

Your Benefits & How-To Guide



1. Benefits and services.

What's Covered

- Alternative birthing center services.
- Ambulatory surgical center services.
- Ambulance transportation for emergencies. This is when you are transported for an emergency because of an accident, serious injury or illness that makes it impossible to use other types of transportation. Most of the time you are being taken to the hospital.
- Ambulance transportation for some non-emergencies. This is when you cannot get out of bed before or after receiving medical care. This may also be when you must be moved by a stretcher in order to receive care.
- Non-emergency transportation.
- Basic dental care.
- Basic hearing care.
- Basic vision care.
- Behavioral health services.
- Chiropractic services.
- Disease screenings and treatment such as tuberculosis, HIV, AIDS, HPV and sexually transmitted diseases.
- Durable medical equipment (DME) and supplies such as wheelchairs or crutches.
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – health checkups, screenings, and immunizations for children from birth to age 21.
- End stage renal dialysis services.
- Family planning (birth control).
- Flu shots.
- Home health services.
- Hospice care.
- Hospital services (inpatient and outpatient).
- Immunizations (shots).
- Long term care.
- Meals and lodging for appropriate escort of members.
- Medical care during pregnancy.
- Medical detox.
- Organ transplant services.
- Physical, occupational and speech therapy.
- Podiatry (foot) services.
- Prescription drugs – some may require prior authorization.

- Preventive health services.
- Provider office visits (routine, urgent and emergency care).
- Some over-the-counter drugs prescribed by a provider.
- Specialty care. Most members need a referral from a primary care provider (PCP) to see a specialist. Members who are in out-of-home placement (foster care, etc.) or have Medicare do not need a referral to see a specialist.
- X-rays and lab services.

What's Not Covered

- Abortions, unless the life of the mother is in danger or in the event of rape or incest.
- 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. Sterile means you cannot have a baby.
- Oral surgery that is cosmetic.
- Paternity testing.
- Personal care items. For example: hair brushes, shampoo, toothpaste, feminine hygiene products.
- Personal items or services while you are in the hospital, such as television or telephone.
- Reversing or changing back surgeries like tubal ligation (having your tubes tied) 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 your PCP. This does not apply to members with Medicare or children in out-of-home placement (foster care).

2. Pharmacy Services.

How to get your prescriptions?

- When your provider gives you a prescription, ask if it needs prior authorization. If the answer is yes, ask your provider to please follow Passport's procedures. It could take longer to get your medicine.
- Go to a pharmacy that is signed up with Passport and give them your prescription. To find out if a pharmacy is signed up with Passport, call Member Services or go to www.passporthealthplan.com.
 1. Click on **Members**
 2. Click on **Find A Doctor**
 3. Click on **Find A Pharmacy**

- Show the pharmacy your Passport ID card.

Where can you find a list of covered drugs?

The list of covered medicines can be found on our Online Drug Formulary at www.passporthealthplan.com. You may also call Member Services for this list. New medicines come out all the time, so the list may change.

What medicines are not covered by Passport or Medicaid (KyHealth Choices)?

- Cosmetic products. For example: hair removal, hair growth products, or skin blemish creams.
- Fertility drugs – medicines to help you get pregnant.
- Medicines used for Phase I and Phase II clinical trials that are not approved by the Food and Drug Administration (FDA).
- Medicines that are not medically necessary.
- Erectile dysfunction drugs (Viagra, Levitra and Cialis).
- Herbal supplements.

What is prior authorization?

Prior authorization is when the medicine prescribed for you needs approval from Passport. If your medicine needs prior authorization, your provider will request it.

What if you need a medicine that must be prior authorized?

- If your medicine needs prior authorization, it may take longer to get.
- Your provider must fill out an authorization request form and send it to Passport's pharmacy benefits manager (PBM).
- The PBM checks to see if the request meets the medical guidelines for the medicine.
- If the authorization is approved, a note is sent to your provider and the pharmacy. You will then be able to pick up your medicine.
- If the authorization is not approved, you and your provider will get a letter stating the reason for the decision. You will have two (2) options:
 1. You can ask your provider for another medicine.
 2. If you disagree with the decision, you may file an appeal. Please see the "Filing an Appeal" section in this guide. It tells you how to appeal a medical decision.

What medicines need prior authorization?

- Some brand name forms of a medicine, if there is a generic form of the drug.
- Some medicines that need special handling, delivery, monitoring or that must be taken in a special way.
- Medicines that are not on our formulary.
- Medicines that are outside the recommended age, dose or gender limits.
- Medicines that are new to the market and not yet reviewed by Passport.

General Information:

- For brand name medicines, you will get up to a 30 day supply at one time.
- If a generic form of the medicine is available, it will be given to you as long as it's a covered benefit.
- For some generic maintenance medicines, you may get up to a 90 day supply.
- We cover some over-the-counter medicines if your provider writes you a prescription. The medicine must be part of your treatment plan.
- Some medicines may need prior authorization or step therapy. Prior authorization means the medicines must be approved by Passport. Step therapy is when you must first try a certain medicine before we will cover the medicine your doctor prescribed.

3. Co-pay Information

A co-pay is the amount of money you pay when you get a health care service.

As a Passport member, you do not have a co-pay for medical visits (\$0) and generic medicines (\$0).

You may have a small co-pay for some medicines:

- \$2 co-pay for preferred name brand medicines
- \$4 co-pay for non-preferred name brand medicines

If you have a preferred or non-preferred prescription and need help finding another medicine, please call us at **1-800-578-0603**. We can help you find a \$0 generic medicine!

4. Benefit limits on services received outside the Passport service area.

Not all providers outside the service area are signed up with Passport. If you go to one that is not signed up with Passport, you may have to pay the bill. To avoid having to pay the bill, make sure the provider is willing to bill Passport, get a provider Medicaid ID number and call Passport to approve the care.

5. How to get language help.

Are you a person who:

- Does not speak English?
- Does not speak English well?
- Has hearing problems?
- Has vision problems?

If you are one of these people or you know another Passport member who is, the law says you can ask for an interpreter or translated material at no cost to you.

Here is what to do when you call Passport:

- When you call Member Services, tell them the language you speak. They will make sure an interpreter is on the other line with you. You may also tell them if you would like information about Passport in a different language or format such as a large type or Braille.

The law also says you have the right to receive interpretation or translation services, free of charge, when you visit your primary care provider (PCP), hospital, pharmacy or a specialist.

Here is what to do when you call a provider's office:

- When you call, tell them you will need an interpreter. You should also tell them the language you speak. They should make sure an interpreter is at your appointment.
- If you have any problems receiving interpretation or translation services, please call Member Services at 1-800-578-0603 or the Office of Civil Rights at (404) 562-7886.

If you want to choose a provider who speaks a language other than English, call Member Services. They will help you find a provider within our service area who speaks your language, if one is available.

If a provider does not offer you an interpreter, you have the right to file a complaint under Title VI with the office of Civil Rights. You must file the complaint within 180 days of the date the problem happens.

To find out how to file a complaint, contact the Office of Civil Rights at:

Office of Civil Rights, DHHS
61 Forsyth Street, SW. - Suite 3B70
Atlanta, GA 30303-8909
(404) 562-7886
TDD/TTY (404) 331-2867

6. How to get information about providers who are signed up with Passport.

If you would like to know about any provider's education, board certification or residency training, please call Member Services at **1-800-578-0603**. TDD/TTY users may call **1-800-691-5566**. We can mail this information to you. Provider board certification is listed in your Provider Directory. You may find provider board certification at www.passporthealthplan.com.

- 1) Click on **Members**.

- 2) Click on **Find a Provider**.
- 3) Click on **Provider Directory**.

If you do not have access to a computer, you may call Member Services.

7. How to get primary care and direct access services.

Primary Care Services

Your primary care provider (PCP) is your medical home and the one doctor who keeps track of all of your medical care. Your PCP is with you for the long term and can tell you what is normal for you and what is not. Members living in foster care, disabled children or members with Passport and Medicare do not have to choose a PCP. But, we suggest all members choose a PCP and benefit from a medical home.

When you first become a Passport member, you will be assigned to a PCP. The name of your PCP will be listed on your ID card. If you do not want to see this PCP, we want you to know you always have a choice! If you want to change your PCP, please call Member Services at **1-800-578-0603**. TDD/TTY users may call **1-800-691-5566**. You can choose one PCP for the entire family or you can choose a different PCP for each family member. You may choose one of the following:

- General provider (general doctor)
- Family provider (family doctor)
- Nurse Practitioner
- Physician Assistant (someone who practices under the supervision of a doctor)
- Internist (doctor or provider)
- Pediatrician (doctor or provider who only sees children and teens)
- OB/GYN, if he or she is signed up with Passport as a PCP. An OB/GYN is a doctor or provider who sees women for things like gynecology, pap smears, and pregnancy.

You may choose a PCP from our Provider Directory. To view this Directory, please visit www.passporthealthplan.com.

- 1) Click on **Members**.
- 2) Click on **Find a Provider**.
- 3) Click on **Provider Directory**.

If you do not have access to a computer, you may call Member Services.

Visit Your PCP Right Away

Once you have your PCP, set up a visit with him or her right away even if you are not sick. The purpose of this visit is to get set up as a new patient. Your PCP will get to know you and get an idea of how to treat you. Getting set up as a new patient before you get sick is important. When you're an established patient, you can get your medicines and referrals more quickly.

Women's Health

Passport gives special attention to women's health care. If you're a woman ages 10 to 50, we can educate you about:

- Your overall health
- Nutrition
- Exercise
- Immunizations (shots)

We'll also give you access to lots of doctors and preventive screenings.

If you're pregnant, we can:

- Tell you about the warning signs of preterm (early) labor and delivery.
- Tell you about the importance of folic acid and vitamin use
- Give you tips on pregnancy care.
- Cover your cervical length testing.
- Give you access to birth control.

Direct Access Services

As a Passport member, you may get some services without seeing your PCP. These services are called Direct Access Services.

Here is a list of direct access services that you may get without going to see your PCP:

- Basic vision care.
- Behavioral health care.
- Chiropractic care.
- Dental care.
- Diabetes eye test.
- Family planning (birth control).
- Maternity care.
- Immunizations (shots).
- Routine women's care (GYN - gynecology).
- Mammogram – breast cancer screening.
- Orthopedic care (bones and joints).
- Pap smears – cervical cancer screening.
- Sexually transmitted disease screening, evaluation and treatment.
- Tuberculosis screening, evaluation and treatment.
- Testing for Human Immunodeficiency Virus (HIV), HIV-related conditions and other diseases passed from person to person.

8. How to get specialty, behavioral (mental) health and hospital care.

Specialty Care

Your PCP will help you choose a specialist (including mental health) if you need one. If your PCP refers you to a mental health doctor, you will not need a referral form. If you're visiting any other specialist, your PCP will fill out a referral form. Please ask for a copy and take it to your appointment. This form tells the specialist that your PCP has approved the services shown on the form.

Make sure you tell your PCP that you want to see a specialist who is signed up with Passport. If you do not, you may have to pay for services. Members who have Medicare, children living in out-of-home placement (foster care, etc.) and disabled children do not need a referral to see a specialist.

Behavioral (Mental) Health

Passport covers your mental health care. Your mental health is an important part of your overall health and wellness.

We can help you:

- Talk with someone about any feelings of sadness or worries, drug and alcohol problems or stress.
- Find a doctor.
- Get the information you need about mental health services.
- Talk with your doctors about how you are feeling.

24-Hour Behavioral Health Hotline: 1-855-834-5651 / TTY 1-866-727-9441

We can also help you if you are having a crisis. You may call our Behavioral Health Hotline 24 hours a day, 7 days a week. You can even call this number if you need help finding a behavioral health doctor. We will find ways to help you feel better again.

You have lots of mental health services available to you. They include:

- Outpatient services such as counseling
- Help with medicines
- Day treatment
- Case management
- Inpatient treatment (if you and your doctor feel that you cannot be safely treated in an outpatient setting)
- Substance abuse treatment (for members under age 21 or pregnant/post-partum women)

You do not need a referral from your PCP to get mental health services. But, we encourage you to talk to your PCP about your mental health. Your PCP can help make sure you are getting everything you need.

If you have questions about your mental health benefits or need to find a doctor, please call us at **1-855-834-5651**. TTY users may call **1-866-727-9441**.

Hospital Care

What should you do when you go to the hospital?

Any time you go to a hospital, tell them you are a Passport member even if you have other coverage. Take all your ID cards with you and show them at admission. If you are in a hospital and get a bill (not a statement) after you go home, call the hospital and make sure your Passport information is on file.

Remember, always take your **Medicaid ID card** and **Passport ID card**. This will help make sure that you do not get a bill from a provider.

9. How to get care after normal business hours.

You can call your PCP's office anytime you have a question about your health or medical care. He or she can help you get the services you need. You can call your PCP 24 hours a day, 7 days a week. When you call your PCP, he or she will tell you what you need to do.

Urgent Care

You may use an urgent care center for something that is not a threat to your life, but needs to be looked at right away. Anytime you think your situation needs urgent care, call your PCP even if the office is closed. Your PCP can see if he or she can work you into their schedule or help you decide what to do.

10. How to get emergency care.

The emergency room is used when you think a medical situation is a threat to your life or long-term health if you do not get care right away. The emergency room staff will decide how soon you will be seen. It will be based on your medical needs.

*You do not need a prior authorization to visit the emergency room.

Examples of some emergencies:

- Bad cuts or burns
- Miscarriage (losing a baby) or pregnancy with vaginal bleeding
- Head or eye injuries
- Danger of loss of life or limb (such as an arm or a leg)
- Blackouts
- A motor vehicle accident with an injury
- Chest pain
- High fever
- Choking
- A physical attack or rape
- Difficulty breathing
- Heavy bleeding
- Loss of speech
- Taking too much medicine or drugs (overdose)
- Paralysis (unable to move)
- Poisoning
- Possible broken bones
- Convulsions (seizures)

If 911 service is not available in the area, call the local operator.

Your PCP can help you decide.

There are times when it is hard to know if your situation is an emergency. If you are unsure, your PCP can help you decide if a situation is an emergency.

You can call your PCP 24 hours a day, 7 days a week. Be ready to tell your PCP as much as you know about the medical problem. Be sure to tell him or her:

- What the problem is.
- How long you or another family member has had the problem.
- What has been done for the problem so far.
- Your PCP may ask other questions. He or she can help you decide:
- If you need an appointment.
- If you should go to the urgent care center.
- If you should go to the emergency room.

Write down the names of all your family's PCPs and their telephone numbers. Keep it in a handy place in case you need it. If you would like a personal health record to keep track of your information, please call Care Coordination at 1-877-903-0082 and we will mail you one.

The emergency room is for true medical emergencies. You should go to the emergency room for a true medical emergency. Passport looks at who visits the emergency room for non-emergency reasons and post-stabilization care. If we see that someone is not using

the emergency room appropriately, he or she could be added to the Lock-in Program for at least 24 months. The Lock-in Program will let you visit one pharmacy, one provider, one controlled substance prescriber and one hospital for non-emergencies. This is the law for all Kentucky Medicaid members.

11. How to get care when you are outside the Passport service area.

If you need services when you are out of our service area, be sure to show all of your ID cards. Your ID cards have information the provider will need. If you need routine or urgent care, please call your primary care provider (PCP) and he or she will tell you what to do.

Remember, not all providers outside the service area are signed up with Passport. If you go to a provider that is not signed up with us, you may have to pay the bill. The provider must be willing to bill Passport, get a provider Medicaid ID number and call Passport to approve care.

If you are out of the service area and have a true emergency, please go to the nearest emergency room. A true emergency is when you think a medical situation is a threat to your life or long term health if you do not get care right away. Emergency care is covered for you inside and outside the service area.

*A map of the Passport service area is on the back cover of the Member Handbook.

12. How to voice a complaint.

We hope that you will always be satisfied with Passport and the providers in our network. When you have questions, concerns, or if you want to file a grievance (within 30 days of the issue), call Member Services at **1-800-578-0603** between 7 am and 7 pm EST, Monday through Friday. You may come to our office or write to us at:

Passport Health Plan
Member Services Supervisor
5100 Commerce Crossings Drive
Louisville, KY 40229

13. How to file an appeal that negatively impacts your coverage, benefits or relationship with Passport.

If you are not happy with a decision made by Passport, you may file an appeal with us. You will not lose your Passport membership or health care benefits if you file an appeal.

Filing an Appeal with Passport

- You, your doctor, or your authorized representative may file your appeal. If your doctor or someone other than your authorized person files your appeal, you must give him or her written permission to do so for the specific action being appealed.
- You may file your appeal orally, but you must follow-up with a written request within 10 days.
- Passport must receive your appeal within 30 calendar days of the date you receive the decision letter.

If you need help with filing your appeal, call Member Services at **1-800-578-0603**. If you are a person with a hearing problem, you may call the TDD/TTY number at **1-800-691-5566**.

Your written appeal should be sent to:

Appeals Coordinator
Passport Health Plan
5100 Commerce Crossings Drive
Louisville, KY 40229

What happens after you file an appeal?

- When you file an appeal, we will send you a letter within 5 business days. The letter will let you know that we have received your appeal. It will also tell you the date and time we will review your appeal.
- After you have filed your appeal, you can still send us anything related to your appeal. You can also present it in person on the appeal date stated in our letter.
- If at any time during the appeal process, you need more time to give us things related to your appeal, you may request up to 14 more days. This request must be in writing and sent to the Passport Appeals Coordinator.
- If we feel we cannot give you a fair decision within the required 30 calendar day time period, we may add up to 14 calendar days to our review time. We will send you a letter to let you know this.
- If you are getting authorized services that are now denied and you wish to keep getting these services, you must ask us in writing within 10 calendar days of the denial letter. Your request must clearly state that you wish to keep getting the services. You can keep getting services until the appeal decision is made. If the appeal decision agrees with Passport's denial, you may have to pay for the services.
- We will send you a letter with our decision within 30 calendar days after we get your appeal.
- We can extend the review time 14 days if we feel we cannot give you a fair decision or if you request it.
- You may receive free copies of any documents related to your appeal if you request them in writing. Your written request should be sent to:

Appeals Coordinator
Passport Health Plan
5100 Commerce Crossings Drive
Louisville, KY 40229

- You may receive free copies of any information we used to determine medical necessity.

Medical Appeals

A doctor, who is like your PCP or specialist, will look at your medical appeal. This doctor will **not** be the same doctor who denied the service.

Expedited (Fast) Medical Appeals

You can request an expedited appeal if your appeal is about care that you believe is medically necessary and needed soon. If your request does not qualify for an expedited appeal, it will become a regular appeal. You can make your request by calling **1-800-578-0603**, press 0, then press 7307. We will let you know of the decision within 72 hours.

Non-Medical Appeals

We will look at your non-medical appeal. For example, if you are denied chiropractic care beyond 26 visits or if you are placed in the lock-in program. The person(s) reviewing your appeal will be ones who had nothing to do with the decision you are appealing.

State Fair Hearing

Requesting a State Fair Hearing with the Department for Medicaid Services (DMS)

If you have exhausted the Passport appeals process, you may file a State Fair Hearing with the Department for Medicaid Services (DMS) within 45 days of Passport's final appeal decision.

A State Fair Hearing is not a part of Passport in any way. Passport must follow the hearing decision. To request a State Fair Hearing with DMS, you must submit your request in writing, by fax, or in person to:

Kentucky Department for Medicaid Services
Division of Administration and
Financial Management
275 East Main St., 6W-C
Frankfort, KY 40621
Fax number: (502) 564-6917

If you have any questions about a State Fair Hearing with DMS, please call **1-800-635-2570**. If you are hearing impaired, please call the Kentucky Relay by dialing 711.

You may also contact Kentucky's Ombudsman if you have a complaint about your local Department for Community Based Services office or case worker:

Office of the Ombudsman
Cabinet for Health Services
275 East Main Street, 1E-B
Frankfort, KY 40621
1-800-372-2973

If you are hearing impaired, you may call the TDD/TTY number at **1-800-627-4702**.

14. How Passport evaluates new technology.

New medical technologies are medical treatments, drugs or devices that have recently been developed. Advancements in medical technology have allowed providers to better diagnose and treat their patients. Thanks to the ongoing growth of technology in the medical field, many lives have been saved. The overall quality of life keeps getting better over time.

If a new technology becomes a standard of care, we may add it to our benefits with help from medical experts. If you'd like us to consider a new technology, please call us. You may also ask your provider to call us.