Your Member Handbook

Kentucky

Passport by Molina Healthcare

Last updated 11/2024

PassportHealthPlan.com

PASSPORT BY MOLINA HEALTHCARE

Non-discrimination notice

Passport by Molina Healthcare (Passport) complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

To help you effectively communicate with us, Passport provides services free of charge and in a timely manner:

- Passport provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.

- Passport provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Passport by Molina Healthcare Member Services at 1-800-578-0603 or TTY/TDD: 711, Monday to Friday, 7:00 a.m. to 7:00 p.m., local time (EST).

If you believe we have failed to provide these services or have discriminated in another way on the basis of age, color, disability, national origin, race, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx.

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: https://molinahealthcare.Alertline.com

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

Notice of Availability

English	For free language assistance services, and auxiliary aids and services, call 1-800-578-0603 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-578-0603 (TTY: 711).
Chinese 中文(简体)	如需免费的语言协助服务以及辅助工具和服务，请致电 1-800-578-0603 (TTY 用户请拨打 711) 。
German Deutsch	Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-578-0603 (TTY: 711).
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-578-0603 (TTY: 711).
Arabic العربية	اتصل على الر قم 1-800-578-0603 (الهاتف النصي 711: (TTY)) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Serbo-Croatian Srpski	За бесплатну помоћ у вези са језиком и помагала и услуге, позовите 1-800-578-0603 (TTY: 711).
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は 、1-800-578-0603 (TTY: 711) までお電話ください 。
French Français	Pour bénéficier de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-800-578-0603 (ATS : 711).
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-578-0603 (TTY: 711) 로 연락 주시기 바랍니다.
Pennsylvanian Dutch Pennsylvanisch Deitsche	Fer koschdenlos Schprooch Helfe, un annere Helfe un Services, ruff 1-800-578-0603 (TTY: 711).
Nepali नेपाली	भाषासम्बन्धी ननःशुल्क सहायता सेवा र अनतररक्त सहायता तथा सेवाहरूका लानि 1-800-578-0603 (TTY: 711) मा कल गनुहोस्।
Cushite Afaan Oromoo	Tajaajiloota hiikkaa afaanii, fi namoota hanqina dhagahuu qabaniif deeggarsa dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-578-0603 (TTY: 711) tti bilbilaa.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-578-0603 (телетайп: 711).
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-578-0603 (TTY: 711).
Bantu Ikirundi	Kugira uronke serevise y'ugufasha mu vy'indimi, n'ubufasha na serevise ku bafise ingorane z'ukwumva, tera akamo 1-800-578-0603 (TTY: 711).

What's inside

Medicaid Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Find a doctor, specialist or health care service.	My primary care provider (PCP). If you need help with choosing your PCP, call Member Services at (800) 578-0603.
Get information in this handbook in another format or language.	Member Services at (800) 578-0603.
Keep track of my appointments and health services.	Member Services at (800) 578-0603 or use 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 in this handbook.
Get help with stress or anxiety.	Call 911 if you are in danger or need medical care right away. You can also call the 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.
Understand a letter I got in the mail, file a complaint about my health plan, or get help with a recent change or denial of service.	Member Services at (800) 578-0603 or the Medicaid Managed Care Ombudsman Program at (800) 372-2973. You can also find more information about the Ombudsman Program in this handbook.
Update my address.	Call your local Department for Community Based Services (DCBS) office. To find a list of offices, visit Prd.webapps.chfs.ky.gov/Office_Phone/.
Find Passport's Provider Directory or other information about my plan.	Visit PassportHealthPlan.com for a listing of providers and urgent care centers in your area. You can also use our online provider search tool at 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.

Case manager: A specially trained health care worker who works with you and your doctors. They make 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, Diagnostic 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 based on income.

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

Medical Supplies, Equipment, and Appliances (MSEA): A term that includes durable medical equipment (DME), DMEPOS, orthotics, and medical supplies.

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-buses, 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 may be 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 your 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: cardiologist (heart doctor) or ophthalmologist (eye doctor).

Substance use disorder: 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

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 (TTY: 711). You can call Monday–Friday, 7 a.m. – 7 p.m. ET or visit our website at PassportHealthPlan.com.*

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

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 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 directory online at 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, call their office and 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 be your guide to health and wellness services. It tells you how your managed care plan will work. 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 PassportHealthPlan.com.

Help from Member Services

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

Passport provides Member Services toll-free at (800) 578-0603 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET. We can answer questions about things like plan benefits and help with:

- General information
- Change of address or phone number
- Choosing or changing your primary care provider (PCP)
- Requesting an identification (ID) card
- PCP address and phone number
- Filing a grievance or appeal
- Enrollment or disenrollment questions
- Report the birth of a new baby

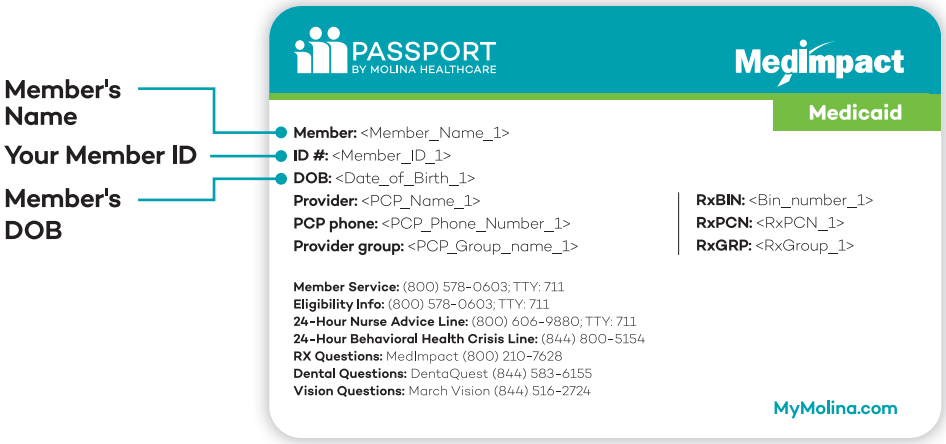
Your Passport ID card

We will mail your Passport ID card within five 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 (TTY: 711). You can call Monday-Friday, 7 a.m. to 7 p.m. ET.

You can request a new ID card by calling Member Services at (800) 578-0603, online through our member portal (MyMolina.com) or using our mobile app (My Molina). 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 (TTY: 711). You can also visit the MyMolina portal to request a new card. Always carry your ID card and show it each time you go for care.



Manage your health plan online

Member portal

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

Passport mobile app

When you download Passport's My Molina app you can access all the same features as on MyMolina plus:

- Virtual ID cards with sharing and printing options
- Urgent care finder
- Pharmacy finder
- Symptom checker

Download Passport's mobile app 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 Molina®"
3. Download our My Molina mobile app
4. Open the app and enjoy your great Passport benefits in the palm of your hand!

Text and email notifications

Text messages

You can easily opt-in to receive text messages from us. It's important to opt-in so that you can receive updates like:

- Value added benefits and healthy reward Information
- Member incentive information
- Free health screenings, vaccine clinics and other events
- Important health notifications
- And more

Simply text JOIN to 94870 to enroll today.

Emails

To get important information related to your health insurance, call Member Services at (800) 578-0603 to sign up for email alerts.

Important information

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: 711).

Interpreter services

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 can get an interpreter to 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. For a Spanish speaking representative please call Member Services at (800) 578-0603 (TTY: 711), Monday-Friday, 7 a.m. - 7 p.m. ET. For all other languages, please call our language line at (800) 752-6096.

We want you to know how to use your health plan, no matter what language you speak. Just call us and we will help you in your own language. .

Changing information

You must update your information if you have a major change in your life. This may be if you:

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

It is important for you to contact the Department for Community Based Services (DCBS) and Passport to update this information. You can do so by:

- Calling DCBS at (855) 306-8959 (or visit local office), or
- Update online at Kynect.ky.gov

Renewing Medicaid eligibility

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 a "Notice of Renewal" packet or a "Request for Information" from the Kentucky Cabinet for Health and Human Services, DCBS.
In order to keep your coverage you must:

1. Gather all the documentation they have requested
2. Submit documentation to DCBS by selecting one of the following options:
   - Upload the documents on the Self-Service Portal (Kynect.ky.gov/benefits)
   - Mail the documents to:
     DCBS
     P.O. Box 2104
     Frankfort, KY 40602
   - Fax the documents to (502) 573-2005 or (502) 573-2007
   - Return the documents in person to any DCBS office. To find a DCBS office near you go to: Prd.webapps.chfs.ky.gov/Office_Phone/index.aspx

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

It's important to provide the information requested by the due date on your notice in order to keep benefits.

Member materials

You can request copies of member materials including provider directories, member handbooks and health education materials. These materials are provided at no cost to you.

You may ask for written member materials in a language other than English, or in a different format because of special needs (e.g. braille, large print, or audio), at no cost to you. Please contact Member Services at (800) 578-0603 to request a copy of member materials free of charge.

First things to know

Primary care provider (PCP)

A PCP is a person that helps manage your overall health. You see them for checkups and general health problems, questions or concerns. Your PCP will let you know when you and your family are due for checkups. They will remind you when you and your family need screenings and immunizations.

How to choose your PCP

Your 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 different PCP for each family member.

Tips for choosing a PCP

- You can find a complete list of all the providers, clinics, hospitals, pharmacies, labs and others who are signed up with Passport in our Provider Directory. You can visit our website at PassportHealthPlan.com/ProviderSearch. To get a copy, you can also call Member Services at (800) 578-0603.
- 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
- Women can choose an OB/GYN as their PCP. You do not need a PCP referral to see an OB/GYN or other providers who offer 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.

If you do not choose a PCP, we will do it for you. To get help choosing a PCP, or making an appointment once you've chosen a PCP, please call Member Services at (800) 578-0603 (TTY: 711). You can call Monday-Friday, 7 a.m. to 7 p.m. ET.

SSI and non-dual eligible members

If you have SSI, but are not dual eligible, you may stay with your current PCP if they are part of Passport's network or you can choose a new PCP that is in Passport's network.

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: 711). We can help you get care and set you up with a PCP.

How to change your PCP

If you're a new member and you do not choose a PCP within 30 days of joining Passport, we will assign one to you. If you do not want this PCP, you can change it by visiting the member portal at MyMolina.com or calling Member Services. You can change your PCP 90 days after the initial assignment, and then one time per year after that. Your PCP must be part of the Passport network.

You can also change your PCP at any time for good cause. You may have good cause if you(r):

- Move to a new address
- Doctor leaves the Passport network, or moves to a different location that is no longer convenient for you

- PCP cannot meet your special needs
- Disagree with your treatment plan
- Have trouble communicating with your PCP because of a language barrier or other communication issues
- Were denied access to medical services or received poor quality of care

If you live in a designated rural area, you will follow the same guidelines for changing your PCP.

Please note, not all requests to change PCPs can be accepted. Reasons a change may be denied include (but are not limited to):

- Provider is not in Passport's network
- Provider is not enrolled with the Kentucky Department for Medicaid Services (DMS)
- Provider is not accepting new members

If you're in the Coordinated Services Program (i.e. Lock-In) and your PCP is your "locked-in" prescriber, you can only change your PCP for specific reasons such as:

- You moved to a new address
- Your doctor leaves Passport
- Your doctor refuses to see you

If your PCP is terminated from coverage, or if a change in PCPs is part of a resolution to an appeal, you can choose a new PCP within 10 days of the approved change. If you do not choose a new PCP, we will assign one for you.

PCP request for disenrollment

A PCP may disenroll you from their practice and reassign you to a new PCP if:

- You do not get along
- You have not used a service within one year of enrollment in the PCP's practice and the PCP has documented unsuccessful contact attempts by mail and phone at least six times during the year
- The PCP cannot meet your medical needs

How to get regular health care

- "Regular health care" means exams, 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.
- Your PCP will let you know when you and your family are due for checkups, screenings and immunizations.
- Passport will also help you stay on top of your health. We send reminders in the mail and by phone. These reminders may include yearly flu shots or health screenings for you or your child.
- 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 have an appointment and can't make it, call to let them know.
- It's also important to schedule routine dental checkups for you and your family.

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 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

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.

You should be able to see a provider within a reasonable amount of time. This depends on the appointment type. Use the appointment guide below to know how long it takes.

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 guide below to know when you can get an appointment.

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 and substance use disorders	
Routine mental health and substance use disorder services	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

If you feel like your doctor is not following these timeframes, or you cannot get the care you need within these time limits, call Member Services at (800) 578-0603 (TTY: 711). You can call Monday-Friday, 7 a.m. to 7 p.m. ET.

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 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET.

Specialty care and referrals

Specialty care refers to medical services provided by health care professionals with advanced training and expertise in specific areas of medicine. Some examples are:

- Respiratory care services
- Podiatry services
- Allergy services
- Neurological services
- Cardiac care services
- Surgical services

At this time, Passport does not require you to get a referral before seeing a specialist. Some specialists may require a referral as part of their own policies. If you have trouble getting a referral to a specialist, please call Member Services at (800) 578-0603, (TTY: 711).

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.

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 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, (TTY: 711)

Skilled nursing and rehabilitation

- Includes short term or rehabilitation stays. Does not include coverage of long term nursing care.
- You must use a nursing home in Passport's provider network.

Long term care services

If you need services at a nursing facility for long-term care, we will help you. Call us if you need long term care services for more than 30 days. Passport will work with the Cabinet for Health and Family Services to disenroll you from managed care and make sure you get the services you need.

Urgent care

Urgent care is for when you are sick or hurt and need to see a doctor quickly, but it's not an emergency. Some examples of when you might need urgent care or an after-hours clinic are:

- Twisted or sprained ankle
- Cough, cold or sore throat
- Minor skin rash
- Earache
- Cuts, bumps and sprains
- Fever or flu symptoms
- General wound care
- Urinary tract infection
- Fever
- Mild asthma

If you can't see your regular doctor, you can visit an urgent care clinic. You can find a list of urgent care clinics in our Provider Directory at PassportHealthPlan.com/ProviderSearch. If you're unsure if you need urgent care, call our 24-hour Nurse Advice Line at (800) 606-9880 (TTY: 711).

Emergency care

Emergency care is for serious conditions that need immediate help, like a heart attack, choking, or a bad injury. In an emergency, call 911 or go to the nearest hospital.

Examples of emergencies:

- Chest pains or heart attack
- Choking
- A lot of bleeding
- Poisoning
- Broken bones
- Gunshot wound
- Drug overdose
- Difficulty breathing
- A very bad burn
- Eye injury

Remember these things:

- We cover ambulance rides to the hospital. Call 911 for an emergency.
- You can use any hospital for emergency care.
- You don't need prior authorization for emergencies.
- After emergency care, you may need more care to stay well.
- You might be treated in the emergency room, a hospital room or somewhere else.
- Always see your PCP after emergency care.
- Don't go to the emergency room for regular care!

Mental 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 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET. 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 PassportHealthPlan.com/ProviderSearch.

You may need behavioral health services if you have trouble with any of these:

- Always feeling sad
- Being upset often or all the time
- Drug or alcohol problems
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Loss of appetite or often eating too much
- Problems paying attention
- Problems sleeping
- Weight loss or gain
- Your head, stomach or back hurts, and your doctor hasn't found a cause
- Thoughts of harming yourself or wishing you were no longer alive

You can get access to services to help with mental health issues like depression, anxiety, alcohol or other substance use disorders. These services include:

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

  - Individual, group and family therapy
  - 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
  - Partial hospitalization
  - Other supportive services such as: peer support, comprehensive community supports and targeted care management
- Substance use disorder services
  - Residential substance use treatment
  - Intensive outpatient treatment
  - Outpatient treatment, including opioid treatment:
    - Outpatient withdrawal management
    - Non-hospital medication withdrawal management
    - Alcohol and drug abuse treatment center withdrawal management crisis stabilization
    - Medication Assisted Treatment (MAT)
    - Peer support services and targeted care management

If you think 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, (TTY: 711).

If you have a behavioral health emergency you should call 911 and/or go to the nearest hospital emergency room.

You can also call the Behavioral Health Crisis Line 24 hours a day, 7 days a week, at (844) 800-5154. Additionally, you can call 988 (or go to 988.ky.gov) to reach the Suicide and Crisis Lifeline. Help is available 24/7/365 and free-of-charge.

Other important information

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 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET 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 copays

Copays are not required for any service.

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 covered medical services. If you need a ride, you must talk to the transportation broker in your county to schedule a trip. Details are below.

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 need a ride from a transportation broker and you or someone in your household has a car, you will have to get a note that explains why you can't use it. You can get a:

- Doctor's note that says you can't drive
- Note from your mechanic if your car doesn't run
- Note from the boss or school official if your car is needed for someone else's work or school
- 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 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 (888) 941-7433, Monday-Friday, 8 a.m. to 4:30 p.m. ET and Saturday 8 a.m. to 1 p.m. 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).

Your benefits

Passport provides 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.

You must get services from providers in the Passport provider network. Services must be medically necessary, and should be provided, managed or referred by your PCP. We will only be liable for services authorized by Passport.

Services covered by Passport

Take a look at some of the great benefits and services you have with Passport by Molina Healthcare. As always, you pay $0!

Your benefits	Extra details
Allergy services	Covers both adult and children
Ambulatory surgical centers	Does not cover cosmetic surgery.
Autism spectrum disorders	Age 21 and under
Blood pressure cuff	One free blood pressure cuff per year.
Cervical and vaginal cancer screening (Pap tests, pelvic exams)	One per year (unless ordered by provider)
Chemotherapy	
Chiropractic Care (limits may apply)	26 visits per 12-month period
Colorectal screenings	Colorectal cancer screening starting at age 45 years old based on the American Cancer Society (ACS) guidelines
Commission for Children with Special Health Care Needs	Limited to children who are eligible for the Kentucky Commission for Children with Special Health Care Needs
Dental services	**Covers**: • Preventive services • Diagnostic services • Dentures* • Two cleanings every 12-months • One set of X-rays every 12-months • Extractions and fillings • Oral surgery • Orthodontic and prosthodontic services * One set every five years for adults. More frequent for those under 21 if medically necessary due to growth.

Your benefits	Extra details
Dialysis end-stage renal disease (ESRD)	Services and procedures that promote and help the functioning of the kidneys and related organs
Durable medical equipment	
Early & Periodic Screening, Diagnoses and Treatment (EPSDT) Services (health checks for children under age 21)	• One neonatal exam (right after the baby is born) • One exam at 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • One exam each year for children ages 3 to 20
Emergency room	
Emergency/ ambulance and air transportation	• Basic life support (BLS) • Advanced life support (ALS) ambulance services
Family planning	Provided at routine visits or family planning clinics
First Steps services	Services are available to children from birth to age 3. Children must have a developmental delay or a physical or mental condition(s) related to a developmental delay.
Hearing services	• One complete hearing evaluation per calendar year • Hearing aids
HIV screening	**Screenings for:** • Pregnant women • Those who have an increased risk for the infection • Anyone who asks for the test
Hospice	
Inpatient hospital services	
Inpatient provider and surgeon services	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Inpatient mental health and substance use disorder	
Immunizations	**Adults and children, including:** • Flu • Pneumonia • Hepatitis B
Lab and Radiology Services (by provider or lab)	Medical tests prescribed by your health care provider to help with treatment
Maternity services	
Non-emergency ambulance stretcher services	Used when other types of transportation could cause danger to your health (see Member Handbook section on Transportation)
Nursing facility services	Includes provider services
Nutritional counseling	
Ob ultrasounds	2 every 9-months unless your provider orders more (see family planning in Member Handbook)

Your benefits	Extra details
Occupational therapy (OT)	Up to 20 visits per calendar year
Outpatient hospital services	Does not cover cosmetic surgery (except for post-mastectomy reconstructive surgery)
Outpatient mental health and substance use disorder	Per visit
Prenatal and postnatal care	
Prescription drugs	Unlimited prescriptions per month
Physical therapy	Up to 20 visits per calendar year.
Provider Services (PCP's, specialists, provider assistants, nurse practitioners, nurse midwives)	**Includes:** • Specialists • Provider assistants • Nurse practitioners • Nurse midwives • Office visits • Medical surgical care and consultation • Diagnosis and treatment
Podiatry services	Routine foot care not covered except for some conditions that need professional supervision
Preventative care	Including wellness
Private duty nursing	Must be medically necessary. Prior authorization is required.
Prosthetic and orthotic devices	
Psychiatric residential treatment facilities	For children 6 to 21 Intensive facility-based care alternatives to hospitals
Radiation therapy	
Rural health clinic (RHC), Federally Qualified Health Center (FQHC), and Primary Care Center (PCC)	
School and sports physicals	Get a free sports or school physical every year with your free annual exam. All members 5-18.
Specialized children's services clinics	Exams are covered for members under age 18. They must be medically necessary. They do not need prior authorization. Other services are covered, like counseling and therapy. The provider will give education to the child and non-offending family member.
Speech therapy	Up to 20 visits per calendar year

YOUR BENEFITS

Your benefits	Extra details
Targeted case management services	Behavioral health services that include at least 4 sessions in 1 month including a minimum of: • One face-to-face contact • One face-to-face contact with parent, family member, guardian or other person who has custody or supervision of the member • Two additional contacts face-to-face or by phone
Telehealth	Must use a provider in the Passport network and be in the State of Kentucky.
Tobacco cessation	
Transplant services	
Urgent care visits	
Vision	• One eye exam each calendar year • One pair of eyeglasses per year, or 1 pair of contacts

This is not a complete list. If you have questions about your benefits or services, ask your primary care provider (PCP) for more details or call Member Services at (800) 578-0603 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET.

Please note, some hospitals and providers may not provide some covered services due to moral or religious grounds. If you have questions about a service or how to get them, please call Member Services.

Direct access services

Direct access to care means you can get covered services from any Passport provider of your choice without needing a referral from your PCP. At this time, Passport does not require referrals for specialty care. However, some services may still require a prior authorization in order to be covered. Please see the section below on prior authorizations for more information.

Prior authorization and timeframes

Passport must approve some health care services and supplies before you get them. This is called prior authorization. Your provider can get a full list of services that need a prior authorization on the at PassportHealthPlan.com.

If prior authorization is required, we will review the request within these time frames:

PRIOR AUTHORIZATION TIMEFRAMES		
Type of review	**Decision time frame**	**Requested by**
Standard Review (For non-emergency requests)	Two business days*	Your provider
Expedited - fast track (for urgent requests)	One calendar day	Your provider

Passport will decide as fast a possible based on your health condition. There may be instances when extra time is needed to make a standard decision. In those times, the review may take up to 14 days. The timeframe for a standard authorization request may be extended up to 14 days if you or your provider request an extension, or if Passport justifies, in writing, to the Department for Medicaid Services.

Services NOT covered

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not cover. If you use these services, 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)
- 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
- Personal service or comfort items including: Fans, air conditioning, humidifiers, air purifiers, computers, home repairs

- Services not covered (including those listed above)
- Unauthorized services

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, (TTY: 711). You can also call if you need help obtaining these services.

Vision care

Passport covers vision care. Your vision care benefit is managed by March Vision. Covered services include those provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses. Specialist referrals for eye disease are also covered.

To find a vision provider, or to see if your existing provider is included, you may visit PassportHealthPlan.com/ProviderSearch. For questions, please call March Vision at (844) 516-2724.

Dental care

Passport covers dental care. Your dental care benefit is managed by DentaQuest. For adults our coverage is limited, but includes oral exams, emergency visits, x-rays, extractions and fillings are covered. Dental coverage for children includes oral exams, emergency visits, x-rays, extractions and fillings.

To find a dental provider, or to see if your existing provider is included, you may visit PassportHealthPlan.com/ProviderSearch. For questions, please call DentaQuest at (844) 583-6155.

Prescription drug benefit

Passport works with a pharmacy benefit manager (PBM) called MedImpact Healthcare Systems, Inc. to provide your drug benefit. Their member service team is available 24 hours a day, 7 days a week, by calling (800) 210-7628.

Your Passport 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 Medicaid. To find a pharmacy, or see what is covered, go to Kyportal.medimpact.com or visit PassportHealthPlan.com/ProviderSearch. You can also review the KY Preferred Drug List (PDL) by visiting PassportHealthPlan.com/Formulary.

Prior authorization for some medicines

There may be times when your provider may be required to submit a Prior Authorization (PA) request. Your provider will explain why you need a certain prescription drug or amount of a drug. The PA request must be approved before you can get the medicine.

When is a PA required?:

- There is a generic or another alternative drug available
- The medicine can be misused or abused

- There are other prescription drugs you must try first

Some medicines have quantity (amount) limits. If the PA request for a drug is not approved, you will be sent a letter. The letter will explain how to appeal the decision. It will also detail your rights to a State Fair Hearing.

Virtual care

Passport is pleased to partner with **Teladoc** to offer you 24/7 virtual care. Now it's simple to connect to a board-certified provider 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
- Allergies
- Back pain
- Sexual health
- Skin problems
- Depression and other behavioral health conditions (for members ages 18+)

If at any point your symptoms worsen or you think you have a medical emergency, call 911 or go to the nearest emergency room.

Set up your account today!

1. **Choose from one of three ways:**
   - **Online:** Go to Member.teladoc.com/molina/KY, or
   - **Mobile app:** Download the app and click "**Activate account**." Visit Teladoc.com/mobile to download the app, or
   - **Call Teladoc** at **(800) Teladoc** (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."

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for Medicaid children under age 21. The goal of EPSDT is to ensure children and adolescents get appropriate (and medically necessary) services to help treat, prevent or improve a health issue. This includes comprehensive health screenings (well-child checks, developmental screens and immunizations); vision, dental, hearing, lead screens; diagnostic services; and treatment of all illnesses or conditions found.

EPSDT services

Passport wants to ensure your child gets the right care at the right time in the right setting. You can get EPSDT services from any Medicaid provider. You do not have copays. Passport can also help you schedule appointments and arrange free transportation.

EPSDT well-child checkups

Well-child checkups, also known as medical exams, are for children from birth to age 21. They help find or prevent health conditions that could affect your child's growth and development. Below are the recommended ages for well-child checkups:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Every year from ages 3 –20 years

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 PassportHealthPlan.com or by calling Member Services free at (800) 578-0603, Monday–Friday, 7 a.m. to 7 p.m. ET (TTY: 711).

Immunizations (shots)

Immunizations (shots) usually occur during well-child visits and are given based on age and medical history. For up-to-date information on the standard shot schedule recommended by the Centers for Disease Control and Prevention (CDC), please visit CDC.gov/vaccines/ or Cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

Women's health

Women's preventive services

- Women may see any Passport OB/GYN or women's health specialist for well woman care.
- Women can choose to have an OB/GYN as their PCP
- Women age 40 or over should have a mammogram to screen for breast cancer once every year
- Women age 21 or older 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 year as recommended, to screen for this sexually transmitted disease (STD)

Family planning services

Family planning is when you plan the number and spacing of children through birth control. These services can include birth control counseling, human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment and counseling (related to your test results) and

screenings for cancer and other related conditions. It also includes birth control or birth control devices (IUDs, implantable contraceptive devices and others), with a prescription, emergency contraception and sterilization services.

You can get these 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.

Other covered services:

- Hysterectomy, when medically necessary
- Prosthesis needed after a complete or partial removal of a breast for any medical reason
- Reconstructive breast surgery performed along with, or after, a full or partial mastectomy

Maternity and postpartum care

Maternity care

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

- Prenatal, delivery, postpartum and maternity care (including care for conditions that complicate pregnancy)
- Care management services for high-risk pregnancy and two months after delivery
- Labs, x-rays and other tests
- Information on diet, exercise and other important health care services
- Childbirth education classes
- Inpatient/outpatient care, including OB/GYN and hospital services
- One medically necessary postpartum home visit for newborn care and assessment following discharge
- Newborn screenings

High risk pregnancy

Passport has special services and programs for members who need extra support during pregnancy. This includes 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 case managers will work with you one-on-one during your pregnancy. We'll make sure you have the healthiest outcome for you, your baby, and your family. Please call us at (866) 891-2320 (Option 1), Monday-Friday 9 a.m. to 9 p.m. ET.

Resources during pregnancy

Tobacco and nicotine cessation: Smoking during pregnancy can harm your baby. Visit Chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/tobcessation.aspx for information and resources on the CHFS Tobacco Prevention and Cessation Program. For help quitting tobacco or nicotine use, call Quit Now Kentucky at (800) QUIT-NOW or text QUITNOW to 333888.

WIC: If you are pregnant, or recently delivered, talk to your provider about WIC. WIC can provide eligible pregnant women and young children nutrition support and help new mom's with breastfeeding support. To find out if you are eligible for this program you can contact your local WIC agency. You will make an appointment to talk with them, show proof of Kentucky residency and income.

To learn more about WIC, go to Chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx.

Postpartum care

Postpartum refers to the time after childbirth. It starts immediately after child birth and generally lasts six to eight weeks. Make sure you go to your doctor for follow up care after you have your baby. This should be three to eight weeks (21-56 days) after your baby is born. If you had a C-section, you should follow up within one to two weeks of surgery. It's important to attend these appointments because this is where your provider can find possible complications.

Once your baby is born, be sure to call the local Department for Community Based Services (DCBS) to enroll them and call Passport to let us know. Your child can become a Passport member on the day he or she is born.

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

Private Duty Nursing is covered, must be medically necessary, and within the allowable hours. Additional hours may be covered under EPSDT Special Services and must be medically necessary and ordered by your doctor.

Hospice care

Hospice is a covered program that is a type of health care focused on quality of life and easing distress and discomfort in the months leading up to the end of life. For information on hospice care, please call your PCP or Member Services at (800) 578-0603 (TTY: 711), Monday - Friday, 7 a.m. to 7 p.m. ET.

- 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.

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

Health Risk Assessment (HRA)

Completing a HRA will allow us to better understand your unique needs so we can connect you with additional supports and services you might need. Return your completed HRA to Passport by Molina Healthcare at Kycaremanagement@molinahealthcare.com or to:

5100 Commerce Crossing Drive
Louisville, KY 40229

Population health management

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
- Diabetes
- High blood pressure
- Tobacco cessation
- Weight management
- Nutrition consultation
- COPD
- Heart failure

For more information or to benefit from one of these programs, please call Health Management at (866) 891-2320 (TTY: 711), Option 2, Monday-Friday 9 a.m. to 9 p.m. ET.

Tobacco cessation

Passport covers tobacco and vaping cessation services for all members, including diagnostic, therapy and counseling services and pharmacotherapy. This includes coverage of prescription and over-the-counter (OTC) tobacco cessation agents approved by the Federal Drug Administration (FDA). Note: Passport requires a prescription for OTC tobacco cessation agents.

There are many ways to quit smoking or vaping. 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.

To enroll in the "Quit Now Kentucky" program, please call Quit Now Kentucky toll-free (800) QUIT-NOW or (800) 784-8669. You can also text QUITNOW to 333888. Teens can get support quitting smoking or vaping through My Life My Quit, a free program just for teens, by texting "Start My Quit" to 36072 or visiting Mylifemyquit.com/en-US"Mylifemyquit.com/en-US.

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. The programs are offered at no cost to you.

Passport case managers 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.
- Help you navigate the health care system.
- Help you get medicines.
- 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 (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.

Community Connectors

Passport's Community Connectors help members find the medical and other services they need. Community Connectors may help members with:

- Housing resources for members experiencing homelessness
- A medical home
- Food bank locations
- 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, helping to remove barriers to care
- Help to schedule appointments with providers
- Assist with pharmacy issues
- Conduct home safety checks
- Teach about healthy behaviors to improve self-management of chronic health conditions

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

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 Passport ID card for these services. These services are:

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

- **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.
- **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.

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 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET. We are here to help.

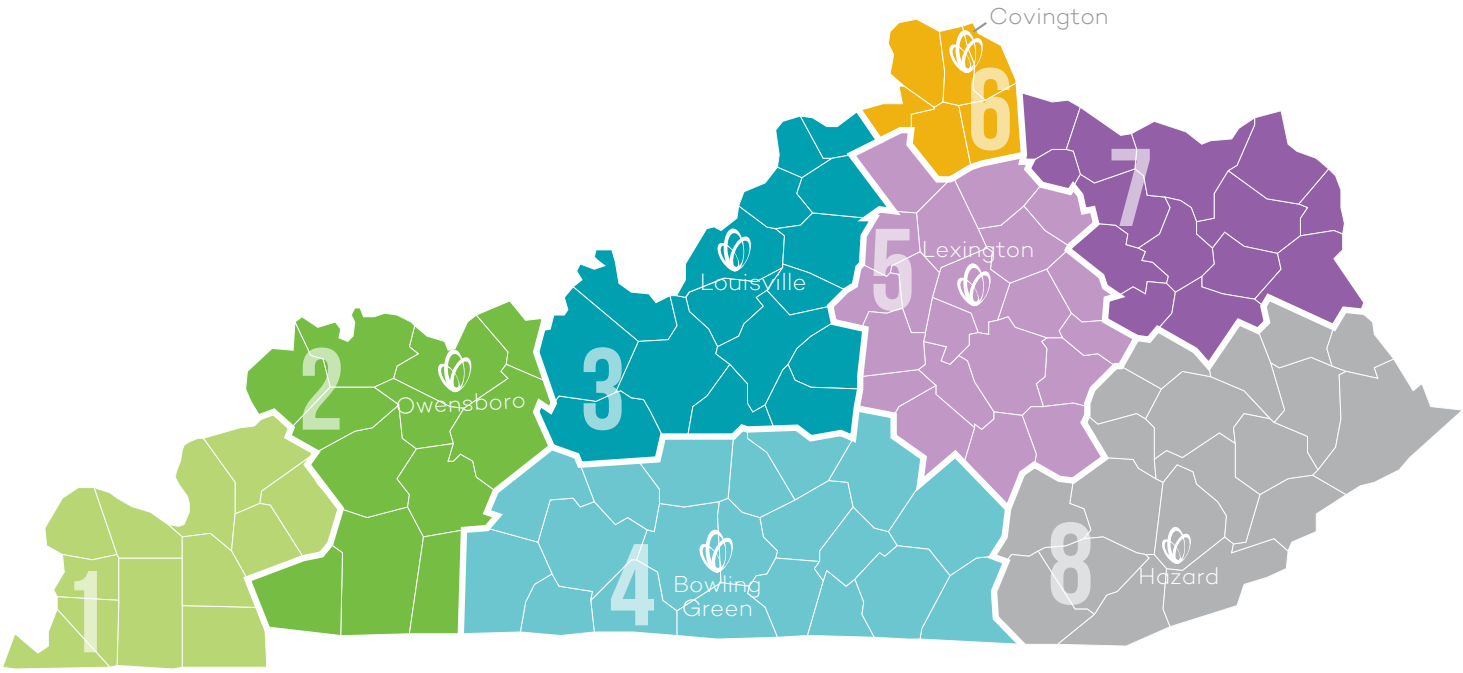
Community Engagement

Our Community Engagement Team is a special team that works in the community. They can help you understand your Passport benefits, special programs and covered services. They host member education sessions, both in person and virtually, to review benefits and answer any questions. The team also participates in various school, civic and community events working to improve the health and quality of life for our communities. Additionally, our Community Engagement Health Educators provide education on various health topics such as diabetes, high blood pressure and healthy lifestyle habits.

One Stop Help Centers

Passport offers One Stop Help Centers across Kentucky. These locations offer Passport members face-to-face help with healthcare and community support. They also offer new member orientation sessions, connections to mental health care, live tutorials for how to use the Passport app, educational programs, and free WiFi, meeting room and telehealth capabilities, along with other services.

One Stop Help Centers are currently open Monday through Friday from 9 a.m. to 5 p.m. in Owensboro, Louisville, Bowling Green, Lexington, Covington and Hazard. See below for details on each location.



Owensboro Region 2	410 Southtown Blvd, Suite 3, Owensboro, KY 42303	(270) 698-9371
Louisville Region 3	2028 W. Broadway Louisville, KY 40203	(502) 585-6047
Bowling Green Region 4	636 US 31 W. By-Pass, Suite A, Bowling Green, KY 42101	(270) 698-9368
Lexington Region 5	127 W. Tiverton Way, Suite 128, Unit 4, Lexington, KY 40503	(859) 997-9336
Covington Region 6	1613 Madison Avenue, Covington, KY 41011	(859) 997-9335
Hazard Region 8	124 Grand Vue Plaza, Hazard, KY 41701	(606) 767-5701

YOUR BENEFITS

Passport offers EXTRA programs to help you stay healthy

To learn more and claim your reward, visit passporthealthplan.com/rewards or call (833) 986-0072.

Healthy reward type	The details	Who's eligible	The value
General wellness	Complete a Health Risk Assessment (HRA)*	All members	$25 gift card credit
	Have an annual adult preventative screening visit*	All members 22 years and older	$25 gift card credit
	Have an annual young adult wellness visit.* ***(NEW)***	Members 13 - 21 years old	$50 gift card credit
	Have an annual well-child visit*	Members 3 - 12 years old	$25 gift card credit
	Have up to 8 well-child visits on time*	Members birth - 30 months old	$10 gift card credit PER VISIT (max $80 gift card credit)
	Complete an annual dental exam*	All members	$50 gift card credit
	Get a colon cancer screening test* (Frequency dependent on specific screening test received)	Members 45 - 75 years old	$25 gift card credit
	Have a follow-up visit within seven days of an inpatient hospital stay (no limits)*: • Medical stays go to PCP • Behavioral health stays go to behavioral health provider or PCP	All members	$50 gift card credit
	Participate in Behavioral Health Case Management Engagement* ***(NEW)***	Members <21 yrs old enrolled in the SMI/SED CM Care Model who remain engaged for at least 90 days	$25 gift card credit
Diabetes	Have a yearly diabetic retinal eye exam*	Members with diabetes 18 - 75 yrs old	$50 gift card credit
	Complete a yearly HbA1c test*	Members with diabetes 18 - 75 yrs old	$50 gift card credit
	Complete Diabetes Self Management Education & Support (DSMES) classes*	All members with diabetes type 1 or 2	$25 gift card credit

Healthy reward type	The details	Who's eligible	The value
Women's preventative health	Have a yearly mammogram*	Female members 40–74 yrs old**	$25 gift card credit
	Get a yearly pap test*	Female members 21–64 yrs old**	$25 gift card credit
	Get a yearly chlamydia screening*	Female members 16–24 yrs old**	$25 gift card credit
Maternal health	Go to a prenatal visit during the first trimester or within 42 days of enrollment*	Pregnant moms 12 years & older	$100 maternity gift card credit
	Attend one postpartum visit 7–84 days after the birth of a baby*	New moms	$50 maternity gift card credit
Vaccines/ immunizations	Up to $190 in gift card credits for members who complete the following vaccine series* on or before child's 2nd birthday (provider attestation required)*: • Rotovirus ($10) • Hep A ($10) • Hep B ($10) • Tdap ($10) • Hib ($10) • PCV ($10) • MMR ($10) • Varicella ($10) • Polio ($10) • Influenza ($100) - 1st shot ($50) - 2nd shot ($50)		
	Up to $100 in gift card credits for members who complete the HPV vaccine series: • 1st HPV, between ages 9-12 years ($50) • 2nd HPV, between ages 9-12 years ($50)		
Other rewards	Stay connected and opt-in to email/text reminders as the head of household* ($10 gift card credit)		

Value added benefit	The details	Who's eligible	The value
Free phone/data	A FREE cellphone with unlimited talk, text & data	All members 18 years and older	Free – no cost!
	A FREE cellphone with unlimited talk, text & data	Members 16-17 who are : • Pregnant; or • Have a shelter address	Free – no cost!
Weight Watchers	Get up to 13 weeks of weight watchers digital program free. Members must have approval from their doctor, an email address, and a computer or smart device with internet access.	Members 18 years and older who are approved by their doctor and meet BMI requirements.	$40 value

YOUR BENEFITS

Value added benefit	The details	Who's eligible	The value
GED	Vouchers to take the GED test free at testing centers and a gift card credit if you pass the exam.	Members 18 years and older	Exam voucher (up to $120 value) and $50 gift card credit for passing
Asthma management	Members who sign up and complete the 3-month asthma disease management Breath With Ease® Program	All members in the asthma disease management program	Mattress cover: $60 value Pillow cover: $20 value

Some exclusions apply. Benefits subject to change. To qualify, members must have Passport by Molina Healthcare Medicaid. If reward is offered for both Molina Medicaid and Medicare, it can only be claimed once and will be provided by member's primary insurance.

***Rewards must be claimed within 90 calendar days of receiving the qualifying service and member must be currently enrolled with Passport Medicaid at the time of claiming the reward.**

**Members assigned female at birth.

Plan procedures

Appeals and grievances

Grievance process

You can file a grievance (complaint) with Passport if you are not happy with the health plan. 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 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET. You may also fax a grievance to (833) 415-0673 or send in a grievance in writing to:

Passport by Molina Healthcare
Attention: Member Grievance and Appeal Department
P.O. Box 36030
Louisville, KY 40233

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. We will make a decision regarding your grievance within 30 calendar days of receipt.

The AnG Specialist will look into your grievance and will speak with 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 Passport denied, suspended, terminated, or reduced a requested service. This is called an **adverse benefit determination**.

If you are not satisfied with our decision about your care, you can file an internal appeal. There are two kinds of internal Appeals: 1) Standard Appeal and 2) Expedited Appeal (Fast Track).

Standard appeal

You can file a Standard Appeal if you disagree with a decision made by Passport regarding your care. Below is important information for filing an appeal:.

- 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. If you would like to file an appeal, please call our Member Services Department at (800) 578-0603 (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m. ET.

- **An oral or verbal appeal must be followed by a written, signed appeal. Written follow-up must be received by the Appeals & Grievance Department within 10 days of the oral or verbal appeal.**

Send your appeal in writing to:

Passport by Molina Healthcare
Attention: Member Grievance and Appeal Department
P.O. Box 36030
Louisville, KY 40233

Your written request must include:

- Your name
- Address
- Member ID 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 a copy of any and all documents free of charge to the member and/or member's representative upon request. These documents may include: 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.
- Acknowledgement of receipt of the appeal will be mailed within 5 calendar days.
- 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 within 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 for assistance. For non-English speaking members, we have bi-lingual representatives and language line services available. Please call our language line at (800) 752-6096.
- 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
275 East Main Street, 2E-O
Frankfort, KY 40621
Toll Free and TDD/TYY: (800) 372-2973

Expedited appeals (fast track):

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.

Continuing your care while you wait

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

- The appeal is filed timely, which is:
  - Within 60 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 a 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 State Fair Hearing (see next section in this handbook).

State Fair Hearing process

If you have any problems with 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.

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, KY 40621-0001
Attn: Hearing Request

Phone: (800) 635-2570
Fax: (502) 564-9523

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 who attend the hearing include:

- You and 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

As a Passport member, you are entitled to certain rights and services. You also have a responsibility to be an active participant in your health care. A good partnership between you and your health care provider(s) will improve our ability to provide appropriate services and your ability to receive the most benefit from the services. Here is a summary of your rights and responsibilities as a member:

Passport members have the right to:

- Respect, dignity, privacy, confidentiality, accessibility and non-discrimination
- A reasonable opportunity to choose a primary care provider (PCP) and to change to another provider in a reasonable manner
- Consent for or refusal of treatment and active participation in decision choices
- Ask questions and receive complete information relating to your medical condition and treatment options, including specialty care
- Voice grievances and receive access to the grievance process, receive assistance in filing an Appeal, and request a State Fair Hearing from Passport and/or the Department for Medicaid Services
- Timely access to care that does not have any communication or physical access barriers
- Prepare advance medical directives
- Assistance with medical records in accordance with applicable federal and state laws
- Timely referral and access to medically indicated specialty care
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Receive information in accordance with 42 C.F.R. 438.10
- Be provided covered health care services
- Any Native American Indian, that is eligible to receive services from a participating I/T/U provider or an I/T/U PCP, shall be allowed to receive services from that provider if part of Passport's Network (Indian Health Services, Tribally operated facility/program, and Urban Indian clinics)

Additionally, as a Passport member you have the right to request and obtain the information listed here annually. Additionally, any change in the information listed here will be communicated at least thirty (30) days before the intended affective date of a change:

- 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 (Including at a minimum, information on PCPs, specialists, and hospitals)
- Any restrictions on freedom of choice among network providers
- Any changes in covered services by Passport due to moral or religious objections and how to obtain the service

- Member rights and protections, as specified in 42 C.F.R. 438.100, including the freedom to exercise your rights without negatively affecting the way Passport, our providers or the State treat you and freedom from other discrimination prohibited by state and federal regulations
- Information on the right to file grievances and appeals and procedures
- Information on a State Fair Hearing, including the right to the hearing, method for obtaining a hearing and rules that govern representation at the hearing
- Amount, duration, and scope of benefits available in sufficient detail to ensure understanding of the benefits to which you are entitled
- Procedures for obtaining benefits, including authorization requirements
- How you may obtain benefits, including family planning services, from out-of-network providers
- To receive detailed information on how after-hours and emergency coverage is provided
- Post-stabilization care services rules
- Passport's policy on referrals for specialty care and for other benefits not furnished by your PCP
- Copay or cost-sharing if required
- How and where to access any benefits that are available under Medicaid, but are not covered by Passport
- Any appeal rights made available to providers to challenge the failure of Passport to cover a service
- Upon request, information on the structure and operation of Passport and physician incentive plans
- Right to request and receive a copy of medical records and request that the records be amended or corrected

Passport members have the responsibility to:

- Become informed about your rights
- Abide by Passport and the Department for Medicaid's policies and procedures
- Become informed about services and treatment options
- Actively participate in personal health and care decisions and practice healthy lifestyles
- Report suspected fraud and Abuse
- Keep appointments or call to cancel
- Never let anyone use your Passport ID card or Medicaid ID card
- Promptly apply for Medicare or other insurance when you are eligible

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

Disenrollment options

Voluntary disenrollment

After the first 90 days of enrollment, you can only change to a different health plan for 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 granted, you can request an appeal to the Department for Medicaid Services (DMS) Enrollment Processing Branch (EPB). If it is granted 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 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 health care services

Advance directives

There may come a time when you become unable to manage your own health care and a family member or someone close to you makes decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An Advance Directive is a document that explains how medical decisions should be made for you if you are unable to make them for yourself.

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 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. You can change or cancel it 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 Directives"
2. Click on "Download and Complete Your State's Advance Directive"
3. Click on your state

When you make an advance directive:

- Sign and date your Advance Directive
- Obtain signatures of two witnesses, in accordance with state law
- Give a copy to your doctor so they can put it 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 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 it. We use and share your information to provide you with health benefits. We 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 ID number, or other things that can be used to identify you, and that are used or shared by Passport.

Why does Passport use or share your 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 and keeps PHI private in our computers by using firewalls and passwords.

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

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

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

Fraud, waste and abuse

Our fraud, waste and abuse plan helps Passport, its employees, members, providers and regulators. It helps by increasing efficiency, reducing waste and improving the quality of service. We take the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. We investigate all suspected cases of fraud, waste and abuse and report to government agencies when needed. We take the appropriate disciplinary action. This may include termination of employment, termination of provider status 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 health care 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 occurred, you can report it without giving your name to:

- Online: MolinaHealthcare.AlertLine.com
- Phone: (866) 606-3889
- Fax: (502) 585-8461
- Regular Mail:
- Passport by Molina Healthcare
- Attention: Compliance Director
- 5100 Commerce Crossings Drive
- Louisville, KY 40229
- 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 (800) 447-8477

Quality Improvement Program

Our Quality Improvement Program:

- Reviews 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.
- 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 you. Some examples are getting the right type of appointment at the right time and having enough providers to take care of your needs.

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).

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 included postage-paid envelope. We hope you are happy with our services. Your feedback will tell us what we're doing well and how we can improve your health care. We want to make sure you are getting the care you need and deserve. We're 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, (TTY 711).

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 you.

- Advisory council members must be at least 21 years old and current Passport members.
- The council meets once a year in your area.
- Council members must participate in discussions about your experiences with Passport services and providers.
- Passport will use your information about your experiences and your suggestions to improve the health care services.

If you would like to apply or want more information about our Member Advisory Council, please call (844) 366-5462, Monday–Friday, 7 a.m. to 7 p.m., ET (TTY/TDD: 711).

KI-HIPP program

The Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program is a voluntary Medicaid program offered to eligible individuals to help pay for the cost of an employer-sponsored insurance plan. If you are outside of the Passport service area and you need non-emergent 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 when available.

The Ki-HIPP program also may provide more healthcare options by providing access to the full traditional Medicaid network and allowing entire families to be on the same health insurance plan.

You may be eligible for KI-HIPP if you have at least one Medicaid member on the policy and have access to health insurance through current or past employment (United Mine Workers Retiree Health Plan and COBRA).

Contact KI-HIPP by calling toll free (855) 459-6328 or email KIHPP at Kihipp.program@ky.gov.


PASSPORT
BY MOLINA HEALTHCARE