

Passport News



SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

2016 Annual Notice of Important Information

Passport Health Plan (Passport) values your participation in our network. Please review the following with your staff. This notice includes information and reminders about important Passport programs: Utilization Management (UM), Clinical Practice Guidelines, Quality Improvement, Health and Disease Management, Pharmacy and Behavioral Health.

Utilization Management Program (UM)

It is important that you and your patients understand Passport's benefit package and how determinations of medical necessity are reached. Passport utilizes dedicated nurses and doctors in our Kentucky office to review general medical and surgical service requests. In addition, Passport has selected several organizations to assist with clinical review in specialized areas. These areas include:

Service requested	Organization conducting review on behalf of Passport
Behavioral Health	Beacon Health Options
Pharmacy	CVS Caremark
High Dollar Radiology Musculoskeletal (Therapy, Chiro and Pain Management)	EviCore (Formerly MedSolutions)
Dental	Avesis
Vision	Superior Vision

We ask that you join us in reminding Passport members of the following important points regarding UM:

- UM is the process used by Passport to review requests for certain health services.
- UM reviewers check to see if a service is medically necessary and covered by Passport.
- Passport does not reward providers or other individuals for issuing denials of coverage or service care. This means we do not reward anyone, including providers, for denying services to members, or for making decisions that keep members from getting the care they need when they need it.

Like you, our first concern is that members receive appropriate care in a timely manner. Therefore, if members who visit your office have questions about the UM process or benefit decisions, please refer them to Member Services at 800-578-0603 (TTY/TDD 800-691-5566). We will be happy to assist them.

Clinical Criteria Used in our UM Processes are Available to Providers

Passport UM staff strives to ensure our members use their benefits as needed and as appropriate. To assist us, we use Medicare and/or Medicaid guidelines as well as commercially available and proprietary criteria sets to evaluate the necessity of medical services. These guidelines support the delivery of quality health care and assist us in evidenced-based clinical decision making and reviewer consistency.

	Category	Criteria utilized during the UM Process	How to request criteria
1	Passport (Medical and Surgical)	InterQual® Criteria Medical Policies	800-578-0636 or www.passporthealthplan.com/provider/secure then log into NaviNet
2	CVS Caremark (Pharmacy)	Proprietary Clinical Policies and Criteria	844-380-8830 (specialty) 844-380-8831 (non-specialty)
3	Beacon Health Options (Behavioral Health)	MCG	http://passporthealthplan.com/wp-content/uploads/2016/08/eNews-BH-Medical-Necc.pdf
5	Avesis (Dental)	Proprietary Parameters of Care	866.234.4806 www.avesis.com
6	Superior Vision (Vision)	Proprietary Clinical Protocols	800-879-6901 https://www.superiorvision.com/

- Passport utilizes InterQual® Criteria and internal Medical Policies. InterQual® Criteria is a commercially-available criterion set created by physician-led teams of health care professionals for prospective and retrospective utilization management programs to assess the appropriate level of care and the medical necessity of services. Internally developed Medical Policies are based on reasonable medical evidence and conform to standard national protocols. (e.g., Agency for Health Care Policy and Research and Professional Societies). Internal Medical Polices are developed when InterQual® Criteria does not exist.
- CVS's plan approved formulary and prior authorization guidelines are developed following State/Health Plan's regulations and) CMS Compendia: Gold Standard Clinical Pharmacology, Thompson Micromedex DrugDex, and AHFS-DI. Passport's local Pharmacy and Therapeutics (P&T) Committee comprised of members from the community, reviews policies that guide Formulary Exceptions and Tiering Exceptions and other Drug Utilization Management processes, including drug utilization review, generic substitution, and therapeutic interchange.
- Beacon's Level of Care Criteria changed to the following tools on September 1, 2016 to MCG Care Guidelines for the Behavioral Health utilization review process. Services not covered through MCG will utilize the following tools for review:
 - The LOCUS (Level of Care Utilization System);
 - CASII (Child and Adolescent Service Intensity Instrument);
 - CANS (Child and Adolescent Needs and Strengths); and
 - ASAM Criteria (American Society of Addiction Medicine Criteria).
- Avesis' clinical guidelines that establish the parameters of care are derived from the ADA, American Association of Oral and Maxillofacial Surgeons (AAOMS), American Academy of Periodontology (AAP), American Association of Orthodontists (AAO), American Academy of Pediatric Dentistry (AAPD), American Association of Endodontists (AAE) and the American Association of Dental Consultants (AADC) and can be located on their respective websites.
- Superior Vision's Clinical Protocols are developed and are maintained using the American Medical Association (AMA) Physicians' Current Procedural Terminology (CPT), American Academy of Ophthalmology's Preferred Practice Patterns and the American Optometric Association's Optometric Clinical Practice Guidelines. Superior also consults CMS Coverage Guidelines and the National Correct Coding Initiative (NCCI), as applicable.

UM Contact Information

Passport providers may speak with a medical director about UM decisions and specific cases or service requests at any time. If you disagree with a UM decision, you may discuss the decision by telephone with the medical director who rendered it.

Whenever a denial is verbally issued, the UM staff provides the name, telephone number, and title of the medical director who rendered the decision. The provider may then call a UM staff member at the numbers listed below to discuss the denial. Appeals information is included with each denial letter.

For a question about a UM decision contact our UM department at any time! Our general office hours are 8:00 a.m. to 5:30 p.m. EST, Monday through Friday. If you call after hours, please leave a message and your call will be returned the following business day.

Department	Call:
Passport UM	800-578-0636
CVS Caremark	844-380-8830 (specialty) 844-380-8831 (non-specialty)
Beacon Health Options	855-834-5651
EviCore (Formerly MedSolutions)	Radiology 877-791-4099 PT/OT, Speech, Chiro: 855-774-1319 Pain Management: 800-540-2406
Avisis	866-909-1083
Superior Vision	800-428-8789

For a complete list of departments, hours of operation, fax numbers, and web addresses please refer to your Provider Manual.

Quality Improvement

Updated Clinical Practice Guidelines (CPGs)

The following Passport Clinical Practice Guidelines (CPGs) have been updated in 2016:

- Acute Bronchitis
- Adult and Childhood Immunizations Schedules
- Flu Vaccine Update for 2016-17 flu season
- Asthma
- COA (Care of the Older Adult)
- COPD (Chronic Obstructive Pulmonary Disease)
- Childhood Obesity

- Diabetes Care
- Lead Screening
- Low Back Pain
- Perinatal
- Sickle Cell Disease

2015 Review of Medical Records

Each year, Passport conducts a review of medical records to evaluate continuity and coordination of care.

Passport's 2015 review of primary care physicians' compliance with medical records review was assessed against services provided to members in calendar year 2014 revealed a 92 percent compliance rate. This is a 1.51% decrease from 2013.

Opportunities for improvement were identified through medical record review in the following areas:

1. One time identification of race or ethnicity, and language spoken.
2. Documentation of advance medical directives.
3. Documentation of number of refills for prescribed medications noted.
4. Documentation of appropriate reporting of reportable diseases and conditions.
5. Documentation of assessment of members 12 years of age and older for at-risk sexual behaviors.

A complete detail of these standards is contained in the Passport Provider Manual, Section 4.5: Medical-Record-Keeping and Continuity and Coordination of Care Standards. The Passport Provider Manual is available at www.passporthealthplan.com/provider-manual.

Member Rights and Responsibilities

MEMBER'S RIGHTS

- To be treated with respect and dignity, the right to privacy, confidentiality, and nondiscrimination, as required by law.
- To choose a primary care provider (PCP) and request a change to another PCP.
- To join your provider in making decisions about your health care. You may refuse treatment.
- To ask questions and receive complete information about your medical condition and treatment options. This may include specialty care.
- To voice grievances/complaints (within 30 days) or file an appeal about Passport decisions that affects your privacy, benefits, or the care given to you. You may also file for a hearing with the Department for Medicaid Services.
- To receive timely access to care that does not have any communication or physical barriers.
- To make an advance directive, like a living will.
- To look at and get a free copy of your medical records, as permitted by law.
- To receive timely referrals and access to medically needed specialty care.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

MEMBER'S RESPONSIBILITIES

- To learn about your rights.
- To follow the policies and procedures of the Department for Medicaid Services and Passport Health Plan.
- To learn about health services and treatment options.
- To follow the steps of the Appeal Process.

- To take part in personal health care decisions and practice a healthy lifestyle.
- To keep appointments with providers and call to cancel appointments when you cannot be there.
- To report suspected fraud or misuse of Passport ID cards or benefits by a member or provider. To report fraud or misuse, please call Passport Health Plan's Compliance Hotline at 855-512-8500 or the Office of the Inspector General (OIG) at 800-372-2970.

Pharmacy Information for Prescribers

Please remember that expired credentials with Kentucky Medicaid will result in prescription denials. To enroll or update credentials, contact DMS Provider Enrollment at 877-838-5085 (Monday through Friday, 8:00 a.m. to 4:30 p.m. EST). You may also download an application for participation (MAP-811) from the DMS web site at www.chfs.ky.gov/dms/provEnr/forms. Please note that the process may take up to 90 days.

Prescribers may request prior authorizations by calling (844) 380-8830 for Specialty and (844) 380-8831 for non-Specialty. Medication utilization reviews and PA decisions are provided in real-time. Therefore, the prescribing physician or their designee should initiate all requests for PAs with CVS. Clinical information will be requested in order to establish medical necessity and meet the goals of the established evidence-based criteria. Prescribers may request an appeal by calling (844) 380-8832 or faxing a request to (844) 802-1412.

Prescribers that choose to fax or mail in a request must complete a prior authorization request form. Forms can be obtained by visiting the web at www.passporthealthplan.com/pharmacy, or by calling (844) 380-8830 for Specialty and (844) 380-8831 for non-Specialty. The fax number and mailing address are located on the bottom of the form.

Phoned and Faxed prior authorization requests are processed within 24 hours. Please expect delayed responses when mailing PA requests. Mailed PA requests are processed into CVS' fax server upon receipt.

You may also check the pharmacy program updates including formulary updates, pharmacy and therapeutic advisory committee reviews, and medication safety alerts in the Passport Pharmacy News bulletin, also located on Passport's pharmacy page. Please visit our web site, <http://www.passporthealthplan.com/pharmacy> to view the most recent edition of Pharmacy News or to sign up for eNews and receive Pharmacy News via e-mail.

Health and Disease Management Programs

As a participating provider, you are changing lives for the better by making quality health care and total care coordination available to a vulnerable population. Our programs and clinical staff are here to assist you in these endeavors. A comprehensive list of available programs and descriptions are available at <http://passporthealthplan.com/members/health-and-wellness-programs/>. If you uncertain what resources will best meet the needs of a Passport Member, consider a referral to our Care Connectors Program. In addition to assisting a member to access and engage with the medical, dental, behavioral health services they need, we will also guide them to Passport Programs that are relevant to their needs.

For members in need of case management services please complete the Care Coordination Request Form <http://passporthealthplan.com/wp-content/uploads/2015/01/2-cc-care-coordination-request-form.pdf>. For members that need to reach a case manager for behavioral health, please refer them to the Behavioral Health Hotline, (855) 834-5651.

Behavioral Health

Beacon Health Options is contracted to assist Passport with the execution of the Behavioral Health benefit. The primary services they provide include: utilization review, case management, and to aid in the coordination of care for our

members. Passport's Behavioral Health program is an integrated team of Kentucky-licensed, behavioral health providers located on-site at Passport, including a program director, clinical manager, utilization reviewers, provider relations representatives, and case managers.

Passport provides members with access to a full continuum of recovery and resiliency-focused behavioral health services through our network of contracted providers. Passport currently contracts directly with a variety of behavioral health providers including: community mental health centers; state-owned or state-contracted psychiatric hospitals; private psychiatric hospitals; psychiatric units within medical hospitals; individual behavioral health providers and those permitted to practice under their supervision; and EPSDT providers. We work closely with: providers; members; family members; advocates; government partners; and, community services to ensure access and coordinated care for our members' behavioral health needs.

For information on becoming a provider, please submit an email to: passport.contracting@passporthealthplan.com.

eServices is available as a free service for all contracted and in-network providers. The goal of eServices is to make clinical, administrative, and claims transactions easy to do. Authorization requests, claims submissions, and access to manuals and directories are all located in one easy-to-access on-line location.

To refer a member for behavioral health services, please direct them to our hotline at 855-834-5651. In addition, a Psychiatric Decision Support Line, (877) 429-6659, has been established as a resource for primary care providers who would like to consult with a psychiatrist about behavioral health concerns. Simply call the hotline and request a consult. Your message will be directed to a psychiatrist who specializes in the area in which you have a question. The psychiatrist will call you back within one business day.

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