

It Matters to Passport Monthly Provider Forum

Claims & Reimbursement

March 23, 2022



**PASSPORT
HEALTH PLAN**
BY MOLINA HEALTHCARE

Agenda



- Meet the Provider Services Team
- Important Plan Updates and Reminders
- Claims and Reimbursement
- Open Forum/Provider Feedback

Meet the Provider Services Team

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

The map shows the following representatives and their contact information:

- Shelley Fife**: Medical and Behavioral Health **State Wide**, Major Health Systems, All LOBs, 502-212-6816
- Justin Radford**: Medical and Behavioral Health **State Wide**, Major Health Systems, All LOBs, 502-585-7914
- Aleksandra Jozic**: Medical and Behavioral Health, Region 3, All LOBs, 502-585-7308
- Crystal Roper**: Medical and Behavioral Health, Regions 3, All LOBs, 502-213-6671
- Henry Spalding**: **Statewide Ancillary**, Systems Statewide, All LOBs, 502-212-6728
- Chasity Dotson**: Medical and Behavioral Health, Regions 1 & 2 All LOBs, 502-212-6717
- Beth Goodin**: Medical and Behavioral Health, Region 4, All LOBs, 502-212-6766
- Amy Lewis**: Medical and Behavioral Health, Region 5, All LOBs, 270-969-4598
- Donna Moor**: Medical and Behavioral Health, Regions 6 & 7, All LOBs, 606-356-5066
- Brittany Spencer**: Medical and Behavioral Health, Region 8, All LOBs, 502-212-6802
- Christine Drake**: Major Behavioral Health, Systems Statewide, All LOBs, 502-212-6704

Regions shown on the map: 1 (Owensboro), 2 (Owensboro), 3 (Louisville), 4 (Bowling Green), 5 (Lexington), 6 (Covington), 7 (Lexington), 8 (Hazard). Logo: Passport One Stop Help Centers.

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



Important Updates and Reminders (1 of 3)

Prior Authorization Guidance Update from DMS

Per an update provided by DMS on March 16, 2022:

- Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs) may require prior authorization (PA) for all **inpatient and outpatient Medicaid services** provided by Kentucky Medicaid enrolled inpatient hospital providers (Provider Type 01) except for admissions with a COVID diagnosis, effective **May 1, 2022**
- FFS and MCOs may require PA, for **provider type 93, Rehabilitation Distinct Part Unit**, effective **May 1, 2022**
- FFS and MCOs may require PA, for **provider type 12, Skilled Nursing Facilities**, effective **May 1, 2022**



Important Updates and Reminders (2 of 3)

Process for Handling Member Incarceration

For reconsideration of claims denied for incarceration, provide one of the following types of documentation:

- Signed statement to the MCO that the member was seen on MM/DD/YYYY, with no guard, not handcuffed
- Statement from the incarceration facility with dates of arrest and discharge
- The MAP-INC form
- Signed statement from provider that member was released home after services
- Signed statement from member accepted as client statement (as long as there's no reason to doubt)

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!



Important Updates and Reminders (2 of 3)

Ask the Expert Series

Ask the Expert is a virtual series developed to ensure our Community Advocates have all the information and resources to help improve the health and quality of our members' lives. Click [here](#) to learn more.

COVID Home Test Kits Reimbursement

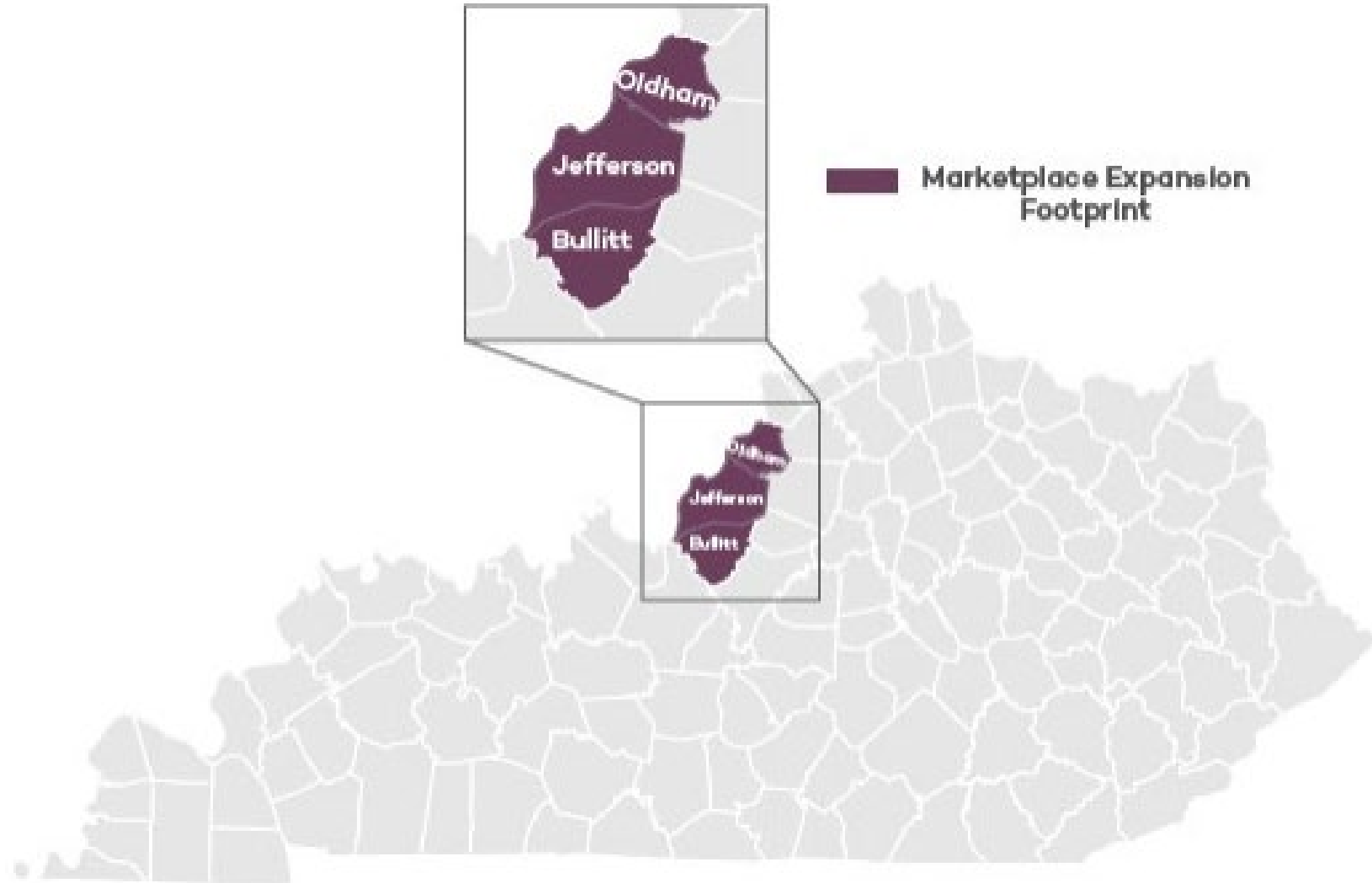
Per the Kentucky Medicaid Pharmacy Provider Notice # 267, Kentucky Medicaid will now reimburse pharmacies for at-home COVID-19 Rapid Antigen test kits through Point of Sale for Medicaid members. Click [here](#) for more information regarding billing guidance, covered NDCs and more.

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](#).



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.



Upcoming It Matters to Passport Forum Dates



Mark your calendars and join us for our monthly virtual forums!

- April 27 – Contracting and Enrollment
- May 25 - PsychHub

Visit www.Passporthealthplan.com/ItMatters for more information or to register!



Claims and Reimbursement



Definitions and Time Frames

Clean Claim

- Claim for Covered Services provided to a member that is received timely by Passport
- Has no defect, impropriety, or lack of substantiating documentation from the member's medical record regarding the Covered Services,
- Is not subject to coordination of benefits or subrogation issues
- Is on a completed, legible CMS 1500 form or UB-04 form or electronic equivalent

Timely Filing

- Effective January 1, 2021, paper and electronic claims must be received within 365 calendar days of the date of discharge for inpatient services and date of service for outpatient services, unless otherwise specified in a provider's contract.
- Corrected and/or voided claims are subject to timely claims submission (i.e., timely filing) guide

Claim Submission



Electronic Claims Submissions:

- **Online Via Passport's Provider Portal, Availity Essentials (preferred):**

www.availity.com

- **Electronic Data Interchange (EDI):**

Payer ID **61325**

For EDI claim submission issues please contact EDI Customer Service:

Email: EDI.claims@molinahealthcare.com



Paper Claim Submissions:

Passport Health Plan by Molina Healthcare

P.O. Box 7114

London, KY 40742



Prompt Payment of Claims

Passport is required by contract to implement Claims payment procedures in accordance with [42 CFR 447.46](#), Passport shall comply with the timely Claims payment requirements of [42 CFR 447.45](#).

Ensure 90% of all provider claims, are paid or denied within 30 days of the date of receipt of such claims and that 995 of all claims are processed within 90 days receipt.

Weekly/MTD Average TAT (Cal Days)		
January	February	March
6.84 / 5.4	5.28 / 5.2	5.42 / 5.25



Top 5 Denial Reasons

1. Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).
2. Optum requesting Medical Records on Molina's behalf. The allowed timeframe for Medical Record submission and any disputes is based on timely filing requirements. Please direct questions regarding this Medical Record request to Optum at (877) 244-0403.
3. Precertification/authorization/notification/pre-treatment absent.
4. Missing/incomplete/invalid diagnosis or condition.
5. Duplicate Claim Line (Same Provider/Member/DOS/CPT(Rev))



Top 5 Rejection Reasons

1. Entity specialty/taxonomy code Entity=85, Billing
2. Cannot find member in plan database
3. Entity National Provider Identifier (NPI). Entity=72, Operating
4. Entity National Provider Identifier (NPI). Entity=85, Billing
5. Missing Ordering Provider



Appeal Submission Methods

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.



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



Claim Inquiries

For all claims-related inquiries please contact the Provider Contact Center at:



Online via Provider Portal – Availity Essentials (Preferred):

www.Availity.com

- Claim submission
- Claim status
- Remittance viewer
- Appeal submission



Phone:

(800) 578-0775
Monday – Friday
8am-6pm EST



Thank you!

Contact Us!

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

