face-to-face interpretation is usually best, but tele-interpreter services are also acceptable and cost-effective. For discounted tele-interpreter services, please call (800) 305-9673, ext. 59105 (client services) or ext. 55316 (new users).

Americans with Disabilities Act

Public entities and those receiving HHS funding must:

- Provide auxiliary aids at no additional cost to individuals with disabilities, where necessary, to ensure effective communication with individuals with hearing, vision or speech impairments.
- Auxiliary aids include, but are not limited to, services or devices such as: qualified interpreters on-site or through video remote interpreting (VRI) services, note takers, assistive listening devices, television captioning and decoders, telecommunication products and systems, qualified readers, taped texts, Braille materials, and large print materials.

Family Planning Services

Family planning services include (but are not limited to):

- Routine OB/GYN exams leading to dispensing of contraceptives.
- Birth control/contraceptives, such as pills, sponges, condoms, jellies.
- Intrauterine devices (IUDs) – implantation and removal.
- Injectable long-acting contraceptives.
- Implantable contraceptive devices.

Sterilization*

- Tubal ligations
- Postpartum tubal ligations
- Vasectomies

Termination of Pregnancy**

- First trimester – up to 12 weeks
- Second trimester – 12 to 22.5 weeks

No referral from the member's PCP is required for family planning services.

All family planning claims are to be submitted to:

Passport Health Plan
P.O. Box 7114
London, KY 40742

Bill all family planning services using the FP modifier.

* Requirements for Sterilization (Tubal ligations, Postpartum tubal ligations, Vasectomies):

1. MAP 250 form must be completed 30 days PRIOR to the scheduled procedure and attached to all claims
2. Member must be at least 21 years of age
3. Consent expires 180 days from the member's signature
4. Form must be attached to all claims

** Requirements for Termination of pregnancy (Induced Abortion or Induced Miscarriage):

1. MAP 235 form must be completed
2. Termination is covered ONLY:
 - A. In cases of rape or incest
 - B. If the life of the mother would be endangered if the fetus were carried to term. If the requirements for termination of pregnancy are not met, alternative funding may be found at www.fundabortionnow.org/funds/AFund-Inc
3. Prior authorization is required for termination of pregnancy.
4. Requests for authorization may be received Monday through Friday from 8:00 am to 5:30 pm, except holidays, by calling (800) 578-0636 or faxing to (502) 585-7989.

Consent for Sterilization (MAP 250) and Certification Form for Induced Abortion or Induced Miscarriage (MAP 235) may be accessed at <http://chfs.ky.gov>.

Medicaid Expansion and the Affordable Care Act

Thanks to the Affordable Care Act's (ACA) expanded Medicaid program, nearly half of Kentucky's 640,000* uninsured have the opportunity to enroll in expanded Medicaid health plans through the Kentucky Health Benefit Exchange. Because expanded Medicaid eligibility is based solely on annual income, approximately 308,000 individuals—including working adults who have never qualified for Medicaid before—are now eligible for health plans with \$0 monthly premiums. This is great news, both for Passport Health Plan and the state of Kentucky.

Passport is Kentucky's only non-profit health plan. Our only commitment is to our members and our providers. We don't answer to shareholders, so the money we make goes back into the plan to fund benefits and special programs such as:

- Workshops and roundtables for network PCPs and specialists.
- Enhanced benefits in substance abuse and private duty nursing
- Healthy Hoops Kentucky community-based initiative uses basketball and celebrity coaches to focus on the needs of kids with asthma.
- Rural area HIV/AIDs education efforts.
- Members who obtain health screenings are rewarded with gift cards.
- SCORE childhood obesity program to help younger members make healthy food choices.
- Embedded case managers who work onsite in providers' offices to welcome new Passport members, remind members of important screenings, provide references to community resources or simply encourage members to follow their providers' treatment plan.