

Passport Advantage Provider Manual Section 1.0 Introduction

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1.0 Introduction

1.1 Provider Welcome

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

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

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

1.2 Overview of University Health Care, Inc.

University Health Care, Inc. (UHC) is a non-profit health maintenance organization licensed in the Commonwealth of Kentucky. The members of the non-profit corporation are:

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

In 1997, the Commonwealth of Kentucky awarded UHC and the Partnership Council a contract to administer Medicaid services for most individuals with Medicaid in a 16 county area. These counties are: Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, and Washington. The name of UHC's Medicaid plan is Passport Health Plan.

In 2005, the Centers for Medicare & Medicaid Services (CMS) awarded UHC a contract for a Medicare Advantage Special Needs Plan for the same 16 county service area. The name of UHC's Medicare plan is Passport Advantage.

UHC offers two managed care health plans, Passport Health Plan (Medicaid) and Passport Advantage (Medicare). The Partnership Council, a broad coalition of consumers and providers, which includes physicians, nurses, hospitals, health departments, and ancillary providers, approves all quality initiatives offered by both health plans. The Plan encourages provider participation on committees that govern the Plan. Please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943 for additional information.

1.3 The Medicare Advantage Program

Passport Advantage (PAD) is a Medicare Advantage Special Needs Plan for active Passport Health Plan (PHP) members who also have Medicare Parts A & B. PAD members must qualify for low income subsidy (LIS), otherwise known as "Extra Help," and must also reside in the PHP 16-county service area.

As a Special Needs Plan, Passport Advantage coordinates both Passport Health Plan (Medicaid) and Passport Advantage (Medicare) benefits for many young, disabled, and senior Medicare-eligible members. Passport Advantage covers the following:

- Part A = Hospital stays
- Part B = Practitioner office visits
- Part D = Prescription drug benefits

In addition, Passport Advantage works with Passport Health Plan to offer comprehensive benefits. Members receive dual-coverage for prescription drugs and other services with their Passport Health Plan (Medicaid) benefits.

1.4 Mission and Values

Passport Advantage's mission is:

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

The Organizational Values are:

- Advocacy
- Care of the Poor
- Dignity
- Diversity

- Compassion
- Competence
- Stewardship
- Hospitality

1.5 Important Telephone Numbers

1.5.1 Provider Relations (502) 585-7943

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

1.5.2 Provider Claims Service Unit (800) 578-0775

The Provider Claims Service Unit (PCSU) receives providers' calls regarding any issue specific to claims. Representatives may also assist providers with questions about policies, procedures, member eligibility and benefits. The PCSU is available 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., Monday, Tuesday, Thursday and Friday; and 9:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. on Wednesdays.

1.5.3 Member Services (800) 578-0603, press 1 (TTY: 1-800-648-6056)

Member Services representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week. Member Services representatives assist members by answering questions regarding demographic changes, medical and pharmacy benefits, and grievance issues. Representatives also direct members to other Plan departments and send communication materials to members as needed.

1.5.4 Utilization Management (800) 578-0636

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

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

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

Requests may be faxed to:

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

1.5.5 Case Management (800) 578-0636, press 1, ext. 77915

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

1.5.6 Behavioral Health Care Coordination (800) 578-0636, press 1, press 7

The Behavioral Health Care Coordination department is available 8:00 a.m. to 5:00 p.m., Monday through Friday. The Behavioral Health Care Coordination department assists members with their mental health and substance abuse needs by coordinating resources and services on their behalf.

1.5.7 Health & Disease Management (800) 578-0636, press 1, ext. 78362

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

- Coronary Artery Disease Management
- Chronic Obstructive Pulmonary Disease (COPD) Management
- Diabetes Disease Management

1.5.8 Yes, You Can! Smoking Cessation Program (800) 578-0636, press 1, ext. 78366

The **Yes, You Can!** Smoking Cessation program is available Monday through Friday, 8:00 a.m. to 5:00 p.m. EST (except designated holidays). The program assists members to stop smoking.

1.5.9 Pharmacy (866) 533-5490

The Plan's Pharmacy Benefit Manager, PerformRx, is available 24 hours a day, 7 days a week. The following fax numbers are available to request drug coverage determinations and prior authorizations:

Standard Requests:	(866) 369-6038
Expedited Requests:	(866) 533-5491

Expedited requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. The use of expedited fax lines for non-urgent requests is not appropriate. Please refer to Section 9 for prior authorization procedural requirements.

1.5.10 Other Services

Service	Provider	Telephone	Hours
Vision	Block Vision	(866) 819-4298	9:00 a.m. to 7:00 p.m.
Nurse Line	SironaHealth	(800) 606-9880	24 hours a day

[Note: Nurse Line provided under Passport Health Plan (Medicaid) benefits.]

1.6 Claims Submission

Effective January 1, 2010, PAD changed to a new administrative services vendor, ikaSystems. Please note the following important changes to the submission process. Please refer to Section 11 of this *Provider Manual* for additional information.

All PAD paper claims for services rendered (including corrected/resubmitted claims and all voluntary refund checks) must be mailed to:

Passport Advantage
P.O. Box 152107
Tampa, FL, 33684

All corrected claims and voluntary refund checks must be accompanied with the *Corrected Claims Form*, available on our web site, www.passportadvantage.org/provider, under the "Provider References" section.

All voluntary refund checks must be accompanied by the Check Refund Form, also available on the "Provider References" section of our web site.

Please refer to Section 11.0 for information regarding electronic claim submission including payer identification numbers.

Submit requests for claims reconsideration as well as medical records requested for claim processing to the following address:

Passport Advantage
305 West Broadway
Attn: Manager of Claims
Louisville, KY 40202

Claims for vision services must be submitted to the following address:

Block Vision
120 West Fayette Street
Suite 700
Baltimore, MD 21201

Telephone calls should be directed to Block Vision Provider Services at (866) 819-4298.

1.7 Online Services

Join the Passport Online Information Service (POIS), our **free** e-mail service for Passport Health Plan and Passport Advantage providers. **To sign up**, just visit the Provider Center of www.passportadvantage.org and click the link for POIS.

Please visit our web site at www.passportadvantage.org for additional services and information including:

Online Claim Status Check

- Simply log in to Secured Services, then click on “Claims Status Inquiry” *or* “NaviNet” to view the status of claims.

Online News and Information

The following communications are available on the Provider Center of our web site, www.passportadvantage.org:

- **Medical Office Notes** – provide details on current procedures, criteria, and policies that affect you as a network provider.
- Recent **provider letters and Provider Alerts**.
- **Provider Newsletters** – important Plan updates for providers, pharmacies, and office staff
- **Provider workshop schedules and presentations**.
- Information on compliance with **HIPAA, Title VI of the Civil Rights Act of 1964, and Fraud, Waste and Abuse**.
- **Searchable Provider and Pharmacy Directories** – please remember PAD members do not need referrals.
- **Information on the appeals process** – located on the Member Center.

Online Clinical and Pharmacy Resources

The following clinical resources are available on the Provider Center of our web site, www.passportadvantage.org:

- **Medical Criteria Policies and Clinical Practice Guidelines** – medical/clinical guidelines for providing services to our members (located behind Secured Services).
- The **Coverage Determination Form** for prior authorization of prescription drugs.
- **Pharmacy News** – important Plan and industry updates from our Pharmacy Department.
- Information regarding **ePocrates®** – a leading drug reference guide for providers.
- Links to the **Online Searchable Passport Advantage (PAD) and Passport Health Plan (PHP) Formulary**, including PAD prior authorization criteria.