

# Provider Manual

## Section 1.0

### Introduction

#### **Table of Contents**

- 1.1 Provider Welcome**
- 1.2 Kentucky Medicaid Program**
- 1.3 Overview of Passport Health Plan**
- 1.4 Mission and Values**
- 1.5 Important Telephone Numbers**
- 1.6 Claim Submission**



# 1.0 Introduction

## 1.1 Provider Welcome

We are pleased you are part of the Passport Health Plan (also referred to as the Plan throughout this document) provider network. As a participant in the Plan's network, you have the opportunity to make the Plan beneficial for both you and the members you serve. Passport Health Plan knows providers are essential in making this Plan a success. Passport Health Plan is committed to earning your ongoing support and looks forward to working with you to provide the best service possible to the Plan's members.

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

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

## 1.2 Kentucky Medicaid Program

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

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

As a provider of medical services, please be aware DMS is bound by both federal and state statutes and regulations governing the administration of the state plan. The state cannot be reimbursed by the federal government for monies improperly paid to providers for non-covered, unallowable medical services. Therefore, Passport Health Plan may request a return of any monies improperly paid to providers for non-covered services.

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

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

The Kentucky Department for Medicaid Services (DMS), within the Cabinet for Health and Family Services, bears the responsibility for developing, maintaining, and administering the policies and procedures, scope of benefits, and basis for reimbursement for the medical care aspects of the program. As the fiscal agent for DMS, Passport Health Plan makes the actual reimbursement to providers for covered services provided to Passport Health Plan members.

It is important to note Passport Health Plan does not determine member eligibility. Determination of the eligibility status of individuals and families for Medicaid benefits is a responsibility of the local Department for Community Based Services (DCBS) offices located in each county of the Commonwealth (see Section 20.2, “Other Important Contact Information” for local offices).

## **1.3 Overview of Passport Health Plan**

Passport Health Plan is the operating name for University Health Care, Inc. (UHC), a managed care plan that serves Medicaid, Medicare and the Kentucky Children’s Health Insurance Program (KCHIP) populations in 16 counties in the Commonwealth of Kentucky. UHC is a nonprofit health maintenance organization licensed in the Commonwealth of Kentucky. The partners of this nonprofit corporation are:

- The University of Louisville Medical School Practice Association;
- University Hospital;
- Jewish Hospital & St. Mary's HealthCare;
- Norton Healthcare; and,
- Louisville/Jefferson County Primary Care Association.

The Partnership Council is a broad coalition of consumers and providers, including physicians, nurses, hospitals, health departments, and ancillary providers who help govern the operations of Passport Health Plan.

Passport Health Plan covers Medicaid-eligible members in the following 16 counties: Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, and Washington.

## **1.4 Mission and Values**

**Passport Health Plan’s mission is:**

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

**The Organizational Values are:**

- Advocacy
- Care of the Poor
- Compassion
- Competence
- Dignity
- Diversity
- Stewardship
- Hospitality

## **1.5 Important Telephone Numbers**

### **1.5.1 Provider Relations (502) 585-7943**

Provider Relations representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. to offer orientations and in-service meetings for providers and their staff. These representatives also provide service calls and process any changes in your provider status, such as addresses and telephone numbers.

### **1.5.2 Provider Services (800) 578-0775**

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

### **1.5.3 Provider Claims Service Unit (800) 578-0775**

The Provider Claims Service Unit (PCSU) receives providers' calls regarding any issue specific to claims. The PCSU is available 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., Monday, Tuesday, Thursday and Friday; and 9:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. on Wednesdays.

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

Member Services representatives are available 8:00 a.m. to 6:00 p.m., Monday through Friday. Member Services representatives assist members by answering questions regarding changes, benefits, and grievance issues, or by directing members to other Plan departments as needed, and by sending communication materials to members as needed.

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

The Utilization Management department is available 8:00 a.m. to 5:30 p.m., Monday through Friday. The Utilization Management department assists providers with medical necessity determinations and requests for prior authorizations.

All requests for authorization of services may be received during these hours of operation by calling:

- General: (800) 578-0636
- Home Health: (800) 578-0636, ext. 77320
- DME: (800) 578-0636, ext. 77310

Requests may be faxed to:

General fax: (502) 585-7989  
Home Health: (502) 585-8204  
DME: (502) 585-7990  
Retro fax: (502) 585-8207  
Therapy fax: (502) 585-8205

### **1.5.6 Case Management (800) 578-0636 ext. 77915**

The Case Management department is available 8:00 a.m. to 4:30 p.m., Monday through Friday. The Case Management department assists members and providers in managing and coordinating services to meet the members' medical and social needs.

### **1.5.7 Health & Disease Management (800) 578-0636**

The Health & Disease Management department is available 8:00 a.m. to 4:30 p.m., Monday through Friday. The Health & Disease Management department offers a number of programs to assist providers and members in the management of their care, including:

- Asthma Disease Management
- Diabetes Disease Management
- Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)
- Mommy & Me Perinatal Program

### **1.5.8 Pharmacy Prior Authorization (800) 578-0898**

The Plan's Pharmacy Benefits Manager, PerformRx, is available 8:30 a.m. to 6:00 p.m. The following fax numbers are available to request drug prior authorizations:

Standard Fax Requests: (877) 693-8280

Urgent Fax Requests: (877) 693-8476

Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. The use of urgent fax lines for non-urgent requests is not appropriate. Please refer to Section 14 for prior authorization procedural requirements.

### **1.5.9 Other Services**

<b>Service</b>	<b>Provider</b>	<b>Telephone</b>	<b>Hours</b>
Dental	MCNA Dental Plans of Kentucky	(877) 375-6262	9 a.m. to 5 p.m.
Family Planning	AmeriHealth HMO, Inc.	(800) 541-4560	8:30 a.m. to 5 p.m.
Nurse Advice	SironaHealth	(800) 606-9880	24 hours a day
Vision	Block Vision	(800) 243-1401	9 a.m. to 5 p.m.

## 1.6 Claim Submission

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

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

Please refer to Section 18 for additional claims filing instructions.

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

Passport Health Plan  
Attn: Provider Claims Service Unit  
305 West Broadway, 3rd Floor  
Louisville, KY 40202