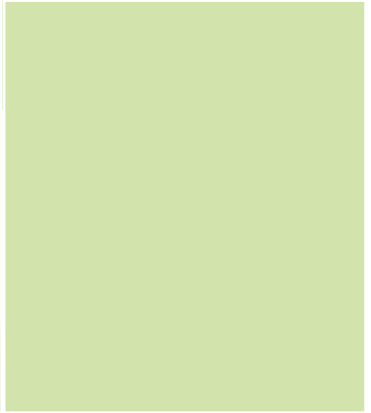




PASSPORT
HEALTH★PLAN 



Built by Kentuckians for Kentuckians

Passport Health Plan is a community-based, non-profit health plan sponsored by healthcare providers. For nearly 20 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 offers:

- Low administrative costs.
- 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 was named the top Medicaid plan in Kentucky with a 4-star Medicaid health plan rating by the National Committee for Quality Assurance (NCQA)*.

Passport offers award-winning, innovative health programs including:

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

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 (Eastern Time)

(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 (Eastern Time)

(800) 578-0603 | TTD/TTY (800) 691-5566

Members – Call us if you:

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

24/7 Behavioral Health Crisis Hotline: (844) 231-7946

24/7 Behavioral Health Access Line: (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/provider-communications.



Like us at facebook.com/passporthealthplan



Follow us @PassportHealthP



Check out our channel at youtube.com/passporthealthplan



Follow us @passporthealthplan



Follow us at pinterest.com/passporthealthp

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:

- 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 InstaMed. Contact the InstaMed Help Desk at: (866) 945-7990 or access InstaMed's web site, <https://instamed.com/eraeft>.

Passport's Electronic Data Interchange (EDI) electronic payer ID is **61325** for submitting claims electronically.

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

For additional claims processing guidelines, please visit: www.passporthealthplan.com/providers/forms or the Provider Manual www.passporthealthplan.com/provider-manual.

When submitting claims, all Ordering, Referring, Prescribing and Attending providers must have a valid Kentucky Medicaid ID.

Important Addresses

Medical & Family Planning

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

Behavioral Health

Beacon Health Options
500 Unicorn Park Dr., Suite 103
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

Superior Vision

939 Elkrigde Landing Rd, Suite 200
Linthicum, MD 21090
(866) 819-4298 – dial your NPI
(800) 243-1401 – select 3 for providers
www.superiorvision.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.
- Referrals are valid for one (1) year, unlimited visits

Referral submission

- **Online:** Make the referral via the Passport provider portal at <https://www.phkyportal.valence.care/>
- **-or-**
- **Mail:** Download the referral form at www.passporthealthplan.com/providers/forms and mail to:
P.O. Box 7114
London, KY 40742.

*Exceptions not requiring referral are Direct Access services. Please refer to Passport's Provider Manual, Section 6.1, 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 Connectors at (877) 903-0082)	\$0

BENEFIT	MEMBER PAYS
Prescriptions	
Generic medicines	\$0
Preferred Brand-name medicines	\$2
Non-preferred brand drugs	\$4
90-day supply of some generic maintenance medicines	\$0
<i>*Includes some over-the-counter medicines when ordered by PCP</i>	
<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	
2 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
General Number	(800) 578-0636	(502) 585-7989
Concurrent Review	(502) 585-7331	(502) 585-7989
Cosmetics	(502) 585-7069	email: UMCosmetics@Passporthealthplan.com
DME	(502) 585-7310	(502) 585-7990
High Dollar Radiology; EviCore	(877) 791-4099	(888) 693-3210 or www.evicore.com
Home Health	(502) 585-7320	(502) 585-8204
Appeals	(502) 585- 7307	(502) 585-8461
Retrospective Review	(502) 585-7972	(502) 585-8207
Therapies/Chiro	(877) 791-4099	(855) 774-1319 or www.evicore.com
Pain management	(877) 791-4099	(800) 540-2406 or www.evicore.com

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.

Services Requiring Authorization

Preauthorization (continued)

All Inpatient Admissions*	Inpatient Rehabilitation
All Inpatient Admissions*	Inpatient Rehabilitation
Prescribed Pediatric Extended Care (PPEC)	DME Rental / Purchase > \$500.00 All E1399 DME Codes
Orthotics / Prosthetics > \$500.00	Enteral Products > \$500.00
Home Infusion / Home I.V. Therapy (IVT)	Home Health Services / Private Duty Nursing (PDN - 2,000 hours per year)
High cost Medications > \$400.00 including Synagis (Excludes chemotherapy)	Ocular Photodynamic Therapy/with Verteporfin (Visudyne)
Neuropsychological Testing	Stem Cell/Progenitor Cell Retrieval
Radiology: PET, MRA, MRI, CTA, CT, Select Cardiac Imaging (Authorization not required if performed: While Inpatient, In the E.R., Observation)	Outpatient Therapy: Physical, Occupational and Speech
Pain Management Injections	Chiropractic (26 visits per year limit; All visits require authorization)
Outpatient Cardiac / Pulmonary Rehabilitation	Abortion / Termination of Pregnancy
Cosmetic Procedures / Services	EPSDT Special Services
Experimental / Investigational Procedures or Services	Services performed by a non-participating provider including MD office visits

Behavioral Health services requiring authorization include: targeted case management, collateral services, therapeutic rehabilitation program, day treatment, comprehensive community supports, partial hospitalization, intensive outpatient program, MH and SUD services not otherwise specified, and assertive community treatment.

Preauthorization (continued)

* from page 10

- Maternity and Normal Newborn: Normal Vaginal Delivery: If the inpatient stay is less than or equal to 3 days, no authorization is required
 - **Authorization is required for:**
 - All Cesarean Sections
 - All Scheduled inductions
 - All Non-par providers, regardless of delivery type
- An infant born by Normal Vaginal Delivery (NVD) does not require authorization until day four (4). If an infant born via NVD stays ≤ 3 days, authorization is not required.
- An infant born by C-Section does not require authorization until day six (6). If an infant born via C-Section stays ≤ 5 days, authorization is not required.

Prescribing Outpatient Medications

Outpatient Pharmacy Benefits	Outpatient pharmacy benefit includes medications coverable by Medicaid.
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. passporthealthplan.com/pharmacy/drug-formulary-2
Prior Authorization	Prior authorization may be requested by phone, fax or mail. For Prior Authorization forms and information go to passporthealthplan.com/pharmacy/prior-authorizations A PriorAuth decision will be issued within 24 hours of submission.
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, passporthealthplan.com/providers/pharmacy/drug-formulary-2
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>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).
- 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).

Pharmacy Benefit Management

Passport's Pharmacy Benefit Management operations are administered by CVS Caremark. Prescribers may contact CVS' Customer Care Staff to speak with skilled clinicians about service requests and inquiries related to prior authorizations (PA), formulary questions, and drug coverage. Customer Care 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 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 CVS's fax server upon receipt (mailing address is on form).

Specialty Drugs

- Fax PA request to (844) 802-1404
- Phone PA request to (844) 380-8830

Non-specialty Drugs

- Fax PA request to (844) 802-1406
- Phone PA request to (844) 380-8831

Hours of Operation

CVS's Support Center staff can be reached 24 hours a day, 7 days a week at (888) 512-8935.

Care Coordination

Care Coordination Programs

Passport's Care Coordination 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 care advisor is to advocate for the member and support efforts for improved health and quality of life. Call our Care Connector team at (877) 903-0082 for assistance.

Complex Case Managers (877) 903-0082

Complex Case Managers engage with high-risk members to coordinate care needs, improve self-care management skills, and promote adherence with physician's treatment plan.

Embedded Case Advisors (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.

Foster Care Specialists (502) 585-7337 or (502) 212-6641

Work in collaboration with the Department of Community-Based Services (DCBS), foster parents, adoptive parents, and others to provide care coordination and assistance for foster care, adoption assistance, and Department for Juvenile Justice members. These Specialists also can help when members under age 18 are residing in out of home placement.

Guardianship Specialist (502) 212-6733

Works in collaboration with Department for Aging and Independent Living (DAIL) and others to provide care coordination and assistance for members in state guardianship as well as adult members transitioning into the community from psychiatric hospitals or personal care homes.

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.

Care Connectors

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

Mommy Steps

Mommy Steps is a special program for pregnant women designed to help members have a full-term pregnancy and a better chance of having a healthy baby. For more information on this maternity program, please call (877) 903-0082.

Disease Management (DM) Programs

- Chronic Respiratory - Asthma and COPD
- Congestive heart failure (CHF)
- Diabetes
- SCORE—Shrinking Childhood Obesity with Real Expectations and HOPE—Healthier Options for People Everyday
- Coronary Artery Disease (CAD)

To refer a patient or for other resources such as smoking cessation, call: **Care Connectors (877) 903-0082**

Behavioral Health Management

Passport's behavioral health is coordinated by 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.beaconhealthoptions.com or see contact information below.

24/7 Behavioral Health Crisis Hotline

(844) 231-7946

Claims Hotline

(888) 249-0478

eServices Helpline

(866) 206-6120

IVR

(888) 210-2018

Email

passportbehavioralhealth@passportthehealthplan.com

Main fax number

(781) 994-7633

Passport's Behavioral Health Access Line

(855) 834-5651

PCP Psychiatric Decision Support Line

(877) 249-6659

TTY Number (for hearing impaired)

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

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 <https://www.phkyportal.valence.care/> 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.
- Providers must bill EPSDT services 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

National CLAS Standards have been developed 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. 54105 (client services).

Section 1557

Section 1557 makes it unlawful for any health care provider that receives funding from the Federal government to refuse to treat an individual – or to otherwise discriminate against the individual – based on race, color, national origin, sex, age or disability. Section 1557 imposes similar requirements on health insurance issuers that receive federal financial assistance. Health care providers and insurers are barred, among other things, from excluding or adversely treating an individual on any of these prohibited bases. Section 1557 has been in effect since enactment of the ACA.

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.

* 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>.