



Welcome to Passport Health Plan

BY MOLINA HEALTHCARE

Member Handbook 2021



Passport Health Plan by Molina Healthcare meets Federal civil rights laws that relate to health care services. Passport offers services to all members regardless of race, color, national origin, age, disability, or sex. Passport does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy, sex and stereotyping.

To help you talk with us, we offer these services free of charge:

- Aids and services for people with disabilities
- Skilled sign language interpreters
- Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills.

This includes:

- Skilled interpreters
- Material translated in your language
- Materials that are easy-to-read

If you need these services, call Member Services at (800) 578-0603. TTY (for hearing impaired) is 711.

If you think that Passport has not provided these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (502) 585-8461.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. To get a copy of the form, visit <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

You can also send it through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019. TTY users may call (800) 537-7697.

You can get this handbook and other plan information in large print for free. To get materials in large print, call Member Services at (800) 578-0603.

If English is not your first language (or if you are reading this on behalf of someone who doesn't read English), we can help. Call Member Services at (800) 578-0603. You can ask us for the information in this handbook in your language. We have access to interpreter services and can help answer your questions in your language.

Non-Discrimination Tag Line

English	ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-578-0603 (TTY/TTD 711).
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-578-0603 (TTY/TTD 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-578-0603 (TTY/TTD 711)。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-578-0603 (TTY/TTD 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-578-0603 (TTY/TTD 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-578-0603 (TTY/TTD 711).
Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-578-0603 (TTY/TTD 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-578-0603 (TTY/TTD 711) まで、お電話にてご連絡ください。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-578-0603 (TTY/TTD 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-578-0603 (TTY/TTD 711)번으로 전화해 주십시오.
Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-578-0603 (TTY/TTD 711).
Hindi	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको मूल भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-578-0603 (TTY/TTD 711).
Cushite	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-578-0603 (TTY/TTD 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-578-0603 (TTY/TTD 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-578-0603 (TTY/TTD 711).
Bantu	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-578-0603 (TTY/TTD 711).

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Medicaid Quick Reference Guide

I WANT TO:	I CAN CONTACT:
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Get the information in this handbook in another format or language.	Member Services at (800) 578-0603.
Keep better track of my appointments and health services.	Member Services at (800) 578-0603 or the Passport Mobile App.
Get a ride to and from my doctor's visits.	Member Services at (800) 578-0603. You can also find more information on Transportation Services in this handbook.
Get help with stress or anxiety.	911 if you are in danger or need medical care right away. Behavioral Health Crisis Line 24 hours a day, 7 days a week at (844) 800-5154.
Get answers to my health questions.	My PCP or the Nurse Advice Line 24 hours a day, 7 days a week at (800) 606-9880.
<ul style="list-style-type: none"> • Understand a letter I got in the mail. • File a complaint about my health plan. • Get help with a recent change or denial of service. 	<p>Member Services at (800) 578-0603. The Medicaid Managed Care Ombudsman Program at (800) 372-2973.</p> <p>You can also find more information about the Ombudsman Program in this handbook.</p>
Update my address.	Call your local Department for Community Based Services (DCBS) office. To find a list of offices, visit https://prd.webapps.chfs.ky.gov/Office_Phone/ .
Find Passport's provider directory or other information about my plan.	Visit www.PassportHealthPlan.com for a listing of Providers and Urgent Care Centers in your area. You can also use our online Provider Search tool at www.PassportHealthPlan.com/ProviderSearch .

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Advance Directive: A legal document that says how you want to be treated if you get very sick. This lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Adverse Action: A decision your health plan can make to reduce, stop or limit your health care services.

Appeal: A request you or your authorized person makes when you do not agree with a plan decision. The decision may have been to deny, cut back or stop services.

Authorized Representative: A trusted person who you let speak for you. This person may speak about your benefits, enrollment or claims. This person may be a family member, friend, provider, or attorney.

Behavioral Health Care: This includes mental health, substance use disorder treatment, and rehab services. Mental health includes your emotional, psychological and social well-being. Substance use refers to alcohol and drugs.

Benefits: The services covered by your health plan.

Care Manager: A specially trained health care worker who works with you and your doctors. He or she makes sure you get the right care at the right place.

Copayment: The amount of money you pay for an office visit, service, or medicine. This is also called a copay.

Dual Eligible: You are eligible for both Medicare and Medicaid.

Durable Medical Equipment: Items your doctor orders for you to use if you have an illness or an injury. Some examples are a walker or wheelchair.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): A preventive health program for children and teens under the age of 21.

Emergency Medical Condition: A situation that is a threat to your life or could hurt you badly if you don't get care right away. Some examples are a heart attack or broken bones.

Emergency Room Care: Care you get in a hospital if you are having an emergency.

Emergency Services: Services you get to treat your emergency medical condition.

Emergency Medical Transportation: Ambulance rides to the nearest hospital or medical facility.

Enrollee: A person who has Medicaid managed care.

Excluded Services: Health care services that are not covered by Medicaid.

Fair Hearing: A way you can make your case before a judge if you are not happy about a health plan appeal decision to limit or stop services.

Grievance: A complaint you can write to or call your health plan about if you have a problem with your health plan, provider, care or services.

Habilitation Services and Devices: Services or therapy that help a person with disabilities keep, learn or improve skills and functioning for daily living. They can be inpatient or outpatient.

Health Insurance: A type of insurance coverage that pays for your health and medical costs. Medicaid is a type of insurance.

Health Plan (or Plan): The managed care company providing you with health insurance coverage.

Home Health Care: Health care services provided in your home. This may be a nurse visit or physical therapy.

Hospice Services: Special services for patients and their families during the final stages of illness and after death. They include some physical, psychological, social, and spiritual services. These services support terminally ill people and their families or caregivers.

Hospitalization: When you get admitted to the hospital for treatment. This usually requires an overnight stay.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

In-Network: A term used when a provider is signed up with your health plan.

Managed Care: An organized way for providers to work together to handle all your health needs.

Medicaid: A health plan that helps some people pay for health care.

Medically Necessary: Medical services or treatments you need to get and stay healthy.

Member: A person who has Medicaid managed care.

Network (or Provider Network): A complete list of doctors, hospitals, pharmacies and other health care workers who are signed up with your health plan. They provide health care services for members.

Non-Emergency Medical Transportation: Rides to and from your appointments. Your health plan can help set up these rides. They include personal vehicles, taxis, vans, mini-busses, mountain area transports, and public transportation.

Non-Participating Provider: A doctor, hospital or other licensed facility or health care provider who hasn't signed up with your health plan.

Participating Provider: A doctor, hospital or licensed facility or health care provider who has signed up with your health plan.

Physician Services: Health care services given by or set up by a licensed medical physician. This may be a M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine).

Plan (or Health Plan): The managed care company providing you with health insurance.

Preauthorization: The approval you need from your health plan before you can get some services or medicines. This is also called prior authorization.

Prescription Drugs: A drug that, by law, requires a prescription by a doctor.

Prescription Drug Coverage: Covers all or part of the cost of prescription drugs.

Primary Care Provider (PCP): The main doctor who takes care of all your basic health needs. Your PCP is the first person you call if you need care. Your PCP may be in general practice, family practice, internal medicine, pediatrics, or is an OB/GYN.

Provider: A health care worker or a facility that gives you health care services. This may be a doctor, hospital, or pharmacy.

Provider Directory: A list of participating providers in your health plan's network.

Rehabilitation Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. This can include physical or speech therapy.

Referral: When you PCP sends you to another provider.

Skilled Nursing Care: Services from licensed nurses in your home or in a nursing home.

Specialist: A doctor who is trained and practices in a special area of medicine. For example: cardiology (heart doctor) or ophthalmology (eye doctor).

Substance Use: A medical problem that includes using or depending on alcohol and/or drugs in the wrong way.

Urgent Care: When you need care for something that is not a threat to your life, but needs to be looked at right away. This is not an emergency. Some examples are if you have the flu or a sprained ankle.



Welcome to Passport Health Plan by Molina Healthcare

Welcome to Passport Health Plan by Molina Healthcare

This Handbook will give you the details about your benefits and how your health plan works. If you have questions about anything in your welcome packet, this handbook, or your health plan, call Member Services at (800) 578-0603. You can call Monday – Friday, 7 a.m. – 7 p.m. or visit our website at www.PassportHealthPlan.com.

We can also help you make an appointment with your doctor and tell you more about the services you can get with your new health plan.

How Managed Care Works

The Plan, Our Providers and You

- Many people get their health benefits through managed care. It works like a central home for your health. Managed care helps coordinate and manage all your health care needs.
- Passport Health Plan by Molina Healthcare has a contract with the Kentucky Department for Medicaid Services to insure people with Kentucky Medicaid.
- Passport partners with a group of health care providers to help meet your needs. These providers make up our provider network.
- You will find a list of providers in our provider directory. You can find this provider directory online at www.PassportHealthPlan.com. You can also call Member Services to get a copy.
- When you join Passport, our providers will give you care. You will get most of your care from your Primary Care Provider (PCP). If you need to have a test, see a specialist, or go to the hospital, your PCP can help set it up.

Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message with how to reach you. Your PCP will get back to you as soon as possible. Even though your PCP is your main doctor, you can go to other doctors for some services without checking with your PCP.

How to Use This Handbook

This Handbook will tell you how your Managed Care Plan will work. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first few pages will tell you what you need to know right away. Use it for reference or check it out a bit at a time.

When you have a question, check this handbook, ask your PCP, or call Member Services. You can also visit our website www.PassportHealthPlan.com.

Help from Member Services

There is someone to help you. Just call Member Services.

- For help with non-emergency issues and questions, call Member Services at (800) 578-0603 Monday – Friday, 7 a.m. – 7 p.m.
- In case of a medical emergency, call 911.
- Call Member Services to get help anytime you have a question or need to:
 - Choose or change your Primary Care Provider (PCP),
 - Ask about benefits and services
 - Get help with referrals
 - Replace a lost ID card

- Report the birth of a new baby
- Ask about any change or other issue that might affect you or your family's benefits

If you are or get pregnant, your child can become a Passport member on the day he or she is born. Once your baby is born, be sure to call the local Department for Community Based Services (DCBS) and Passport. DCBS will enroll your baby. We can help you choose a doctor for you and your baby before he or she is born.

- **If English is not your first language or if you are reading this for someone who doesn't read English, we can help you.** We want you to know how to use your health plan, no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.
- For people with disabilities:
 - If you have trouble hearing or understanding, call us if you need extra help.
 - If you are reading this for someone who is blind, deaf-blind or has difficulty seeing, we can also help.
 - If you use a wheelchair, call us and we can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices.

Also, we have services like:

- Information in large print
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your condition

Auxiliary Aids and Services

If you have a hearing, vision or speech disability, you have the right to get information in a format that you can understand and use. We offer free aids and services to help people talk with us, like:

- Qualified American Sign Language interpreters
- Written information in other formats (like large print, audio, accessible electronic format, and other formats)

These services are available to members with disabilities for free. To ask for aids or services, call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. TTY (for hearing impaired) is 711.

- Kentucky Medicaid meets federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that Passport failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at (800) 578-0603 (TTY: 711) Monday - Friday, 7 a.m. - 7 p.m.

Your Passport ID Card

Your Passport ID card is mailed to you within 5 days after you enroll. We use the mailing address on file at your local Department for Community Based Services (DCBS).

Your card will have your Primary Care Provider's (PCP's) name and phone number on it. It will also have your Medicaid ID Number and information on how you can contact us with questions. If anything is wrong on your ID card, call Member Services right away at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

You can request a new ID card by calling our Call Center and online through our Member Web portal called MyPassportHealthPlan or via our mobile app. You can change PCPs at any time. We do not limit the number of times you can change PCPs.

If you lose your card, we can help. Call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). You can also visit the MyPassportHealthPlan portal to request a new card. Carry your ID card always and show it each time you go for care.



Your Member ID

Member's Name

PASSPORT HEALTH PLAN

Member Name: <Member_Name_1>
Medicaid ID#: <Member_ID_1>

Primary Care Provider (PCP)
PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_1>

RxBIN: 004336
RxPCN: MCAIDADV
RxGRP: RX5035

This card is for identification purposes only and does not prove eligibility for services.

Part 1

First Things You Should Know

How to Choose Your Primary Care Provider

Find Your Primary Care Provider

Your Primary Care Provider (PCP) knows you and takes care of your health needs. You should feel comfortable with your PCP. It's easy to choose one with our Provider Directory. This directory is a list of PCPs, hospitals, and pharmacies. You can pick one PCP to see everyone in your family. Or you can pick a PCP for each family member.

Set up your first visit to get to know your PCP. If you need help making an appointment, please call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

If you do not choose a PCP, we will do it for you. Passport will choose a PCP that is in your area. We will try to find you a PCP that speaks your language. You can also see PCPs you have seen in the past.

- When choosing a PCP, you may want to find a PCP who:
 - You have seen before
 - Understands your health problems
 - Is taking new patients
 - Can speak in your language
 - Has an office that is easy to get to
- Each family member can have a different PCP, or you can choose one PCP to take care of the whole family
 - A pediatrician treats children.
 - Family practice providers treat the whole family.
 - Internal medicine doctors treat adults.

To get help choosing a PCP, call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

- You can find the list of all the providers, clinics, hospitals, labs and others who are signed up with Passport in our provider directory. You can visit our website at www.PassportHealthPlan.com to look at the provider directory online. To get a copy, you can also call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).
- We have a growing family of providers and hospitals. You can search for a provider or pharmacy in your area using our Provider Search Tool. Please visit www.PassportHealthPlan.com/ProviderSearch
- Women can choose an OB/GYN as their PCP. You do not need a PCP referral to see an OB/GYN or another provider who offers women's health care services.
- Women can get routine check-ups, follow-up care, and regular care during pregnancy.
- If you have a difficult health condition or a special health care need, you may choose a specialist to be your PCP.
- If your provider leaves our network, we will notify you. If the provider who leaves is your PCP, we will contact you to help you choose another PCP.

How to Get Care Before You Have a PCP

If you are new to Passport and have not chosen a PCP, you can still get the care you need. Just call Member Services at (800) 578-0603 (TTY/TDD: 711). We can help you get care and set you up with a PCP.

How to Change Your PCP

If you want to change your PCP, you can do this by visiting www.MyPassportHealthPlan.com or calling Member Services. PCP changes are allowed every 30 days, if needed. If Passport

assigns you to the PCP and you call within the first month of membership, the change will be backdated to the 1st of the current month. All other PCP changes are effective immediately upon request. When you change your PCP, you will get a new ID card in the mail.

This does not apply to members in the Lock-In Program. Members in the lock-in program can only change their PCP once every 12 months if their PCP is their locked-in prescriber.

There are a few exceptions if:

- You move
- Your doctor leaves Passport
- Your doctor refuses to see you

You must see a provider that is part of Passport.

How to Get Regular Health Care

- “Regular health care” means exams, regular check-ups, shots or other treatments to keep you well, give you advice, and refer you to the hospital or specialists. You and your PCP work together to keep you well and get the care you need.
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message. Your PCP will call you back as quickly as possible. Your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs. You need an appointment to see your PCP. If you cannot make it, call to let your PCP know.

Schedule Your First Visit

As soon as you choose or are assigned a PCP, call to make an appointment. This will help your PCP get to know you and your health care needs. Your PCP will get to know your medical history. Make a list of your medical background, any problems you have now, and the questions you want to ask your PCP. Bring your medicines with you.

Visit your PCP. Learn more about your health. And let your PCP know more about you.

Your PCP will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medicines
- Refer you to specialists
- Admit you to the hospital if needed

Interpreter Services

If you need to speak in your own language, we can get an interpreter to talk to you. An interpreter can help you:

- Make an appointment
- Talk with your doctor or nurse
- Get emergency care
- File a complaint, grievance, or appeal
- Get information about taking medicine
- Follow up about prior approval you need for a service
- With sign language

This is a free service. If you need an interpreter, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

If you need care before your first appointment, call your PCP's office. Your PCP will see you sooner. You still want to keep the first appointment to talk about your medical history.

It is important that you can visit a provider within a reasonable amount of time. This depends on what the appointment is for. Use the Appointment Guide below to know how long you may wait to be seen.

Your Appointment Guide

We know how important it is for you to see your doctors within a reasonable amount of time. Take a look at the Appointment Guide below to know when you can get an appointment. If you feel like your doctor is not following these timeframes, please call Member Services at (800) 578-0803 (TDD/TTY: 711).

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:
Preventive care (routine health check-ups or shots)	Within 30 days
Urgent care (sprains, flu, minor cuts and wounds)	Within 48 hours
Emergency or urgent care requested after normal business office hours	Right Away (available 24 hours a day, 7 days a week, 365 days a year)
Mental Health	
Routine Behavioral Health Visits	Within 30 Days
Urgent care services	Within 48 hours
Emergency services (services for a life-threatening condition)	Right Away (available 24 hours a day, 7 days a week, 365 days a year)

Post-Discharge Outpatient Aftercare	Within 7 days of discharge
Substance Use Disorders	
Routine services	Within 30 days
Urgent care services	Within 48 hours
Emergency services (services to treat a life-threatening condition)	Right Away (available 24 hours a day, 7 days a week, 365 days a year)

If you cannot get the care you need within these time limits, call Member Services at (800) 578-0603. You can call Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

How to Get Specialty Care – Referrals

- If you need care that your Primary Care Provider (PCP) cannot give, your PCP will refer you to a specialist who can. A specialist is a provider who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). Talk with your PCP to be sure you know how referrals work.
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask us to approve before we will pay for you to get them. Your PCP will be able to tell you what they are or you can contact Member Services if you have questions.
- If you have trouble getting a referral you think you need, contact Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711)
- If we do not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside of our plan. This is called an out-of-network referral. Your PCP or another network provider must ask for approval before we will pay for you to go an out-of-network provider.

- Sometimes, we may not approve an out-of-network referral because we have a provider in our network who can treat you. If you do not agree with Passport's decision, you can appeal our decision. See page 41 to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from our provider. If you do not agree with our decision, you can appeal our decision. See page 41 to find out how.

Out-of-Network Providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an out-of-network provider. If you are pregnant and getting care from an out-of-network provider when you enroll with Passport, we'll make every effort to keep you with that provider during pregnancy. For help and more information about getting services from an out-of-network provider, talk to your Primary Care Provider (PCP) or call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Emergencies

You are always covered for emergencies. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, seizures or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever

or vomiting

- Drug overdose
- Some examples of **non-emergencies** are:
 - Colds
 - upset stomach
 - minor cuts and bruises.

IF YOU BELIEVE YOU HAVE AN EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM.

- You do not need approval from your plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.
- If you're not sure, call your PCP or the 24-hour / 7 day a week Nurse Advice Line at (800) 606-9880.
- Tell the person you speak with what is happening. They can:
 - Tell you what to do at home
 - Tell you to come to the PCP's office
 - Tell you to go to the nearest urgent care or emergency room
- If you are out of the area when you have an emergency:
 - Go to the nearest emergency room.

Remember: Use the Emergency Department only if you have an emergency.

Services without a Referral

You do not need a referral to get these services:

- Primary care vision
- Primary care dental and oral surgery services and evaluation by orthodontists and prosthodontist

- Family planning
- Maternity care for members under 18 years of age
- Women’s Health Care
- Behavioral Health Services
- Tuberculosis screening, evaluation and treatment
- Immunizations for members under twenty-one (21) years of age
- For members with special health care needs: Care is determined through an assessment to determine a needed course of treatment or regular care monitoring, allowing members to directly access a specialist as appropriate for the member’s condition and identified needs
- Sexually transmitted disease screening, evaluation and treatment
- Testing for HIV, HIV-related conditions and other communicable diseases
- Chiropractic services
- Voluntary family planning (in accordance with state laws and judicial opinion)
- Testing for HIV, HIV-related conditions and other communicable diseases as defined by 902 KAR 2:020

Second Opinions

You have the right to a second medical opinion. You can get a second opinion within Passport’s network for surgery, diagnosis, and treatment. To get another opinion, please tell your PCP. Your PCP will refer you to another network doctor. If a network doctor is not available, your PCP or Passport will find you an out-of-network doctor.

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an ear ache who won’t stop crying
- The flu or if you need stitches
- A sprained ankle or a bad splinter you cannot remove

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day. Whether you are at home or away, call your Primary Care Provider (PCP) any time, day or night. If you cannot reach your PCP, call Member Services. Tell the person who answers what is happening. They will tell you what you can do.

For a complete listing of urgent care clinics view our Provider Directory at www.PassportHealthPlan.com.

Care Outside Kentucky

In some cases, we may pay for health care services you get from a provider located along the Kentucky border or in another state. Your PCP and Passport can give you more information about which providers and services are covered outside of Kentucky, and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere within the United States, we will pay for your care.
- We will not pay for care received outside of the United States.

If you have any questions about getting care outside of Kentucky or the United States, talk with your PCP or call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711)

Part 2

Your Benefits

The rest of this handbook is for your information when you need it. It lists covered and non-covered services. If you are having problems, the handbook tells you what to do. The handbook has other information you may find useful. Keep it handy for when you need it.

Benefits

Passport provides coverage for your Kentucky Medicaid benefits and services. Your health benefits can help you stay as healthy as possible. We will provide or arrange for most services that you will need. For example, we can help if you:

- Need a physical or immunizations
- Have a medical condition (things like diabetes, cancer, heart problems)
- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor's office
- Need medications

The section below describes the specific services covered by Passport. Ask your Primary Care Provider (PCP) or call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711) if you have any questions about your benefits.

Services Covered by Your Health Plan's Network

You must get the services below from the providers who are in the Passport provider network. Services must be medically necessary, and provided, managed or referred by your PCP. Talk with your PCP or call Member Services if you have any questions or need help with any health services.

Prior Approval or Prior Authorization (PA) is a request for service from your doctor. You do not need it for most medical

services. But some services do require it. Passport's medical staff and your doctor review the need for this care before services are given. They make sure it is right for your health condition.

For a list of covered services that require Prior Authorization, please refer to the Covered Services chart. You may also visit www.PassportHealthPlan.com or please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Listing of Covered Services at Participating Providers

- Alternative Birthing Center Services
- Ambulatory Surgical Center Services
- Behavioral Health Services – Mental Health and Substance Abuse Disorders
- Chiropractic Services
- Community Mental Health Center Services
- Dental Services, including Oral Surgery, Orthodontics and Prosthodontics
- Durable Medical Equipment, including Prosthetic and Orthotic Devices, and Disposable Medical Supplies
- Early and Periodic Screening, Diagnosis & Treatment (EPSDT) screening and special services
- End Stage Renal Dialysis Services
- Family Planning Services in accordance with federal and state law and judicial opinion
- Hearing Services, including Hearing Aids for Members Under age 21
- Home Health Services
- Hospice Services (non-institutional only)
- Independent Laboratory Services
- Inpatient Hospital Services

- Inpatient Mental Health Services
- Meals and Lodging for Appropriate Escort of Members
- Medical Detoxification, meaning management of symptoms during the acute withdrawal phase from a substance to which the individual has been addicted.
- Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics
- Organ Transplant Services not Considered Investigational by FDA
- Other Laboratory and X-ray Services
- Outpatient Hospital Services
- Outpatient Mental Health Services
- Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs
- Podiatry Services
- Preventive Health Services, including those currently provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics
- Psychiatric Residential Treatment Facilities (Level I and Level II)
- Specialized Case Management Services for Members with Complex Chronic Illnesses (Includes adult and child targeted case management)
- Specialized Children's Services Clinics
- Targeted Case Management
- Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy
- Transportation to Covered Services, including Emergency and Ambulance Stretcher Services

- Urgent and Emergency Care Services
- Vision Care, including Vision Examinations, Services of Opticians, Optometrists and Ophthalmologists, including eyeglasses for Members Under age 21

This is not a complete list. If you have a question about if a service is covered, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Some hospitals and providers may not provide some covered services you need because of moral or religious grounds. If you have questions about a service or how to access those services, please call Member Services at (800) 578-0603, Monday - Friday, 7a.m. to 7 p.m. (TTY: 711).

Understanding Preauthorization Timeframes

We will review your request for a preauthorization within the following timeframes:

PREAUTHORIZATION TIMEFRAMES		
Type of Review	Decision Time Frame	Requested By
Standard Review (For Non-Emergency Requests)	2 Business Days*	Your Provider
Expedited - Fast Track (For Urgent Requests)	24 Hours	Your Provider

*Please Note: Passport will make a determination as expeditiously as your health condition requires. There may be instances when additional time is needed to make a standard decision. In those times, the review may take up to fourteen (14) days. The timeframe for a standard authorization request may also be extended up to fourteen (14) days if you or

your provider request an extension, or if Passport justifies, in writing, to the Department for Medicaid Services.

Telehealth

Telehealth is 24/7 access to healthcare providers by phone or video. Our U.S. board-certified providers can diagnose, treat and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more. If your provider offers telehealth services, it is covered.

Telehealth is a virtual way to meet with your healthcare provider that can help to:

- Cut down the drive time to appointments
- Decrease the number of missed work days
- Reduce physical and financial costs of untreated health issues

Talk with your provider today to see if Telehealth is right for you.

Virtual Care

Get expert health care from the comfort of home, 24/7.

Passport is pleased to partner with Teladoc to offer you virtual care. Now it's simple to connect to a board-certified doctor by phone, video or mobile app, from anywhere.

Virtual Care means:

- Convenient online or phone visits, from wherever you are.
- No appointment is needed. Get the right care, right now.
- You're treated at NO COST! Visits are free for Passport members.

Use Teladoc for:

- Cold and flu symptoms
- Sore throat
- Allergies
- Respiratory infection
- Sinus problems
- Skin problems

If at any point your symptoms worsen or you feel like you are experiencing a medical emergency, call 911 or proceed to the nearest emergency room.

Set up your account today!

1. Choose from one of three ways:

- **Online:** Go to <https://memberteladoc.com/molina/KY> or
- **Mobile app:** Download the app and click "**Activate account.**" Visit www.Teladoc.com/mobile to download the app or
- **Call Teladoc** at **1-800-Teladoc** (1-800-835-2362) for help registering your account over the phone.

2. Provide your medical history.

Your health records are 100% secure and private. We provide this information only to our doctors, so they can treat you effectively.

3. Now you're ready for an online or telephone visit any time.

With your account set up, you can ask for a virtual visit whenever you need care. Just click "Request a Consult."

Benefits You Can Get from Your Provider

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Passport members under age 21 can get any treatment or health service that is medically necessary to treat, prevent or improve a health problem. This special set of benefits is called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Members who need EPSDT benefits:

- Can get EPSDT services through any Medicaid provider
- Do not have to pay any copays for EPSDT services
- Can get help with scheduling appointments and arranging for free transportation to and from the appointments

EPSDT includes any medically necessary service that can help treat, prevent or improve a member's health issue, including:

- Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
- Dental services
- Health education
- Hearing services
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Mental health services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics
- Rehabilitative services

- Services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Vision services
- Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's Primary Care Provider (PCP). You can also find more information online by visiting our website at www.PassportHealthPlan.com or call Member Services free at (800) 578-0603, Monday – Friday, 7 a.m. to 7 p.m. EST (TTY: 711).

Women's Preventive Services

Women may see any Passport OB/GYN or women's health specialist for well woman care. There is no cost to get these services. While Passport doesn't require referrals, check with your PCP to make sure there are no other referral needs.

- Women age 50 or over should have a mammogram to screen for breast cancer once every year
- Women should have a pap smear every three years to screen for cervical cancer
- Women age 24 years or younger who are sexually active should have a Chlamydia test, every as recommended, to screen for this sexually transmitted disease (STD)

Women's Health and Cancer Rights Act: Women's health benefits include breast reconstruction services if elected after a mastectomy.

Family Planning Services

Passport has your Family Planning Services covered.

These services include:

- Counseling to help you to decide when to have children

- Help to decide how many children to have
- Information about and prescriptions for birth control. For example, condoms and birth control pills. There is no cost to get these items.
- Treatment for sexually transmitted diseases (STD)

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP. You can get birth control and birth control devices (IUDs, implantable contraceptive devices and others) that are available with a prescription, and emergency contraception and sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

While Passport doesn't require referrals, check with your PCP to make sure there are no other referral needs to get family planning services. You can get family planning services from any doctor, clinic or local Department for Community Based Services, in or out of network. Family planning services are voluntary and confidential. Children under age 18 also have the right to these confidential services.

Maternity Care

Early care is important to the health of pregnant women and their babies, and Passport covers:

- Newborn screenings
- Pregnancy care
- Childbirth education classes
- OB/GYN and hospital services
- One medically necessary post-partum home visit for

newborn care and assessment following discharge

- Care management services for high-risk pregnancies during pregnancy and for two months after delivery
- Hospital Care
- Inpatient care
- Outpatient care
- Labs, X-rays and other tests
- Prenatal, delivery, postpartum and maternity care (includes care for conditions that complicate pregnancy).
- Information on diet, exercise and other important health care services.

If you think you are pregnant, please call your doctor for an appointment. It is important to start prenatal care as soon as you know you are pregnant. If you are pregnant when you enroll with Passport, please let us know so we can make sure you continue getting prenatal care.

While Passport doesn't require referrals, check with your PCP to make sure there are no other referral needs for routine maternity care services.

If you need help finding a doctor, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Make sure you go to your doctor right after you have your baby for follow-up care (3 - 8 weeks, 21 - 56 days after your baby is born). If you had a C-section, you would follow up within 1 - 2 weeks of surgery.

At birth, your child becomes a member of Passport. It is important that you tell your DCBS worker and Passport about your child's birth as soon as possible. If you have any questions about your new baby's enrollment in Passport, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

We will make sure that:

- Your baby gets healthcare
- Your baby's doctor is listed on the Passport ID card

Added Prenatal/Maternity Programs

Quit Smoking: Smoking during pregnancy can harm your baby. Visit <https://chfs.ky.gov/agencies/dph/dmch/hpb/Pages/tobcessation.aspx> for information and resources on the CHFS Tobacco Prevention and Cessation Program.

WIC: Women, Infants and Children (WIC) Program offers pregnant women and young children free food and other services.

If you are pregnant or recently delivered, talk to your PCP or maternity care provider about WIC. To find out if you are eligible for this program you can contact your local WIC agency. You will need to make an appointment to talk with them. You will need to show proof of Kentucky residency along with proof of income.

For more information about WIC visit:

<https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx>

You can also call Passport Member Service for additional questions and assistance at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Home Health Services

- Must be medically necessary and ordered by your doctor
- Include time-limited skilled nursing services
- Include specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Include home health aide services (help with activities such as bathing, dressing, preparing meals and housekeeping)
- Include medical supplies

Personal Care Services

- Available for EPSDT members only
- Must be medically necessary and ordered by your doctor
- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Private Duty Nursing

- 2,000 Private Duty Nursing hours are covered per year and must be medically necessary and ordered by your doctor
- Additional hours may be covered only under EPSDT Special Services and the member must be under the age of 21. In addition, additional hours must be medically necessary and ordered by your doctor

Hospice Care

Hospice is a covered program that provides end of life care. For information on hospice care, please call your PCP or Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

- Hospice helps patients and their families with their special needs that come during the final stages of sickness.
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers.
- You can get these services in your home, in a hospital or in a nursing home.

Vision Care

Passport is here to cover your Vision Care needs:

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses.
- Specialist referrals for eye diseases

Please check your Passport Provider Directory to find optometrists or physicians that can give you these services at www.PassportHealthPlan.com.

To find a vision provider, or to see if your existing provider is included, you may also visit www.PassportHealthPlan.com to view the vision providers available to you in the Provider Directory. Please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711) if you have any questions.

Prescription Drug Benefit

Your drug benefit is provided by Passport Health Plan by Molina Healthcare and Kentucky Medicaid.

Starting on July 1, 2021 we will work with a pharmacy benefit manager (PBM), MedImpact Healthcare Systems, Inc., that will serve all members in managed care. Their member service team is available 24 hours a day, 7 days a week by calling 1-800-210-7628.

Your ID card has important information for your pharmacy. If you do not have your new ID card you can still go to the pharmacy. Tell them you have Medicaid and the pharmacist can call MedImpact to get the needed information. Before you go, make sure the pharmacy accepts KY Medicaid. To find a pharmacy or see what is covered, go to <https://kyportal.medimpact.com/>

For any questions on your pharmacy coverage **prior to July 1, 2021**, please contact Member Services at (800) 578-0603, TTY users can dial 711. Our hours are 7 a.m. to 7 p.m. EST, Monday - Friday.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider or out-of-network provider. This service is at no cost to you. Please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711) to learn how to get a second opinion.

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting.

Examples of emergency conditions:

- Chest pains or heart attack
- Choking or breathing problems
- A lot of bleeding
- Poisoning
- Broken bones

If you are having an emergency, call 911 or go to the nearest hospital emergency room for emergency care. For an Urgent Care or After Hours Clinic near you, please call the 24-Hour Nurse Advice Line at (800) 606-9880 (TTY: 711).

ALWAYS CARRY YOUR PASSPORT ID CARD AND KYHEALTH CARD WITH YOU AND SHOW THEM YOUR VALID ID WHEN YOU GO TO THE EMERGENCY ROOM.

Never go to an emergency room for routine care.

Passport will also cover emergency rides to the hospital. You should call 911 when you have an emergency and need immediate transportation.

Passport has a 24-Hour Nurse Advice Line to help you understand and get the medical care you need. Please call (800) 606-9880.

You might need care after you leave the ER. If you do, don't go to the ER for follow up care. Schedule an appointment with your doctor. If you need help seeing a doctor, please call

Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). If you don't have an emergency, don't go to the ER. Please call your doctor.

If you need non-emergency care after normal business hours, you can also visit an Urgent Care Center. You can find Urgent Care Centers in the Provider Directory. For an Urgent Care or After Hours Clinic near you, please call the 24-Hour Nurse Advice Line at (800) 606-9880 (TTY: 711).

Urgent Care vs. Emergency Room (ER)

Did you know that there are other places to go for treatment besides the Emergency Room (ER) when your medical need is not life threatening? These places are called Urgent Care and After Hours Clinics.

What are Urgent Care and After Hours Clinics?

Urgent Care and After Hours Clinics treat medical problems that may not wait until your next doctor visit, but are not life threatening.

Advantages of an Urgent Care & After Hours Clinic

- Shorter wait times
- You can be seen on a walk-in basis
- Many are open evenings and weekends
- Patients receive care from the same people as an emergency room or primary care clinic

If you cannot see your doctor, you can go to an Urgent Care or an After Hours Clinic if you have any of the following:

- Twisted or sprained ankle
- Cough, cold, or sore throat
- Minor skin rash
- Earache
- Cuts, bumps, & sprains

- Fever or flu symptoms
- General wound care
- Animal bite
- Urinary tract infection
- Fever
- Mild asthma

You should go to the ER for sudden injury or sickness such as:

- A lot of bleeding
- A very bad burn
- Very bad shortness of breath (trouble breathing)
- Drug overdose
- Gunshot wound
- Chest pain
- Broken bones

If you think you have a life threatening emergency, call 911.

For an Urgent Care or After Hours Clinic near you, please call the 24-Hour Nurse Advice Line at (800) 606-9880 (TTY: 711).

Specialty Care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing Home Services

- Must be ordered by a physician and authorized by your Health Plan.
- Includes short term, or rehabilitation stays. Does not include coverage of long term nursing care.

- You must get this care from a nursing home that is in your Health Plan’s provider network.

Behavioral Health Services and Substance Use Disorder Services

How you feel matters, and learning to cope matters too. Passport offers Behavioral health programs and resources to help you feel better and help you get back to being you. If you have any of the issues listed below please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711) and we will help you find a provider who can help. You can also search for a provider using our Provider Search Tool on our website at www.PassportHealthPlan.com/ProviderSearch.

You may need Behavioral Health Services if:

- Always feeling sad
- Being upset
- Drug or alcohol problems
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Loss of appetite
- Problems paying attention
- Problems sleeping
- Weight loss or gain
- Your head, stomach or back hurts, and your doctor hasn’t found a cause

All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services include:

- Behavioral Health Services
 - Services to help figure out if you have a mental health need (diagnostic assessment services)

- Individual, group and family therapy
- Substance use disorder services
- Mobile crisis management services
- Facility-based crisis programs
- Specialized behavioral health services for children with autism
- Outpatient behavioral health services
- Outpatient behavioral health emergency room services
- Inpatient behavioral health services
- Research-based intensive behavioral health treatment
- Partial hospitalization
- Other Supportive Services such as: Peer Support, Comprehensive Community Supports and Targeted Case Management
- Substance Use Disorder Services
 - Outpatient opioid treatment
 - Outpatient withdrawal management
 - Non-hospital medical withdrawal management
 - Alcohol and drug abuse treatment center withdrawal management crisis stabilization
 - Medication Assisted Treatment (MAT)
 - Peer Support Services and Targeted Case Management

If you believe you need access to more intensive behavioral health services that Passport does not provide, talk with your PCP or call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711)

In the instance of a behavioral health emergency you should:

- Call 911
- Go to the nearest hospital emergency room

Preventative Health

Your PCP will let you know when you and your family are due for checkups. Your PCP will also remind you when you and your family need certain screenings and immunizations.

Passport is also here to help you stay on top of your health. You may receive reminders from us in the mail or by phone. Some of these reminders may include yearly flu shot or a needed health screening for you or your child.

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-Emergency:** Non-emergency medical transportation is available if you can't get a free ride to a covered service.

How to Get Non-Emergency Transportation

Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked
- Kentucky Medicaid doesn't cover rides to pick up prescriptions

For a list of transportation brokers and their contact information, please visit the website <https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx> or call Kentucky Medicaid at (800) 635-2570. For more information about transportation services, call the Kentucky Transportation Cabinet at 1-888-941-7433.

The hours of operation are Monday through Friday, 8 AM to 4:30 PM ET and Saturday 8 AM to 1 PM ET. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible to cancel the ride.



You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it).

Benefits Offered by the State

Most Medicaid services will be provided by your health plan. Some services will still be provided by Kentucky Medicaid. You will use your Medicaid ID card for these services. These services are:

- **First Steps** - A program that helps children with developmental disabilities from birth to age 3 and their families, by offering services through a variety of community agencies. Call (877) 417-8377 or (877) 41-STEPS for more information.
- **HANDS (Health Access Nurturing and Development Services)** - This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- **Non emergency medical transportation** - If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. Call 1 888 941 7433 for help or see the website <https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx> for a list of transportation brokers or companies and how to contact them.
- **Services for children at school** - These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy and behavioral (mental) health services.

Extra Support to Manage Your Health

24 Hour Nurse Advice Line

Passport offers a 24 hour Nurse Advice Line to help you understand the medical care you need. Our 24-hour nurse staff can help you determine if you should make an appointment with your PCP or if you require immediate medical attention.

24-hour Nurse Advice Line: (800) 606-9880.

Behavioral Health Crisis Line

For Behavioral Health crisis assistance call the Passport Behavioral Health Crisis Line, available 24 hours per day, seven days per week at **(844) 800-5154.**

Health Management

We have special programs to help you and your family better understand how to manage chronic health conditions, live a healthy life, and follow your doctor's treatment plan. One of our nurse case managers, registered dietitians, or health educators may call you. He or she will get to know you and your health care needs, and give you education and support. We can also mail you health education materials upon request.

Our Health Management Programs include:

- Asthma
- Depression
- Substance Use Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High Blood Pressure
- Smoking Cessation

- Weight Management
- Nutrition Consultation

For more information or to benefit from one of these programs, please call Health Management at 866-891-2320, Option 2, Monday-Friday 6 am to 6 pm PST (TTY:711).

High Risk Pregnancy

We have a special team who can give you healthy pregnancy information. We can talk to you about your pregnancy to see if you have any high-risk conditions that could affect your pregnancy. If you have a high-risk condition, one of our nurse care managers will work with you one-on-one during your pregnancy. We'll make sure you have the best and healthiest outcome for you, your baby, and your family. Please call us at (866) 891-2320 (Option 1), Monday - Friday 9 am to 9 pm (EST).

Community Connectors

The Community Connector Program is designed to improve the access of care through the involvement of a Passport Community Connector.

Passport Community Connectors may help members find:

- Housing resources for members experiencing homelessness
- A medical home
- Food bank locations

Community Connectors may assist members with obtaining:

- Food stamp applications
- Social Security applications/forms
- Support group information
- Utility bill assistance applications/forms
- Transportation resources
- Health and social services applications

- Meals on Wheels set-up
- Clarity and/or health literacy between member and Primary Care Provider discussions

How or Where We Serve

- Home, community and shelter visits
- Face-to-face and phone support
- Act as a member advocate
- Help to remove barriers to care
- Help to schedule appointments with providers
- Assist with pharmacy issues
- Conduct home safety checks

If you could benefit from our Community Connector Program, please call Member Services at (800) 578-0603, Monday – Friday, 7 a.m. to 7 p.m. (TTY: 711).

Care Management

Passport staff will help coordinate your care.

Living with health problems and managing them can be hard. We offer special services and programs for members who need extra help with a health problem. This can be any adult or child who is receiving health services for an ongoing health problem. The programs are offered at no cost to you. This can be any adult or child who is receiving health services or behavioral health services for an ongoing health problem.

Passport staff can help you:

- Access services that you are eligible to receive.
- Set up appointments and tests.
- Set up transportation.

- Identify any gaps in care or health care needs.
- Access resources to help you with special health care needs and/or your caregivers deal with day-to-day stress.
- Coordinate the move from one setting to another. This can include being discharged from the hospital.
- Assess eligibility for long-term care services and supports.
- Connect with community resources.
- Find services that might not be benefits. This includes community and social services programs such as physical therapy with the schools or “Meals on Wheels”.
- Set up services with a primary care provider (PCP), caregivers and any other identified provider.
- Assist you in navigating the health care system.
- Assist you with medication needs.
- Learn about your health condition and understand how to care for your needs and stay healthy.

How do members enroll?

The Care Management programs are available to you. You can also be referred to one of the programs through:

- Provider referrals
- Self referrals
- Passport’s member identification process (That means we might call you to offer this service)

Who do I contact for more information?

Please call Member Services at (800) 578-0603, Monday – Friday, 7 a.m. to 7 p.m. (TTY: 711). Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program.

Help with Problems beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. Passport can connect you to resources in your community to help you manage issues beyond your medical care.

Call our Member Services if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic violence (if you are in immediate danger, call 911)

Please contact Member Services toll-free at (800) 578-0603, Monday – Friday, 7 a.m. to 7 p.m. EST (TTY: 711). We are here to help.



Passport offers Extra Programs to Help You Stay Healthy

Call our Member Services to learn more about:

PASSPORT HEALTH PLAN'S EXTRA PROGRAMS AND BENEFITS			
PROGRAM	ABOUT	ELIGIBILITY	VALUE ADD
Healthy Rewards	Attend one postpartum visit 7-84 days after the birth of the baby.	New Moms 12 years & older	\$25 Gift Card
	Go to a prenatal visit during the first trimester or within 42 days of enrollment.	Pregnant Moms 12 years & older	Car or Booster Seat
	Have a yearly diabetic retinal eye exam. Get HbA1c lab work.	Members with Diabetes 18 - 75 years	\$50 Gift Card each (\$100 max annually)
	Have a yearly Mammogram (one per member per year).	Females 50-74 years old	\$25 Gift Card
	Have up to 6 well-child visits on time within a 15-month period.	1-3 years old	\$10/visit (Max \$60 Gift Card)
	Get a Pap test.	Females 21-64 years old	\$25 Gift Card
	Get a chlamydia screening.	Females 16-24 years old	\$25 Gift Card
	Go to a follow-up visit within 7 days of an inpatient hospital stay (medical stays go to PCP; behavioral health stays go to behavioral health provider or PCP) (no limits)	All Members	\$50 Gift Card
	Have an annual adult preventive screening visit (one per year).	18 years and older	\$25 Gift Card
	Visit a dentist (one per year).	All Members	\$50 Gift Card
Have a diagnosis of diabetes or high blood pressure	All Members with Diabetes or High Blood Pressure	Blood Pressure Cuff	

PASSPORT HEALTH PLAN'S EXTRA PROGRAMS AND BENEFITS

PROGRAM	ABOUT	ELIGIBILITY	VALUE ADD
School/ Sports Physical	Get a free sports or school physical every year.	6-18 years old	Free annual physical
Vision	Get \$100 every 2 calendar years for one pair of eyeglasses or buying contact lenses.	21 years old and older	\$100
Obesity/ Weight Watchers	Get up to 13 weeks of Weight Watchers free. Providers, internal departments, care managers, or self-referral can refer members. Prior-authorization is needed.	All Members	\$40 value
Free phone/data	Free cell phone with Unlimited Talk & Text plus 4.5GB of data every month.	All Members Who Qualify	Free – No Cost to You!
GED	You get vouchers to take the GED test for free at testing centers.	18 years and older	\$120 value
	You get a gift card for passing the exam.	18 years and older	\$50
Asthma	Members who sign up and complete the 3-month Asthma Disease Management Breathe with Ease® Program receive an allergy-free pillowcase and mattress cover. Passport will provide a second inhaler at no extra cost to children under 18 who are prescribed an inhaler.	Mattress / Pillow: All Enrollees in the Asthma Disease Management program 2nd Inhaler: 6-18 years old	Mattress Cover: \$60 Pillow Covers: \$20 Second Inhaler: Free for members
Respite Care	Passport covers respite care to give a member's caregiver some relief and time for self-care to recharge and relax. Prior-authorization is needed.	Members with Special Health Care Needs who have a full-time caregiver	8 hours per year of respite care

Quality Improvement Program

The Passport Health Plan by Molina Healthcare Quality Improvement Program:

- Checks providers to be sure you have access to a qualified health care team.
- Reviews and acts when there is an issue with the quality of care that has been provided.
- Promotes safety in health care through education for our members and our providers.
- Provides a Guide to Accessing Quality Health Care to help members access our programs and services. to help members access our programs and services.
- Evaluates the quality of health care through HEDIS® (Healthcare Effectiveness Data and Information Set).
 - These scores tell us when you have received the type of care you need. The scores look at how often members receive services such as flu shots, immunizations, eye tests, cholesterol tests and prenatal care for members who are pregnant.
- Surveys members' satisfaction with care. One type of survey is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).
 - This tells us if you are happy with your care and your provider. It also tells us what we can make better for our members. Some things are getting the right type of appointment at the right time and having enough providers to take care of your needs.

*You may request printed copies of all content posted on our website.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MyPassportHealthPlan: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card and much more. To sign up, visit www.MyPassportHealthPlan.com.

Passport Mobile App

When you download the Passport My HealthInHand app you can access all the same features as on MyPassportHealthPlan plus:

- Improved virtual ID cards with sharing and printing options
- Urgent Care Finder
- Symptom Checker
- Favorite Doctor Option
- Face ID Recognition

Download Passport Mobile Today!

The Passport Mobile App can be used on any Apple or Android smart phone:

1. Open the App Store or Google Play Store
2. Search "My HealthInHand"
3. Download our My HealthInHand Mobile App
4. Open the app and enjoy your great Passport benefits in the palm of your hand!

Member Advisory Council

At Passport, we want to serve you better. We value your opinion and would like to invite you to apply for the Passport Member Advisory Council. The Member Advisory Council discusses and recommends ways for Passport to improve its services provided to Passport members. Council members must be at least 21 years old and be current Passport members. The Council will meet once a year in your area. Advisory Council members will be expected to participate in discussions concerning their experiences with Passport services and providers. Passport will use the member's information about their experiences and their suggestions to improve the healthcare services Passport provides to all members. If you would like to apply or would like more information about the Passport Member Advisory Council, please call (844) 366-5462, Monday – Friday, 7 a.m. to 7 p.m., EST (TTY/TDD: 711).

We Value Your Feedback!

If you receive a Consumer Assessment of Health Care Providers and Systems (CAHPS) survey in the mail, please take a few moments to fill it out and send it back to SPH Analytics in the postage-paid envelope. We hope you are happy with our services and will rate us a 10. Your feedback will tell us what we're doing well. It can also tell us how we can improve your health care. We want to make sure you are getting the care you need and deserve. At Passport, we are always looking for ways to better serve you, including:

- Member Incentive Programs
- Pharmacy Delivery Programs
- Health Education Programs
- And more!

If you have any questions, please call Member Services at (800) 578-0603, Monday – Friday, 7 a.m. – 7 p.m. EST. (TTY 711).

Tobacco Cessation

Passport covers tobacco cessation services for all members, including diagnostic, therapy and counseling services and pharmacotherapy (including coverage of prescription and non-script tobacco cessation agents approved by the Federal Drug Administration (FDA)).

To enroll in the “Quit Now Kentucky” program, please call Quit Now Kentucky toll-free (800) QUIT-NOW (1-800-784-8669). Tobacco use is the largest preventable cause of illness and early death. No matter your age or how long you've smoked or used tobacco, it is important to quit. Quitting reduces your risk of lung cancer, heart disease, stroke and lung diseases. Some of the benefits of quitting:

- After 20 minutes — blood pressure decreases
- After 24 hours — the chance of a heart attack is lower
- After 1 year — excess risk of heart disease is decreased
- After 5 to 15 years — the risk of stroke is reduced

There are many ways to quit smoking. You may even have to try different ways before you succeed. Don't lose hope. The important thing is that you quit. Keep in mind that it's never too late – especially if you're living with a chronic disease.

TIPS TO HELP YOU QUIT:

1. Admit the problem to yourself and those around you.
2. Keep track of when and why you smoke
3. Set a quit date
4. Limit the time you spend with people who smoke.
5. Write down the list of reasons for not smoking. Keep that list with you. Make sure to review those reasons when you feel the need to smoke.
6. Talk to your doctor about treatment options.

7. Please call the “Quit Now Kentucky” Line toll-free (800) QUIT-NOW (1-800-784-8669) to enroll in the “Quit Now Kentucky” program.

Services NOT Covered

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. If you use services that Kentucky Medicaid does not pay for, you will have to pay for them.

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Massage and hypnosis
- Abortion (unless the mother’s life is in danger, or in the case of incest or rape)
- Medical or surgical treatment of infertility
- Paternity testing
- Hysterectomy for sterilization purposes
- Hospital stays if you can be treated outside the hospital
- Cosmetic surgery solely to improve appearance
- Fertility drugs
- Braces for teeth, dentures, partials, and bridges for persons 21 and over
- Glasses and contact lenses for persons 21 and over
- Hearing aids for persons 21 and under
- Personal service or comfort items including: Fans, air conditioning, humidifiers, air purifiers, computers, home repairs
- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of your Health Plan

This is not a complete list of the services that are not covered by Medicaid or Passport. If you have a question about whether a service is covered, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). You can also call if you need help obtaining these services.

Important Information

Member Services Department

Passport provides Member Services toll-free at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). We answer questions about plan benefits and other concerns, including:

- General Information
- Change of address or phone number
- Changing doctors
- Claims
- Wellness
- Requesting an identification (ID) card
- Benefits
- PCP address and phone number
- Filing a grievance or appeal
- Enrollment or disenrollment questions

Contact Member Services by:

- Calling Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711)
- Visiting www.MyPassportHealthPlan.com

If you don’t speak English, we have Spanish speaking representatives to serve you. For any other language, please call our language line at (800) 752-6096. If you are hearing impaired, please call 711. For written materials in a language other than English or in a different format because of special needs, please call Member Services at (800) 578-0603,

Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). These materials are provided at no cost to you.

Changing Information

If you change your name, address, telephone number or if your family size changes, please call the Kentucky Department for Community Based Services (DCBS) at (855) 306-8959 or visit a local office.

These changes include coverage, contact information, marriage, divorce, child birth, and death. You can also change your address and phone number using the Kynect portal and find other useful resources. This can be done on your mobile phone. Please go to www.kynect.ky.gov.

If there is a major change in your life such as:

- Move
- Make family size change (divorce, have a baby, adopt, or experience the death of your spouse or child)
- New job/income change
- Get health insurance from another company

It is important for you to contact DCBS, Social Security Administration, and Passport to update this information. You can do so by:

- Call DCBS at (855) 306-8959 (or visit local office)
- Update online at www.kynect.ky.gov
- Call the Social Security Administration (SSA) at (800) 772-1213 (or visit local office)

Member Materials

You can request print or electronic copies of member materials including provider directories, member handbooks and appeal and grievance notices. We can explain in English or in your primary language. We may have it printed in other languages.

You may ask for member materials in braille, large print, or audio at no cost to you. If you are hearing or sight impaired, special help can be provided at no cost to you. Please call Member Services at (800) 578-0603, Monday-Friday, 7 a.m. to 7 p.m. (TTY: 711) to request a copy of member materials free of charge.

You will receive member handbooks within 5 business days of request.

Renew Medicaid Eligibility

Thank you for trusting us with your health care needs. We value members like you and want to remind you to renew your Medicaid coverage every year. If you don't renew you could lose your health care coverage.

The Renewal process is important to complete in order to keep all of the great benefits you have with Passport. When you are up for renewal, you should receive your "Notice of Renewal Interview" reminder from the Kentucky Department for Community Based Services (DCBS). Once you have completed your renewal in order to keep your coverage you must:

- Call DCBS at (855) 306-8959, or visit your local DCBS office to complete an interview in person.
- OR -**
- Go online to Kynect at www.kynect.ky.gov to complete the interview online.
 - Mail or fax a hard copy application to:
DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602
Fax: (502) 573-2007

Once you have finished the interview you must print, sign, and mail back to DCBS as soon as possible. It is important to get your paperwork in on time or you may have to reapply and start the process again.

If you need help or have any questions, please contact Member Services at (800) 578-0603, Monday through Friday, 7 a.m. to 7 p.m. EST (TTY: 711).

If You Need to See a Doctor that is Not Part of Passport

If a Passport provider is unable to provide you with necessary and covered services, Passport must cover the needed services through an out-of-network provider. The cost to you should be no greater than it would be if the provider were in Passport's network. This must be done in a timely manner for as long as Passport's provider network is unable to give the service.

If you are outside of the Passport service area and you need non-emergency medical care, the provider must first contact Passport to get approval before giving any services. It is important to remember that you must get services covered by Passport from facilities and/or providers in Passport's network.

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at (800) 578-0603, Monday – Friday, 7 a.m. to 7 p.m. EST (TTY: 711) right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Passport will contact the provider and help fix the problem for you.

Member Copayment

Copayments (copay) are not required for any service.



Part 3

Plan Procedures

Part III: Plan Procedures

Grievance and Appeals

Grievance Process

You can file a grievance with Passport if you are not happy with the health plan. This is called a grievance. You can also file a grievance if you are not happy with one of our providers.

You can submit a grievance by phone or in writing. Passport's Appeals and Grievance (AnG) Specialist can help you write your grievance. If you would like to make a grievance, please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711). You may also fax a grievance to 1-833-415-0673 or send in a grievance in writing to:

Passport Health Plan by Molina Healthcare
Attention: Member Grievance and Appeal Department
5100 Commerce Crossings Drive
Louisville, KY 40229

If your grievance is sent in by a representative, but we haven't received your written approval for the representative, we will not begin the grievance until after we receive it. You must inform us of your Authorized Representative in writing by completing the Authorized Representative Designation form. We will make a decision regarding your grievance within 30 calendar days of receipt.

The AnG Specialist will look into your grievance. The AnG Specialist will ask other staff who know about the issue. This may be a nurse or a doctor who knows about the problem (if it is medical). Passport will keep a written account of your grievance. It will be confidential (private). Grievances about the care you receive are sent to the Quality Improvement Department. This Department will look into the complaint further.

Appeal Process

If you are not satisfied with our decision about your care, you can file an appeal. There are two kinds of Internal Appeals: Standard Appeal and Expedited (Quick) Appeal. You must first appeal to Passport before you can request an External Appeal.

Standard Appeal

You can file an appeal if Passport denied, suspended, terminated, or reduced a requested service. This is called an adverse benefit determination.

- You have 60 calendar days from the original adverse benefit determination date to file an appeal.
- You have the right to appeal by phone or in writing to the Designated Appeals Reviewer for Passport. Passport's AnG Specialist can help you write your appeal. An oral or verbal appeal must be followed by a written, signed appeal. If you would like to file an appeal, please call our Member Services Department at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

You may also send in Appeals in writing to:

Passport Health Plan by Molina Healthcare
Attention: Member Grievance and Appeal Department
5100 Commerce Crossings Drive
Louisville, KY 40229

Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want reviewed, such as medical records, doctors' letters, or other information that explains why you need the item or service. Please call your doctor if you need this information.

- You have the right to include an Authorized Representative (anyone you choose, including an attorney) during the appeals process and to attend the Appeals hearing. You must inform us of your Authorized Representative in writing by completing the Authorized Representative Designation form. If your appeal is sent in by a representative, but we haven't received your written approval for the representative, we will not begin the appeal until after we receive it.
- Passport will provide the Member and/or Member's representative the Member's case file upon request, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by Passport in connection with the appeal of the adverse benefit determination. This information will be provided free of charge and well in advance of the resolution timeframe for appeals.
- You can submit any information that you feel will help the Designated Appeals Reviewer make a better decision.
- The Appeals and Grievance Specialist will tell you the time the appeal will be held.
- Passport will use a Designated Appeals Reviewer who was not involved in the initial decision to review. The Designated Appeals Reviewer is a health care professional who has the appropriate clinical expertise in treating your condition or disease. A decision will be mailed to you in 30 calendar days from the date that Passport received your appeal. Passport will communicate to you in a way you will understand.
- An additional 14 calendar days are allowed to obtain medical records or other important medical information if you request more time, or if the
- Plan can prove that the delay is in your best interest. You will receive written notification of this extension.

- The Member Appeals Associate Specialist will help you in filing written appeals, including interpreter services if required. Interpretation by phone is available for all languages.
- Hearing impaired members can call 711 and "non-English" speaking members are helped by our Bi-Lingual Representatives and Language Line services for all languages. Please call Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711) for assistance.
- You may also call the Office of the Ombudsman for help. They offer free help with questions, concerns, disputes and complaints.

Office of the Ombudsman and Administrative Review
 Attn: Medicaid Appeals and Reconsiderations
 275 East Main Street, 2E-O
 Frankfort, KY 40621
 Toll Free and TDD/TYY: (800) 372-2973

Expedited (Fast Track) Appeals:

If you or your doctor believes that the usual 30 calendar day time frame for appeals will cause harm to your health, or affect your normal body functions, your appeal may be expedited. We will give you a verbal decision on a fast appeal within 72 hours. We will follow up in writing in 2 days of receiving it.

Continuing Your Care While You Wait

Passport will continue your benefits if all of the following conditions apply:

- The appeal is filed timely. The appeal must be filed:
 - Within 10 calendar days of Passport's original adverse benefit determination
 - On or before the intended effective date of the action

- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
- The services were ordered by an authorized doctor
- The authorization period has not expired
- You request continued benefits

If Passport continues or reinstates your benefits while the appeal is pending, the benefits will continue until one of the following occurs:

- You cancel the appeal
- You do not request a State Fair Hearing within
- 10 calendar days from when Passport mails an adverse benefit determination
- A State Fair Hearing decision adverse to you is made
- The authorization expires or authorization limits are met

If Passport reverses the adverse action decision or the decision is reversed by the State Fair Hearing, Passport must pay for services given while the appeal is pending and authorize or give disputed services as quickly as your health condition requires.

- You may be required to pay the cost of the services if the denial is supported.
- Passport will let you know of our decision in writing.

If you are unhappy with the result of your appeal, you can ask for a Fair Hearing (see next section in this handbook).

State Fair Hearing Process

If you have any problems about the care you are getting, you must first request an appeal to Passport. If you are unhappy with Passport's decision, you may appeal through the State's Fair Hearing process. A Fair Hearing is your opportunity to give more information and facts, and to ask questions about your decision before an administrative law judge. The judge in your Fair Hearing is not a part of Passport in any way. This must be done within 120 calendar days of the final appeal resolution notice.

Below are the steps for Kentucky's Medicaid Fair Hearing process.

Step 1 - Submit a request in writing for a State Fair Hearing.

Office of the Ombudsman and Administrative Review
 Attn: Medicaid Appeals and Reconsiderations
 275 East Main Street, 2E-O
 Frankfort, KY 40621
 Toll Free and TDD/TYY: (800) 372-2973

The written request must include:

- Your name, address, and phone number
- Specify reason for appealing
- Provider's Name
- Date of service and type of service denied
- Any evidence you want reviewed, such as medical records, doctor's letters, or other information that explains why you need the item or service. Please call your doctor if you need this information.

Step 2 - A hearing will be scheduled. A hearing officer from the Kentucky Cabinet for Health and Family Services will hold

a hearing. You may attend the hearing in person or request to have the hearing by phone. You will be asked to tell the state why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you.

Step 3 - Those attend the hearing include:

- You
- Your authorized representative (If chosen)
- Passport representative
- Hearing officer from the Kentucky Cabinet for Health and Family Services

Step 4 -At the hearing, Passport will explain why we made our decision. You or your representative tells the hearing officer why you think Passport made the wrong decision. Then the hearing officer will decide if they agree or disagree with Passport's decision.

Member Rights and Responsibilities

These rights and responsibilities are posted at www.PassportHealthPlan.com. Passport staff and providers will comply with all requirements concerning your rights.

Passport members have the right to:

- Respect, dignity, privacy, confidentiality, accessibility and nondiscrimination
- Get information on the structure and operation of the health plan, its services, its practitioners and providers and member rights and responsibilities
- To receive notice of any significant changes in the Benefits Package at least thirty (30) days before the intended effective date of the change
- Prepare Advance Medical Directives

- Timely referral and access to medically indicated specialty care
- Be furnished health care services in accordance with federal and state regulations
- Choose your Primary Care Provider and to change your PCP in a reasonable manner
- Consent for or refusal of treatment and active participation in decision choices
- Voice Grievances and receive access to the Grievance process, receive assistance in filing an appeal, and request a State Fair Hearing from the Contractor and/or the Department
- Know if a copayment or contribution is required. Know the names, education, and experience of your health care providers
- Be treated with respect with recognition of your dignity and your right to privacy
- Any Native American (Indian) member may get services from I/T/U providers (Indian Health Services, Tribally operated facility/program, and Urban Indian clinics) signed up with Passport.
- Timely access to care that does not have any communication or physical access barriers
- Timely referral and access to medically indicated specialty care
- Receive Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services
- Take part in decision making with your doctor about your health care, including the right to refuse treatment and openly discuss appropriate or medically necessary treatment choices of your health problems, regardless of cost or coverage. Get a fair and timely reply to requests for service. Voice complaints or appeals about the organization and the care it provides

- Know that your member information will be kept private. It is only used in reports to the state to show that the Plan is following state rules and laws
- Ask how your doctor is paid
- To be able to file an appeal, a grievance (complaint) or request a State Fair Hearing (after Passport has made a decision and you aren't happy with that decision)
- To get help with filing an appeal, grievance (complaint) or request a State Fair Hearing (after Passport has made a decision and you aren't happy with that decision)
- To receive information and timeframes for filing an appeal, a grievance or a State Fair Hearing
- To make recommendations regarding the Plan's member rights and responsibility policy
- To use any hospital or other setting for emergency care
- To receive detailed information on emergency and after-hours coverage
- To receive all information, including but not limited to, enrollment notices, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood
- Be free from any form of restraint or seclusion used as means of pressure, discipline, convenience or retaliation
- Include assistance with requesting and receiving a copy of your medical records at no cost to you, and request that they be corrected
- Be provided culturally and linguistically appropriate healthcare services (CLAS) Be provided covered healthcare services
- Be free to exercise your rights without negatively affecting the way Passport, our providers or the State treat you.
- Be free from other discrimination prohibited by State and Federal regulations
- Request clinical practice guidelines upon request
- Get a second medical opinion
- Get help with any special language needs
- To receive interpretation by phone services free of charge for all non-English languages, not just those identified as prevalent
- Prepare Advance Medical Directives
- Be furnished health care services in accordance with federal and state regulations
- Passport members have the responsibility to work with their PCP to protect and improve your health. You can report other insurance benefits, when you are eligible, to your Department for Medicaid Services Specialist by calling Beneficiary Help Line at (800) 642-3195, TTY (866) 501-5656
- Show your Passport ID card, Medicaid card and valid ID to all providers before receiving services
- Never let anyone use your Passport ID card or Medicaid card
- Make appointments for routine checkups and immunizations (shots)
- Keep your scheduled appointments and be on time calling as soon as you can if you must cancel
- Provide complete information about your past medical history
- Provide complete information about current medical problems
- Listen to your PCP's advice and ask questions about your care when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider

- Follow your provider’s medical advice
- Respect the rights of other patients and healthcare workers
- Use emergency room services only when you believe an injury or illness could result in death or lasting injury
- Notify your primary provider if emergency treatment was necessary and follow-up care is needed
- Report changes that may affect your coverage to your Department for Medicaid Services specialist. This could be an address change, birth of a child, death, marriage or divorce, or change in income
- Promptly apply for Medicare or other insurance when you are eligible
- Find out how your health coverage works
- Call your PCP when you need medical care, even if it is after-hours
- Tell us if you have problems with any health care staff by calling Member Services at (800) 578-0603, 7 a.m.- 7p.m., Monday through Friday

Disenrollment Options

Voluntary Disenrollment

After the first 90 days to change to a different health plan, you can do so only with good cause. Some examples of good cause include:

- Your PCP is no longer in our network
- You lack access to covered services
- You can’t access a qualified provider to treat your medical condition

To change plans, you should write or call Passport at (800) 578-0603 (TTY: 711) with your reason(s) for the request. If your request to change plans is not given, you can

request an appeal to the Department for Medicaid Services (DMS) Enrollment Processing Branch (EPB). You will receive a notice that the change will take place by a certain date and Passport will continue to provide the care you need until then.

Passport Health Plan by Molina Healthcare
5100 Commerce Crossings Drive
Louisville, 40229

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

Involuntary Disenrollment

You may lose your membership with Passport if you:

- Lose your Medicaid eligibility
- Stay in a long-term nursing facility for more than 30 days in a row
- Become eligible for Medicare
- Abuse or harm health plan members, providers or staff
- Commit fraud or abuse your healthcare services

Advance Directives

There may come a time when you become unable to manage your own health care and a family member or other person close to you is making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An Advance Directive is a written advance care-planning document that explains how medical decisions should be made for a patient who is unable to make or express his or her wishes concerning health care.

The Kentucky Living Will Directive has two parts: The Durable Power of Attorney for Health Care and the Living Will.

The Durable Power of Attorney for Health Care lets you choose another person to make decisions about your care, custody, and medical treatment if you cannot make these decisions for yourself.

The Living Will allows you to make your wishes known in the case that you are terminally ill or permanently unconscious.

The best time to make an Advance Directive is before you need one! You need one before you become too sick to make your own choices about what medical care you want to take or refuse. It is good for anyone at any age to have an Advance Directive. Young people as well as older people should think about making an Advance Directive. It can be changed or cancelled at any time. It should be updated when needed or if you are diagnosed with a serious illness.

You can get Advance Directive forms by going to the CaringInfo website: CaringInfo.org and following these steps:

1. Click on “Advance Care Planning”
2. Click on “Advance Directives”
3. Click on “Download Your State’s Advance Directive”
4. Click on your state

Members should do the following when preparing an Advance Directive:

- Sign and date your Advance Directive
- Obtain signatures of two (2) witnesses, in accordance with state law
- Give a copy of the advance directive to your doctor so it can be put in your medical record
- Keep a copy for yourself

Take a copy with you when going to the hospital or ER.

Important things to know about Advance Directives:

- You have the right to allow or refuse any health care at any time. This is true even after you have signed an Advance Directive. It is true even if the Advance Directive gives different directions.
- You do not have to complete an Advance Directive. No one can force you to fill out an Advance Directive. It is against the law for anyone to force you to fill out a directive.
- You cannot be refused care or otherwise be discriminated against because you do not have an Advance Directive.
- You have the right to express your end-of-life care and other health care wishes.
- Advance Directives do not expire. An Advance Directive remains good until you change it. If you make a new Advance Directive, it cancels the old one.
- You have the right to have an agent make health care choices for you.
- Advance Directives are written to follow your state laws.

If you find that your wishes are not followed by a health care provider, or they do not comply with your Advance Directive, you may file a complaint with:

Director, Division of Health Care Cabinet for Health and Family Services
275 East Main Street, 5 E-A
Frankfort, KY 40621-0001

- Or -

Inspector General
Cabinet for Health and Family Services
275 East Main Street, 5 E-A
Frankfort, KY 40621-0001

Member Privacy

Your privacy is important to us. We respect and protect your privacy. Passport uses and shares your information to provide you with health benefits. Passport wants to let you know how your information is used or shared.

Your Protected Health Information (PHI)

PHI stands for Protected Health Information. PHI includes your name, member number, or other things that can be used to identify you, and that is used or shared by Passport.

Why does Passport use or share your Protected Health Information (PHI)?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To share PHI as required or permitted by law

When does Passport need your written authorization (approval) to use or share your PHI?

Passport needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Passport protect your PHI?

Passport uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Passport protects PHI:

- Passport has policies and rules to protect PHI.
- Only Passport staff with a need to know PHI may use PHI.
- Passport staff is trained on how to protect and secure PHI.
- Passport staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Passport secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Please call or write Passport and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy Practices is in Passport's Welcome Kit. It is also available on our website at www.PassportHealthPlan.com. You also may get a copy of our Notice of Privacy Practices by calling Member Services at (800) 578-0603, Monday - Friday, 7 a.m. to 7 p.m. (TTY: 711).

Fraud, Waste and Abuse

Passport's Fraud, Waste and Abuse Plan benefits Passport, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Passport takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Passport investigates

all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate. Passport takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

Definition: “Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

Here are some examples of abuse:

- Using the emergency room for non-emergent healthcare reasons
- Going to more than one doctor to get the same prescription
- Threatening or offensive behavior at a doctor’s office, hospital or pharmacy
- Receiving services that are not medically necessary

Definition: “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for them or some other person. It includes any act that constitutes fraud under applicable federal or state law. (42 CFR § 455.2)

Here are some examples of fraud:

- Using someone else’s member ID card
- Changing a prescription written by a doctor Billing for services that were not provided
- Billing for the same service more than once

Here are some ways you can help stop fraud:

- Don’t give your Passport ID card,
- Medical ID Card, or ID number to anyone other than a health care provider, a clinic, or hospital, and only when receiving care
- Never let anyone borrow your Passport ID Card
- Never sign a blank insurance form
- Be careful about giving out your social security number

Definition: “Waste” means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes, overuse, underuse, and ineffective use.

Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

If you think fraud, waste and abuse has taken place, you can report it without giving your name to:

- Online: www.PassportPlan.alertline.com
- Phone: (866) 606-3889
- Fax: 502-585-8461
- Regular Mail:

Passport Health Plan by Molina Healthcare
Attention: Compliance Director
5100 Commerce Crossings Drive
Louisville, KY 40202

- Or you can contact:
Kentucky Medicaid Fraud and Abuse Hotline toll-free:
Phone: (800) 372-2970
U.S. Office of Inspector General’s Fraud Line:
Phone: (800) HHS-TIPS (1-800-447-8477)



 **PASSPORT
HEALTH PLAN**
BY MOLINA HEALTHCARE

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