

It Matters to Passport Monthly Provider Forum

February 24, 2022



**PASSPORT
HEALTH PLAN**

BY MOLINA HEALTHCARE

Agenda



- Meet the Provider Services Team
- Important Plan Updates and Reminders
- Appeals and Grievances
- Open Forum/Provider Feedback

Meet the Provider Services Team

Your dedicated Provider Services Representative is always a phone call or email away!

Shelley Fife
State Wide
Major Health Systems
502-212-6816

Justin Radford
State Wide
Major Health Systems
502-585-7914

Casey Martin
State Wide - Ancillary
Regions 1, 2 & 4
502-352-8713

Henry Spalding
State Wide - Ancillary
Regions 3, 6, 7 & 8
502-212-6728

Chasity Dotson
Regions 1 & 2
502-212-6717

Teri Hardman
Regions 1, 2, 3 & 4
Behavioral Health
CMHC
502-212-6713

Magan Wagner
Region 3
Passport Advantage
502-541-7710

Aleksandra Jozic
Region 3
502-585-7308

Magan Wagner
Region 3 PCPs, Specialists, Health
Departments in Jefferson County 502-541-7710

Crystal Roper
Regions 3, 5 & 6
502-213-6671

Amy Lewis
Region 5
502-585-7311

Beth Goodin
Region 4
270-202-9995

Christine Drake
Regions 5, 6, 7 & 8
Behavioral Health
502-212-6704

Betsy Roberts
NCH Rep / DMS Liaison 502-402-0651

Donna Moor
Regions 7 & 8
502-566-7825

Brittany Spencer
Region 8
502-212-6802

Regions: 1, 2, 3, 4, 5, 6, 7, 8
Locations: Owensboro, Louisville, Bowling Green, Lexington, Hazard, Covington

Passport One Stop Help Centers

Click [here](#) for a downloadable Meet the Team PDF



Important Updates and Reminders (1 of 3)

Claims Report Available on Provider Portal

Portal users may now pull claim reports via the Passport Payer Space within the Availity Portal. Simply click on the Reports tile and input your desired search criteria!

PCP Requirements for Member Dismissals

Reminder, PCPs who wish to dismiss a member from their panel must complete the [PCP Dismissal Form](#) and follow the guidelines as determined by DMS.

Claim Remittance Advice Error re: Claim Appeals

Claim remittance advices sent after 1/1/2022 indicated the claim appeal timeframe was 180 days in error. Please be advised all appeals must be received within **60 days** from the date of adverse determination.

Hospice Services – Provider Type 44 MAP Form Requirements

Effective 2/1/22 Passport will no longer require the MAP 374 and 377 forms to be submitted with claims. Provider are required to retain copied of the forms on file for auditing purposes. For more information, click [here](#).



Important Updates and Reminders (2 of 3)

Correct Coding and Reimbursement Provider Notification

Passport has posted a provider notification regarding correct coding and reimbursement guidelines to ensure claims are coded and audited appropriately according to State and Federal guidelines. Click [here](#) to view the notification.

Prior Auth Required for DME Over Quantity Limits

All DME that exceeds the DMS DME fee schedule quantity limits require a PA. For more information, click [here](#).

COVID Home Test Kits Reimbursement

Per the Kentucky Medicaid Pharmacy Provider Notice # 267, Kentucky Medicaid will now reimburse pharmacies for at-home COVID-19 Rapid Antigen test kits through Point of Sale for Medicaid members. Click [here](#) for more information regarding billing guidance, covered NDCs and more.

COVID-19 Vaccine Incentive for Members

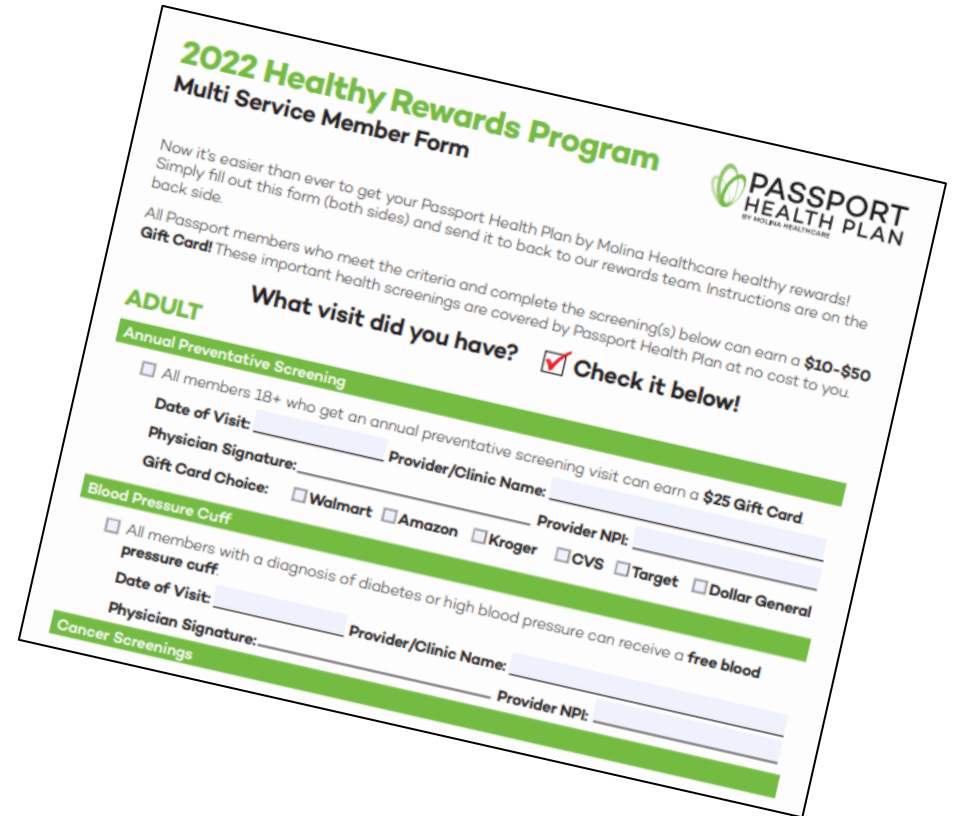
Passport members who receive the vaccine on or after June 1, 2021 may qualify for a \$100 gift card to Wal-Mart, Amazon, Kroger or CVS. For more information or for a flyer to give to your Passport members click [here](#).



Important Updates and Reminders (3 of 3)

New 2022 Healthy Rewards Member Attestation Form

Healthy Rewards, Passport's Value Added Benefits program, has a new attestation form that may be completed in order for members to receive various value added benefits. Providers may assist members in completing this form. For more information please click [here](#).



2022 Healthy Rewards Program
Multi Service Member Form

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Now it's easier than ever to get your Passport Health Plan by Molina Healthcare healthy rewards! Simply fill out this form (both sides) and send it to back to our rewards team. Instructions are on the back side.

All Passport members who meet the criteria and complete the screening(s) below can earn a **\$10-\$50 Gift Card!** These important health screenings are covered by Passport Health Plan at no cost to you.

ADULT What visit did you have? **Check it below!**

Annual Preventative Screening

All members 18+ who get an annual preventative screening visit can earn a **\$25 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____
Physician Signature: _____ Provider NPI: _____
Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

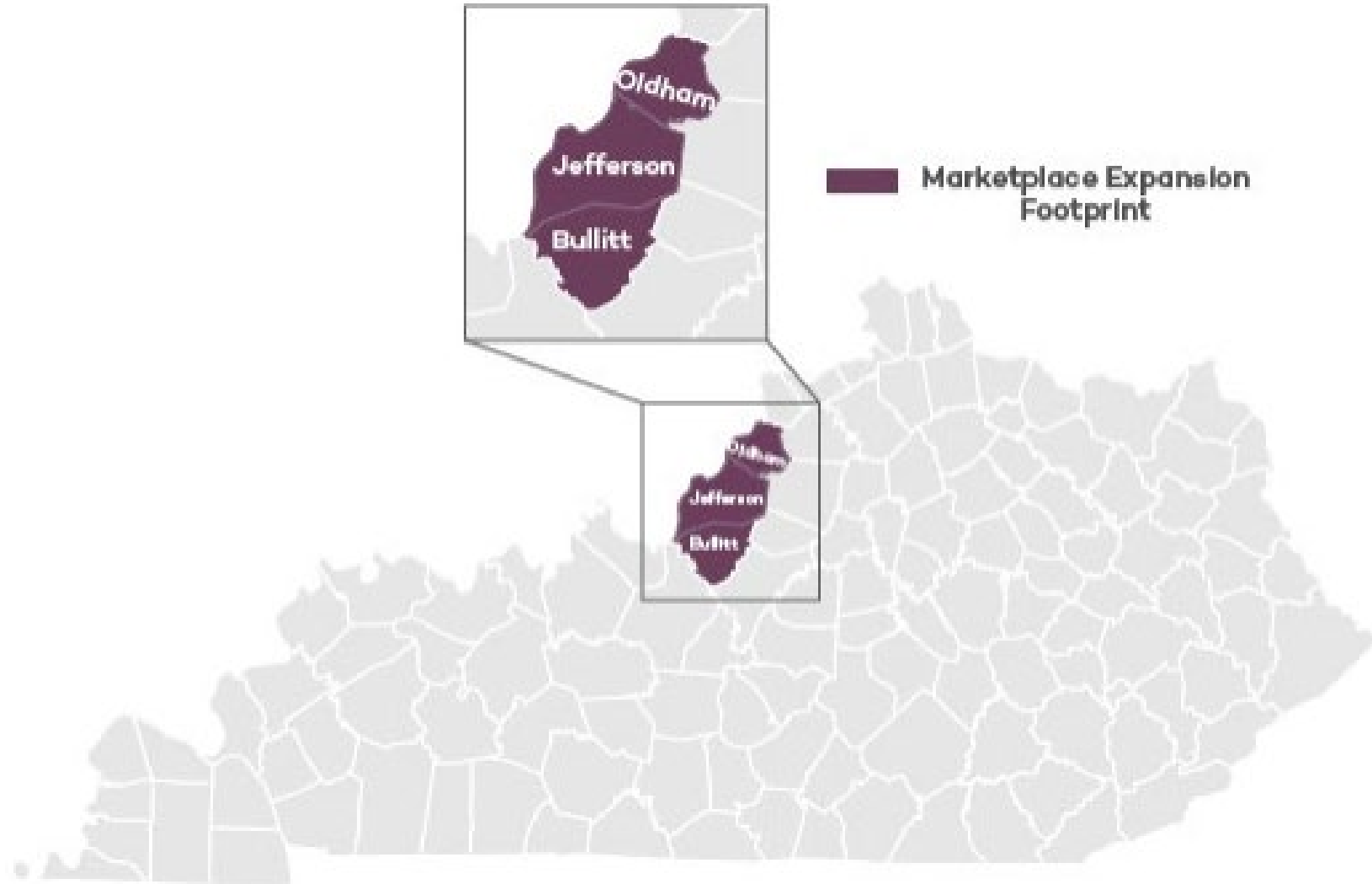
Blood Pressure Cuff

All members with a diagnosis of diabetes or high blood pressure can receive a **free blood pressure cuff**.

Date of Visit: _____ Provider/Clinic Name: _____
Physician Signature: _____ Provider NPI: _____

Cancer Screenings

Passport Marketplace Launched 1/1/2022 (1 of 2)



Passport Marketplace Launched 1/1/2022 (1 of 2)

- Passport Marketplace Provider Manual is live on our website
- Visit www.passporthealthplan.com/Marketplace to learn more about our Marketplace product
- Interested in joining Passport's Marketplace network? Click [here](#) to request a contract.



Appeals and Grievances

Definitions and Time Frames

Provider Appeal

- A provider's post service appeal to review a Utilization Management authorization denial.
- Providers have (60) calendar days from the date of our adverse determination to submit an appeal.. The adverse determination date is the date of UM's denial letter.

Provider Claim Appeal

- A provider's appeal to review a claim denial or the amount of reimbursement.
- Providers have (60) calendar days from the date of our adverse determination to submit an appeal.. The adverse determination date is the claim remittance date. The appeal submission timeframe may vary based on provider contract guidelines

Provider Grievance

- A provider grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination.
- Providers have thirty (30) calendar days from the date the provider becomes aware of the issue generating the grievance to submit a provider grievance.

Note! Passport will mail a letter containing the final determination for each appeal and/or grievance regardless of submission method.

Next Steps: Independent Third-Party Reviews (IRE)



Mail:

Passport Health Plan by Molina Healthcare
Attn: Provider Review Requests
5100 Commerce Crossings Dr
Louisville, KY 40229



Fax:

(502) 585-8334



Email:

ReviewRequests@passporthealthplan.com

IRE Status – DMS:

Email: SB20@ky.gov

Phone: (502) 564-9444



Unable to Process Top Reasons

1. Missing or incomplete Provider Appeal Form
2. Untimely appeal submission
 - Appeals must be submitted within **60 days** of the adverse determination
3. Appeal rights have been exhausted
4. Misdirected
 - Corrected Claims
 - Recovery

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Provider Appeal Form
 Medicaid Marketplace

All fields must be completed to successfully process your request.
Provider appeals and provider claim appeals received with a missing or incomplete form will not be processed and returned to sender. Please attach all pertinent documentation to this form.

Submission Methods:

- Fax: 1-866-315-2572
- Online Portal: www.Avality.com
- Email: MHK_Provider_GnA@molinahealthcare.com
- Mail: Passport Health Plan of Molina Healthcare
Attention: Provider Appeals
PO BOX 7114
London, KY 40742

Claims Denied for Missing Documentation:
Claims denied for missing or additional documentation requirements such as consent forms, invoices, explanation of benefits from other carriers, or itemized bills are not considered claim appeals. In order to process your claim appropriately and promptly, these documents, along with a claim, must be received within timely filing requirements. Do not include a provider appeal form with your request.

Please mail to:
KY Claims Corporate PO BOX
Passport Health Plan of Molina Healthcare
PO BOX 7114
London, KY 40742

Provider Information

Provider/Group Name: _____ NPI: _____

Contact Person: _____ Contact Phone #: _____

Member Information

Member Name: _____ Member ID: _____

Claim Information/Authorization Information

Claim ID: _____

Billed Amount: _____

Date of Service: _____

Authorization ID (if Applicable): _____

Appeal Reason

Untimely claim filing (Proof of timely filing must be included)

Coding Payment Dispute

Authorization Other/Comments: _____

Appeal and Grievance Submission Methods



Online via Provider Portal – Avality

Essentials:

www.Avality.com



Email:

MHK_Provider_GnA@molinahealthcare.com



Fax:

(866) 315-2572



Mail:

Passport Health Plan by Molina Healthcare

Attn: Provider Grievances

PO Box 7114

London, KY 40742



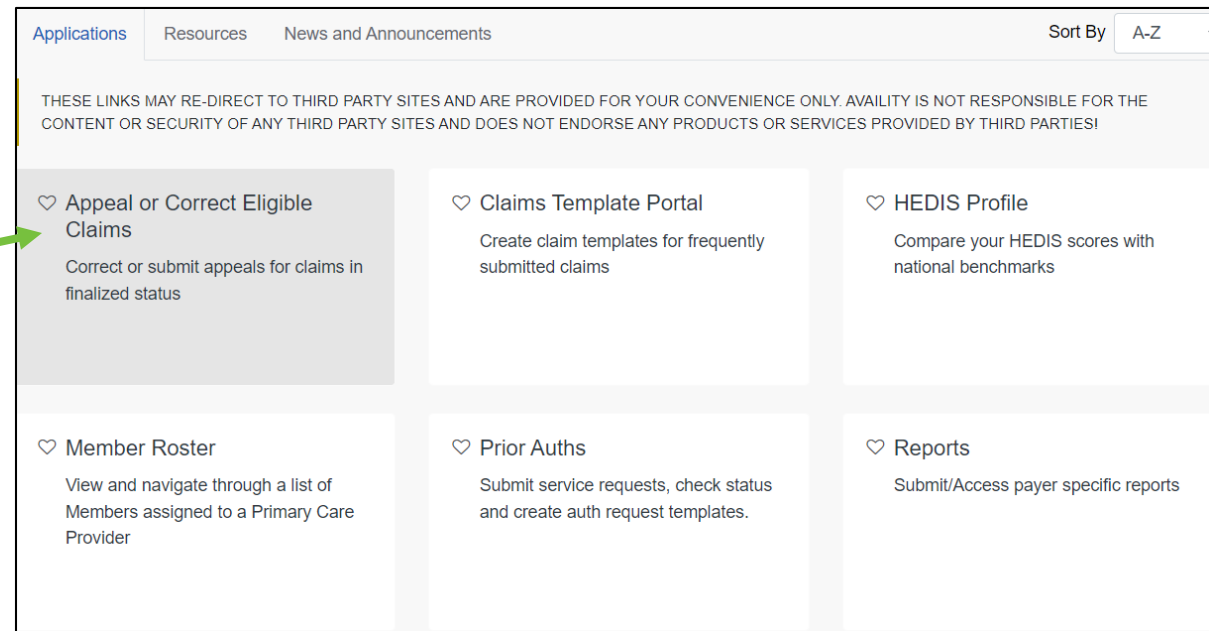
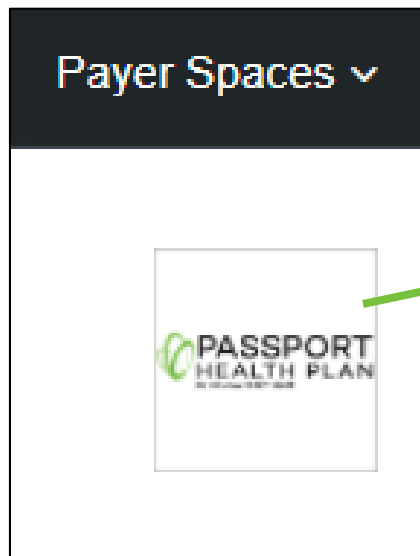
Verbally (grievances only):

PH: (800) 578-0775



Online Submission via the Provider Portal – Availity Essentials

To submit an appeal via the Provider Portal – Availity Essentials, select Passport Health Plan under Payer Spaces and click on the Appeal or Correct Eligible Claims tile.



Note! File size when uploading documentation is 128 MB in total. When submitting an appeal via Availity Essentials, the appeal form is not required.



Thank you!

Contact Us!

www.passporthealthplan.com/ItMatters
ItMatters@passporthealthplan.com

