

Passport Health Plan by Molina Healthcare shall notify all Enrollees of their right to request and obtain the information listed herein at least once a year and within a reasonable time after Passport receives from the Department notice of the Enrollee's Enrollment. Any change in the information listed herein shall be communicated at least thirty (30) Days before the intended effective date of the change.

A. Names, locations, telephone numbers of, and non-English languages spoken by, Providers in Passport's Network, including identification of Providers that are not accepting new patients. This includes, at a minimum, information on PCPs, specialists, and hospitals;

B. Any restrictions on the Enrollee's freedom of choice among network Providers;

C. Any changes in Covered Services by Passport due to moral or religious objections and how to obtain the service;

D. Enrollee rights and protections, as specified in 42 C.F.R. §438.100:

E. Information on the right to file grievances and Appeals and procedures as provided in 42C.F.R. §§438.400 through 438.424 and 907 KAR 17:010, including: requirements and timeframes for filing a grievance or Appeal; availability of assistance in the filing process; toll free numbers that the Enrollee can use to file a grievance or an Appeal by phone; that when requested, benefits can continue during the grievance or Appeal; and that the Enrollee may be required to pay the cost of services furnished while the Appeal is pending if the final decision is adverse to the Enrollee;

F. Information on a State fair hearing including the right to hearing; method for obtaining a hearing; and rules that govern representation at the hearing;

G. The amount, duration, and scope of benefits available under the Contract insufficient detail to ensure that Enrollees understand the benefits to which they are entitled;

H. Procedures for obtaining benefits, including authorization requirements;

I. The extent to which, and how, Enrollees may obtain benefits, including Family Planning Services, from Out-of-Network Providers;

J. The extent to which, and how, after-hours and emergency coverage are provided, including:

1. What constitutes Emergency Medical Condition, Emergency Services, and Post- Stabilization Services, with reference to the definitions in 42 C.F.R. §438.114(a) and 907 KAR 3:130;
2. The fact that Prior Authorization is not required for Emergency Services;
3. The process and procedures for obtaining Emergency Services, including use of the 911-telephone system;
4. The locations of any emergency settings and other locations at which providers and hospitals furnish Emergency Services and Post-Stabilization Services covered under the Contract;
5. The fact that, subject to the provisions of this section, the Enrollee has a right to use any hospital or other setting for Emergency Care.

K. The post-stabilization care services rules set forth at 42 C.F.R. §422.113(c);

L. Passport's policy on referrals for Specialty Care and for other benefits not furnished by the Enrollee's PCP;

M. Cost sharing, if any;

N. How and where to access any benefits that are available under the State plan but are not covered under the Contract;

O. Any Appeal rights made available to Providers to challenge the failure of Passport to cover a service;

P. Advance directives, as set forth in 42 C.F.R. §438.6(i)(2);

Q. Upon request, information on the structure and operation of Passport and physician incentive plans; and

R. An Enrollee's right to request and receive a copy of his or her Medical Records and request that the records be amended or corrected.