

# **Provider Manual**

## **Section 1.0**

### **Introduction**

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# 1.0 Introduction

## 1.1 Provider Welcome

We are pleased you are part of the Passport Health Plan (referred to as Passport throughout this document) provider network. As a participant in Passport's network, you have the opportunity to make Passport beneficial for both you and the members you serve. Passport knows providers are essential in delivering high-quality, cost-effective medical services to Medicaid recipients in the Commonwealth. We further recognize that achieving our mission "to improve the health and quality of life of our members" would not be possible without your participation. Passport is committed to earning your ongoing support and looks forward to working with you to provide the best service possible to Passport's members.

This Provider Manual explains the policies and administrative procedures of Passport. You may use it as a guide to answer questions about member benefits, claim submissions, and many other issues. This Provider Manual also outlines day-to-day operational details for you and your staff. It will describe and clarify the requirements identified in the Provider Agreement you hold with Passport. Updates to this Provider Manual will be provided on Passport's website on a periodic basis. As your office receives communications from Passport, it is important that you and/or your office staff read the Provider Alerts, Medical Office Notes, Passport eNews, and other special mailings and retain them with this Provider Manual so you can integrate the changes into your practice. All Passport provider materials, including the Provider Manual and Provider Directory, are available online at [www.passporthealthplan.com](http://www.passporthealthplan.com).

Please note, the term "provider" as used throughout this Provider Manual is inclusive of all practitioners, individual and group affiliated, as well as facilities and ancillary service suppliers, as appropriate.

## 1.2 Kentucky Medicaid Program

The Kentucky DMS, under the Cabinet for Health and Family Services (CHFS), is responsible for administering the Kentucky Medicaid Program as explained in Section 1.3 below. DMS has contracted with Passport, and other managed care organizations (MCO), to administer Medicaid benefits. The Medicaid Program, identified as Title XIX of the Social Security Act, was enacted in 1965 and operates according to a state plan approved by the U.S. Department of Health and Human Services.

Title XIX is a joint federal and state assistance program that provides payment for certain medical services provided to Kentucky recipients who lack sufficient income or other resources to meet the cost of their care. The basic objective of the Kentucky Medicaid Program is to aid the medically indigent of Kentucky in obtaining needed medical care.

As a provider of medical services, please be aware DMS, Passport, and the provider are bound by both federal and state statutes and regulations as well as revisions governing the administration of

the state plan. The state cannot be reimbursed by the federal government for monies improperly paid to providers for non-covered, unallowable medical services. Therefore, Passport may request a return of any monies improperly paid to providers for non-covered services.

The Kentucky Medicaid Program should not be confused with Medicare. Medicare is a federal program, identified as Title XVIII, primarily serving persons 65 years of age and older and some disabled persons under 65 years of age. The Kentucky Medicaid Program and Passport services eligible recipients of all ages.

### **1.2.1 Department for Medicaid Services**

The Kentucky Department for Medicaid Services (DMS), within the CHFS, bears the responsibility for developing, maintaining, and administering the policies and procedures, scope of benefits, and basis for reimbursement for the medical care aspects of the program. As a managed care organization (MCO) for DMS, Passport makes the actual reimbursement to providers for covered services provided to Passport members.

It is important to note Passport does not determine eligibility for Medicaid. Determination of the eligibility status of individuals and families for Medicaid benefits is a responsibility of the local Department for Community Based Services (DCBS) offices located in each county of the Commonwealth (see Section 18, “Other Important Contact Information” for local offices).

### **1.2.2 Kentucky Medicaid Member Enrollment and Disenrollment**

Kentucky Medicaid members are given the option to participate in an annual open enrollment period, where they may choose to join one of the MCOs contracted by DMS. New members are also given 90 days after the time of enrollment to change MCOs. DMS is responsible for this process, and maintains all member eligibility information in their KyHealth Net online system (see Section 2.4.1).

Although Passport has policies in place for instances where we may request disenrollment of a member, DMS is responsible for disenrolling that member from Passport.

## **1.3 Overview of Passport**

Passport is the operating name for University Health Care, Inc. (UHC), a managed care organization that serves the Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP) populations in the Commonwealth of Kentucky. UHC is a non-profit health maintenance organization (HMO) licensed in the Commonwealth of Kentucky.

Passport is sponsored by the University of Louisville Medical School Practice Association, University Medical Center, Inc., Jewish Heritage Fund for Excellence, Norton Healthcare, and the Louisville/Jefferson County Primary Care Association, which includes the Louisville Metro Department of Health and Welfare and Louisville's two Federally Qualified Health Centers: Family Health Centers and Park DuValle.

The Partnership Council is a broad coalition of consumers and providers, including physicians,

nurses, hospitals, health departments, and ancillary providers who help govern the operations of Passport. If you are interested in volunteering to participate on the Partnership Council or one of our committees, please contact your Provider Relations Specialist.

## **1.4 Mission and Values**

### **Passport's vision is:**

*To be the leading model for collaboration and innovation in health care*

### **Passport's mission is:**

*To improve the health and quality of life of our members*

### **The Organizational Values are:**

- *Integrity*
- *Community*
- *Collaboration*
- *Stewardship*

## **1.5 Important Telephone Numbers**

### **1.5.1 Case Management (877) 903-0082**

The Case Management department is available 8:00 a.m. to 6:00 p.m. EST, (7:00 a.m. to 5:00 p.m. CST), Monday through Friday. The Case Management department assists members and providers in managing and coordinating services to meet the members' medical and social needs.

### **1.5.2 Compliance Department**

Providers are also required to cooperate with the investigation of suspected Fraud and Abuse. If you suspect Fraud and Abuse by a Passport member or provider, it is your responsibility to report this immediately by calling one of the telephone numbers listed below:

Passport Compliance Hotline: (855) 512-8500  
Medicaid Fraud Hotline: (800) 372-2970  
Passport Compliance Email Address: [ComplianceHotline@passporthealthplan.com](mailto:ComplianceHotline@passporthealthplan.com)

### **1.5.3 Health & Disease Management (877) 903-0082**

The Health & Disease Management department is available 8:00 a.m. to 6:00 p.m. EST (7:00 a.m. to 5:00 p.m. CST), Monday through Friday. The Health & Disease Management department offers a number of programs to assist providers and members in the management of their care, including:

- Chronic Respiratory Disease Management (including asthma and COPD)
- Congestive Heart Failure (CHF) Disease Management
- Diabetes Disease Management
- Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)

- Mommy Steps Perinatal Program
- Obesity (SCORE Program)

### 1.5.4 Member Services (800) 578-0603

Member Services representatives are available 7:00 a.m. to 7:00 p.m. EST (6:00 a.m. to 6:00 p.m. CST), Monday through Friday. Member Services representatives assist members by answering questions regarding changes, benefits, and grievance issues, or by directing members to other Passport departments as needed, and by sending communication materials to members as needed.

### 1.5.5 Passport Provider Portal (800) 578-0775

The Passport Provider Portal offers you a secure, real-time online connection between your office and Passport. The Passport Provider Portal can assist your office processes so that you spend less time on the phone or processing paperwork. The Passport Provider Portal's registration and usage is offered free of charge. Services offered include member eligibility verification, claim status inquiry, and referral submission and inquiry. The previous provider portal, Navinet, will have limited access until March 31, 2018. For provider inquiries prior to October 1, 2017, please call Navinet Customer Service, (888) 482-8057.

### 1.5.6 Other Services

Service	Provider	Telephone	Hours
Behavioral Health	Beacon Health Strategies, LLC	(855) 834-5651	24 hours/7 days/week
Dental	Avesis Third Party Administrators, Inc	(866) 909-1083	7 a.m. to 8 p.m. ET 6 a.m. to 7 p.m. CT
Nurse Advice	Axispoint Health	(800) 606-9880	24 hours/7 days/week
Radiology/Outpatient Therapy	eviCore Healthcare	(877) 791-4099	8 a.m. to 9 p.m. ET 7 a.m. to 8 p.m. CT
Vision	Superior Vision Benefit Management, Inc	(800) 243-1401	8 a.m. to 9 p.m. ET 7 a.m. to 8 p.m. CT

### 1.5.7 Pharmacy Prior Authorization (844)380-8831

Passport's prior authorization department is available 24 hours per day. The following fax number is available to submit requests for drug prior authorizations, (844) 802-1406.

Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. The use of urgent fax lines for non-urgent requests is not appropriate. Please refer to Section 12 for prior authorization procedural requirements.

### **1.5.8 Provider Claims Service Unit (800) 578-0775 Option 2**

The Provider Claims Service Unit (PCSU) receives providers' calls regarding any issue specific to claims. The PCSU is available Monday through Friday from 8:00 a.m. to 6:00 p.m. EST (7:00 a.m. to 5:00 p.m. CST).

### **1.5.9 Provider Services (800) 578-0775 Option 3**

Provider Services representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST (7:00 a.m. to 5:00 p.m. CST), to assist providers with questions about policies, procedures, member eligibility, and benefits. Representatives are also available if providers need to request forms or literature, report member noncompliance, or assist members in obtaining ancillary direct access services or other specialty care.

### **1.5.10 Utilization Management (800) 578-0636**

The Utilization Management Department is available Monday – Friday 8:00 AM to 5:30 PM EST excluding holidays. You may contact the UM department by calling (800) 578-0636. Please refer to section 5.1 of this provider manual for additional contact information.

## **1.6 Claim Submission**

New and corrected paper claims are to be submitted to the following address:

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

Please refer to Section 15 for additional claims filing instructions.

Claims and correspondence for appeal or recovery are to be submitted to the following address:

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

**An active valid Kentucky Medicaid identification number, assigned by DMS, is required to receive any payment for services rendered.**

## **Other Important Contact Information**

### **Department for Medicaid Services MCO Hotline**

Toll-free:

(855) 446-1245

### **Change Healthcare (formerly Emdeon) Business Solutions Client Services**

For questions or concerns regarding claim routing or clearinghouse rejections, the provider should be instructed to contact their vendor for support. Change Healthcare will work with the vendor as needed to research and resolve the issue. If the provider is a direct Change Healthcare submitter, he or she should contact Change Healthcare product support (the numbers vary based on the

product) or the Change Healthcare Help Desk at 800-845-6592.

The Change Healthcare Help Desk Consultant will assign a case number for tracking the issue. The Change Healthcare Help Desk Consultant owns the issue through resolution.

Toll-free: (800) 845-6592

Web resources:

- Change Healthcare Home Page - <http://www.changehealthcare.com>
- Change Healthcare ON24/7 Portal - <https://client-support.changehealthcare.com>
- Change Healthcare Payer List - [www.emdeon.com/payerlists](http://www.emdeon.com/payerlists)
- Change Healthcare HIPAA Simplified page - Your online resource for HIPAA 5010, NCPDP D.0, ICD-10, and other HIPAA regulations - [www.hipaasimplified.com](http://www.hipaasimplified.com)
- EHNAC Accreditation - <http://www.ehnac.org/>
- Change Healthcare Vision Login Page - <https://access.emdeon.com/CIHS/>

### **InstaMed ERA/EFT Customer Service**

Support team

(866) 467-8263

[support@instamed.com](mailto:support@instamed.com)

### **Kentucky Medical Ombudsman**

Toll-free:

(800) 372-2973

TDD/TTY:

(800) 627-4702

Address:

Kentucky Department for Medicaid  
Services  
Office of the Ombudsman  
275 East Main Street, 1E-B  
Frankfort, KY 40621

### **State Hearing Request**

Toll-free:

(800) 635-2570

Address:

Kentucky Department for Medicaid  
Services  
Division of Program Quality &  
Outcomes  
275 East Main Street, 6C-C  
Frankfort, KY 40621