

myhealthmylife™

for Passport Health Plan members

Summer 2022, Issue 2

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Smile BIG at every age

Your child's perfect smile starts with good oral health habits. Oral health is important because it impacts the way you speak, smile, eat, show emotions and your self-esteem. Good oral health habits can give your child healthy teeth and gums for school and family photos. Now, that's something to smile about!

You can follow the tips below to help have the best smile possible:

Oral health tips for children

- Start brushing your child's teeth at an early age.
- Brush your child's teeth twice a day with fluoride toothpaste.
- Schedule your child's first checkup by age 1 and visit the dentist regularly.
- If your child is under age 2, do not use fluoride toothpaste unless a doctor or dentist says to do so.
- If your child's under age 6, use a pea-sized amount of toothpaste. Have them spit out the toothpaste after brushing.



- Your child should visit a dentist twice a year for checkups. It's best to see the same dentist every time to better keep track of your oral health.



Fluoride varnish

Did you know fluoride varnish is recommended twice a year for children under age 5 and starting at 6 months? Fluoride helps build strong, healthy teeth and prevents cavities. Your dentist or primary care provider (PCP) can apply fluoride.

Oral health tips for adults

- Brush your teeth twice a day with fluoride toothpaste and floss between your teeth to remove dental plaque.
- Visit your dentist once a year, even if you don't have any teeth or wear dentures.
- Do not use tobacco products.

Sources: American Dental Association, Mouthhealthy.org



How to change your PCP

One of the best ways to take good care of your health is to have a primary care provider (PCP). Your PCP is your main doctor who provides most of your care and makes referrals. Your PCP will get to know you and know how to best treat you.

The name of your PCP is listed on your Passport ID card and on our website. Please make sure your PCP is listed correctly and that the contact information we have for you is correct. If you need to make any changes, here's some information for you.

You can update your contact information or change your PCP by visiting MyPassportHealthPlan.com or calling Member Services (800) 578-0603 (TTY: 711).

- You are allowed to change your PCP changes every 30 days, if needed.
- If we assign you to the PCP and you call within the first month of membership, the change will be backdated to the first of the current month.
- All other PCP changes are effective immediately upon request.
- When you change your PCP, you will get a new ID card in the mail.

Manage your health care online with My Passport Health Plan!



-  Change your doctor
-  Update your contact information
-  Request an ID card
-  Get health reminders on services you need
-  View service history



Should I get the COVID booster shot?

The Centers for Disease Control and Prevention (CDC) approved a <second> COVID booster shot for some groups of people. If you're in one of these groups, your doctor can help you review your choices.

You can get a <second> COVID booster NOW if you:

- Are <50> and older and got your <first> booster at least <4> months ago
- Have a weakened immune system, are <12> years or older and got your <first> booster at least <4> months ago
- <Are an adult who> got your first vaccine and a booster dose of Johnson & Johnson's Jansen vaccine at least <4> months ago

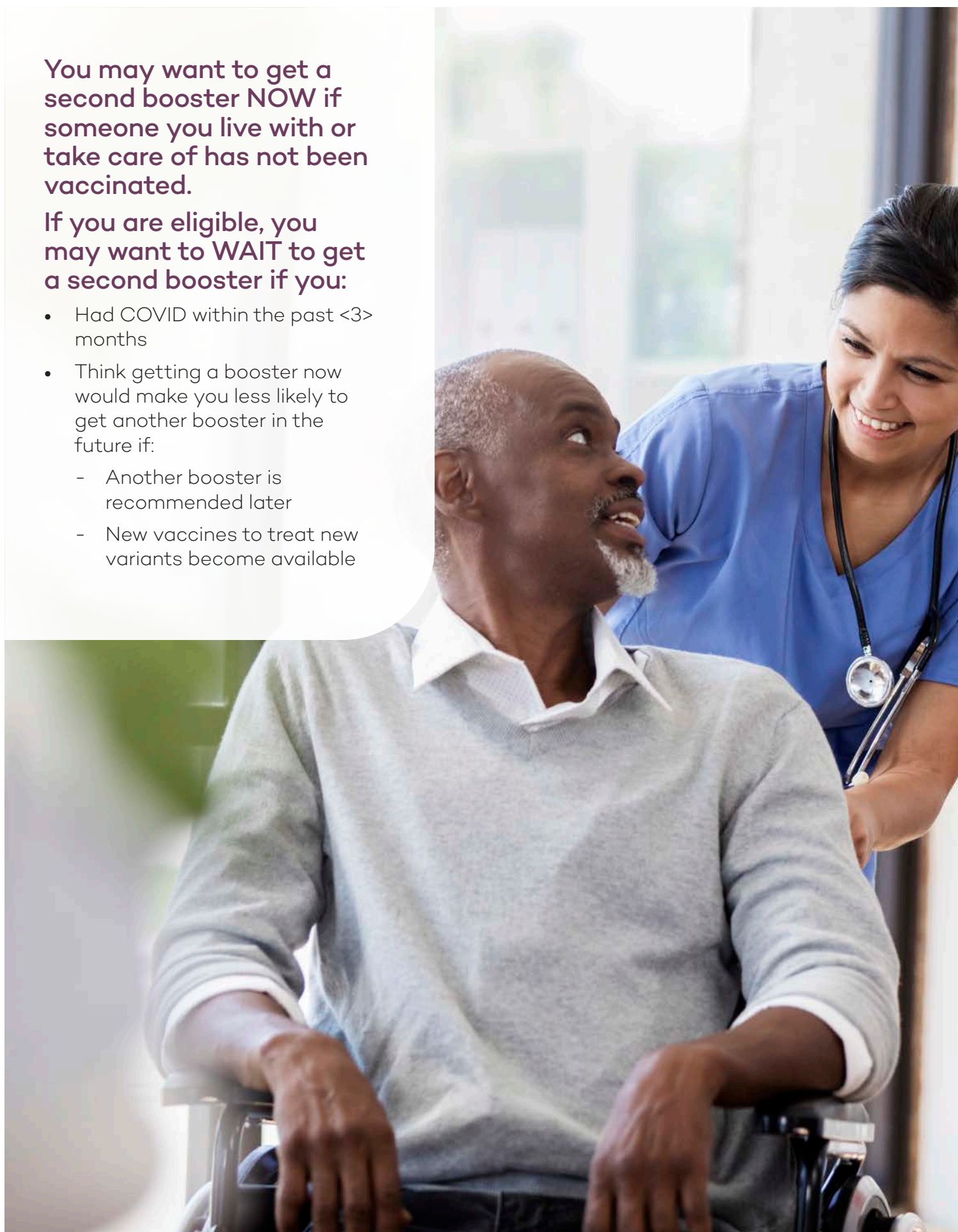
You may want to get a second booster NOW if you or someone you live with:

- Has a weakened immune system
- Is more likely to get very sick from COVID
- Is more likely to be exposed to COVID through a job, where you live or other causes
- Are living in an area with medium to high COVID levels

You may want to get a second booster **NOW** if someone you live with or take care of has not been vaccinated.

If you are eligible, you may want to **WAIT** to get a second booster if you:

- Had COVID within the past <3> months
- Think getting a booster now would make you less likely to get another booster in the future if:
 - Another booster is recommended later
 - New vaccines to treat new variants become available



End of summer checklist

Summer break is a great time to let kids relax and have fun. It's also the perfect time for parents to schedule preventive care visits. These visits help kids get ready for the next school year.



Here are the preventive visits you'll need to schedule for your child:

Yearly well-visit

- At a well-visit, ask your child's primary care provider (PCP) about any immunizations (shots) needed. Some schools will want a copy of their well-visit (Kentucky Preventive Health Care Examination Form) and shot record. If your children play sports at school, this is a great time to ask the PCP to complete their part of the school athletic participation form.
- Ask about the COVID-19 vaccine. Kids can now get vaccinated.
- If you're worried about your child's hearing, talk to their doctor. The PCP may recommend a hearing test.

Dental checkup

- Children need dental checkups twice a year. Kindergartners need proof of a dental screening for school.
- If you need help finding a dentist, ask your child's PCP or call us at (800) 578-0603 (TTY: 711).

Eye exam

- Children need an eye exam every year. Good vision is important for learning.
- An eye exam will tell if your child needs glasses. Glasses can help children see the front of the classroom and read screens more easily.
- We cover a pair of glasses for your child each year to help you keep up with any changes in their vision.



Regular check-ups are a good health habit!

School-age kids need a well visit once a year, but younger kids need them more often. Make sure your children get regular well visits at these ages:

| | | |
|----------|-----------|-----------------------------|
| 1 month | 9 months | 24 months |
| 2 months | 12 months | 30 months |
| 4 months | 15 months | Every year from age 3 to 20 |
| 6 months | 18 months | |



Kids and lead don't mix!

Did you know just a small amount of lead could hurt your child's growth and brain development? Children exposed to lead may develop learning problems and miss more school days. They are also less likely to finish school.



How do kids get lead in their bodies?

Eating paint flakes. Older paint found inside and outside the home may have lead in it. Kids can put paint flakes or paint dust in their mouth.

Playing in dirt. Some dirt may contain lead. Children can be exposed by touching, breathing or playing in soil.

Drinking water. Some old pipes, faucets and other plumbing fixtures contain lead that can get into the water.

Inhaling dust that has lead in it.

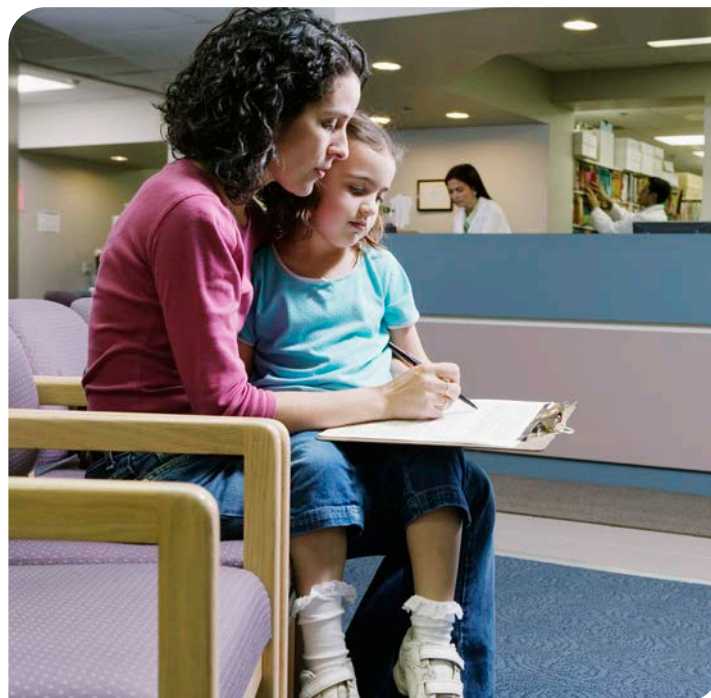
What happens if my child has higher blood lead levels?

If your child tests high for lead, your local health department and your child's doctor will contact you to schedule follow-up care.

Lead blood test

Lead tests are covered at no cost to you! Children need a lead blood test at ages 12 and 24 months. Ask your child's primary care provider (PCP) to do a lead test at their next checkup.

If your child is older than 24 months and hasn't had a lead blood test, don't worry! The PCP can still do one and make sure your kid has the best chance at healthy development. If the PCP cannot do blood lead tests, your child can get one at a local health department.



How to keep lead out of the body

Make sure you and your kids follow these tips to avoid lead exposure:

- Eat foods with calcium (milk and cheese), iron (lean red meat, beans, peanut butter), and vitamin C (oranges, green and red peppers, tomatoes, juices).
- Cook and store food safely. Pottery from other countries could have lead in the glaze.
- Wash hands and toys after working or playing in dirt or dusting the home.
- Take your shoes off when you come inside. This helps keep any dirt with lead in it from spreading through the home.
- If you rent a home or apartment, talk with your landlord about fixing any peeling paint. If you own your home, take care of any repairs safely. Be extra careful when sanding or scraping paint.
- Keep children away from chipping paint and clean it up carefully.
- Remove any lead-based products from the home. This can be toys, jewelry and even spices that come from outside the United States.
- Contact your local water company and ask for home water testing materials.

Source: Centers for Disease Control and Prevention (CDC)

Moms-to-be

Lead exposure can start during pregnancy. If you're expecting a baby, make sure you follow these tips to make sure your unborn baby isn't exposed to lead.



Want to know more?

To learn more about lead, visit Kentucky's Childhood Lead Poisoning Prevention Program at <https://chfs.ky.gov/agencies/dph/dmch/cfhib/Pages/clppp.aspx>.



Want to earn free gift cards?

You can in our Healthy Rewards Program! To earn these rewards, just do things that are good for your health. Things like completing a health screening or following up with your doctor.



NEW! Healthy Rewards form

Here's what you need to know:

- The **Healthy Rewards Form** (on the following pages) lists all of the ways you can earn rewards. Once you complete one of these, fill out the form and have your doctor sign it.
- The form will tell you how to send it back to us.
- Get ready to receive gift cards from \$10 to \$50!

To learn more, visit passporthealthplan.com/rewards or talk to your Case Manager. If you have any questions about our Healthy Rewards Program, please call **(833) 986-0072**.

For any other questions, call Member Services at **(800) 578-0603** (TTY: 711) Monday to Friday from 7 a.m. - 7 p.m. EST. You may also send us an email on your Member Portal or by downloading the MyMolina mobile app.



2022 Healthy Rewards Program
Multi-Service Member Form

Now it's easier than ever to get your Passport Health Plan by Molina Healthcare Healthy Rewards Form! It's just a form that you can fill out and give to your doctor. You can get a \$10-\$50 gift card!

All Rewards members who meet the criteria and complete the form will be eligible to receive a reward. Rewards are on the form. If you don't see your reward, please call 800-810-0100. There is no cost to you to complete the form.

ADULT What visit did you have? Check it below

Annual Preventive Visit
Date of Visit: _____ Provider/Client Name: _____ Provider ID: _____
Physician Signature: _____ Date of Visit: _____
Gift Card Choice: Member Dependent Other Other Other Other

Annual Care Coordination Visit
Date of Visit: _____ Provider/Client Name: _____ Provider ID: _____
Physician Signature: _____ Date of Visit: _____
Gift Card Choice: Member Dependent Other Other Other

Annual Care Coordination Visit
Date of Visit: _____ Provider/Client Name: _____ Provider ID: _____
Physician Signature: _____ Date of Visit: _____
Gift Card Choice: Member Dependent Other Other Other

Annual Care Coordination Visit
Date of Visit: _____ Provider/Client Name: _____ Provider ID: _____
Physician Signature: _____ Date of Visit: _____
Gift Card Choice: Member Dependent Other Other Other

Please turn over to complete the form.



2022 Healthy Rewards Program

Multi Service Member Form



Now it's easier than ever to get your Passport Health Plan by Molina Healthcare healthy rewards! Simply fill out this form (both sides) and send it to back to our rewards team. Instructions are on the back side.

All Passport members who meet the criteria and complete the screening(s) below can earn a **\$10-\$50 Gift Card!** These important health screenings are covered by Passport Health Plan at no cost to you.

What visit did you have? Check it below!

ADULT

Annual Preventative Screening

- All members 18+ who get an annual preventative screening visit can earn a **\$25 Gift Card.**

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Blood Pressure Cuff

- All members with a diagnosis of diabetes or high blood pressure can receive a **free blood pressure cuff.**

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Cancer Screenings

- Breast Cancer Screening:** Women between the ages of 50-74 who get a mammogram can earn a **\$25 Gift Card.**

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

- Cervical Cancer Screening:** Women between the ages of 21-64 who get a Pap smear or HPV test can earn a **\$25 Gift Card.**

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Please turn over to complete the form →



Chlamydia Screening

- Women between the ages of 16–24 who get a chlamydia screening can earn a **\$25 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Dental Screenings

- Dental Exam:** All members who get an annual dental exam can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Diabetes Screenings

- Diabetic Eye Exam:** Diabetic members between the ages of 18–75 who get a diabetic eye exam can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

- Diabetic HbA1c Test:** Diabetic members between the ages of 18–75 who get a HbA1c test can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

- Diabetes Self Management Education and Support (DSMES) classes:** All members with Type I or Type II diabetes who complete all classes can earn a **\$25 Gift Card**.

Date of Completion: _____ **Class location:** _____

Instructor Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Inpatient Hospital Follow-Up

- All members who follow up with their PCP within 7 days following an inpatient hospital stay, including behavioral health stays, can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Please turn over to complete the form →



Maternity Screenings

- Prenatal Visit:** Visit your provider during the first 3 months of your pregnancy or within 42 days of joining Molina and earn a **convertible car seat or booster seat**.*

Date of Visit: _____ Provider Name: _____

Weeks Pregnant at Visit: _____ Clinic Name: _____

Number of babies: _____ Infant carrier, Car seat, or Booster seat: _____

Physician Signature: _____ Provider NPI: _____

- Postpartum Visit:** Visit your provider between 7 and 84 days after you have your baby and earn a **\$25 Gift Card**

Date of Visit: _____ Delivery Date: _____

Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

PEDIATRIC

Annual Preventative Screenings

- Annual Well-Child Visit:** Ages 4-17. Complete annual well-child visit and earn a **\$10 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Provider Signature: _____ Provider NPI: _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

- Well-Child Visit:** Ages birth to 3 years old. Complete up to 6 well-child visits on time and earn a **\$10 Gift Card** per visit (up to **\$60** value).

Date of Visit: _____ Provider/Clinic Name: _____

Provider Signature: _____ Provider NPI: _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Dental Screenings

- Dental Exam:** All members who get an annual dental exam can earn a **\$50 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Provider Signature: _____ Provider NPI: _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

Please turn over to complete the form →



Inpatient Hospital Follow-Up

- All members who follow up with their PCP within 7 days following an inpatient hospital stay, including behavioral health stays, can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Provider Signature: _____ **Provider NPI:** _____

Gift Card Choice: Walmart Amazon Kroger CVS Target Dollar General

TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM (both sides). Print clearly and send it back to Molina in any of the following ways:

Email

MEInquiries@MolinaHealthcare.com

Fax

(833) 858-0430

Mail

Attn: Healthy Rewards and VAB Program
300 Oceangate
6th Floor
Long Beach, CA 90802

Member Name: _____ **Member ID:** _____

Mailing Address: _____ **Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

HEALTH RISK ASSESSMENT (HRA)

All members who complete a HRA form can earn a **\$25 Gift Card**.

Completing your HRA allows us to better understand your unique needs so we can connect you with additional supports and services you might need. HRAs are located on our website at <https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/hra.aspx>.

Send us your completed Health Risk Assessment Form (HRA) to Passport Health Plan at CareManagement_KY@passporthealthplan.com or mail to:

Passport Health Plan by Molina Healthcare
Attn: Care Management Dept.
5100 Commerce Crossing Drive, Louisville, KY 40229

After submitting your HRA, please call Passport Healthy Rewards at (833) 986-0072 to request your gift card.

All Extra Benefits and Rewards may have additional exclusions or supply limits. Benefits are subject to change. Members must have Passport Health Plan by Molina Healthcare MEDICAID as their primary insurance at the time of service.

**Picture of car or booster seat available online at:*

<https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/overvw/coverd/benefits.aspx>

Nondiscrimination Notice

Passport Health Plan by Molina Healthcare DOES:

- Follow federal civil rights laws
- Give free aids and services to people with disabilities. This may be:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats)
- Give free language services if your primary language is not English. This may be:
 - Qualified interpreters
 - Information written in other languages

Passport DOES NOT:

- Discriminate based on race, color, national origin, age, disability, sex, health status, need for health care, religion, sexual orientation or gender identity.
- Exclude people or treat them different because of race, color, national origin, age, disability, sex, health status, need for health care, religion, sexual orientation or gender identity.

If you need any of the services listed above, you may call: **Passport's Member Services at (800) 578-0603 | (TTY: 711).**

If you think Passport has not provided these services or discriminated against you, you may file a grievance.

To file, please contact:

Civil Rights Coordinator

5100 Commerce Crossings Drive

Louisville, KY 40229

(502) 212-6767

Fax: (502) 585-7985

PHPCompliance@passporthealthplan.com

You may file in person or by mail, fax or email. If you need help filing, the [title] can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). You can:

- **Visit** the OCR Complaint Portal at [Ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- **Mail to:**
U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
- **Call** (800) 368-1019
TDD: (800) 537-7697

If you need a complaint form, visit [HHS.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).



Marketing and Community Engagement Department
5100 Commerce Crossings Dr.
Louisville, KY 40229

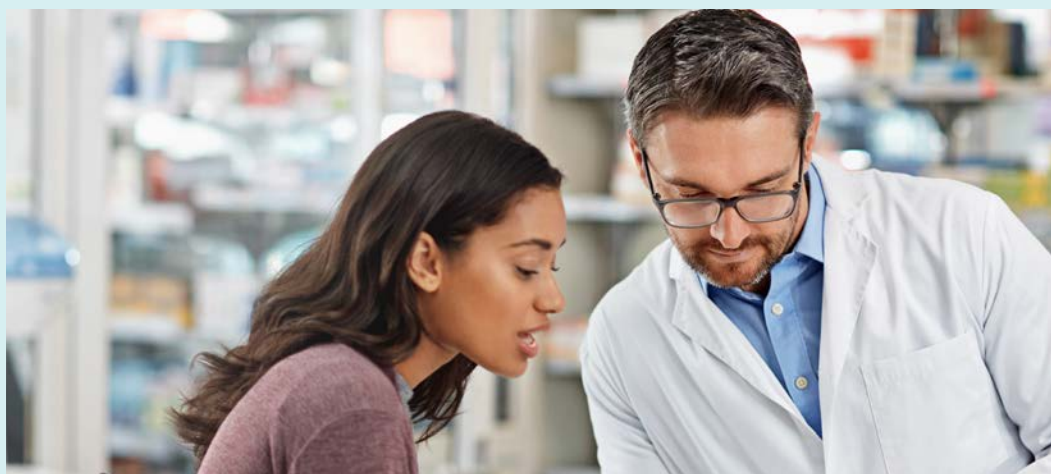
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Passport does not guarantee the availability or quality of care. We are not responsible for any act or omission of any provider. All providers contracted with Passport are independent contractors and not employees or agents of Passport.

Want to see our Preferred Drug List?

The Preferred Drug List (PDL) is a list of all the medicines Kentucky Medicaid covers and any limits that apply. We also cover some over-the-counter (OTC) medicines when your doctor gives you a prescription.

This PDL changes from time to time. To find the most up-to-date list, please visit PassportHealthPlan.com. If you do not use a computer and would like some help, just call Member Services at **(800) 578-0603 (TTY: 711)**.



**There are no copays for
your prescriptions.**