

Passport Advantage Provider Manual Section 2.0 Administrative Procedures

Table of Contents

- 2.1 Identification Card**
- 2.2 Release for Ethical Reasons**
- 2.3 Title VI Requirements: Translator and Interpreter Services**
- 2.4 Help for Those with Impaired Vision or Hearing**
- 2.5 Marketing**
- 2.6 Changes in Provider Information**
- 2.7 Member Rights**



2.0 Administrative Procedures

2.1 Identification Card

Passport Advantage issues a gold plastic identification card for each member enrolled. The Passport Advantage ID Card contains information for providers, pharmacies and hospitals. Members also receive additional ID cards and are advised to keep the ID cards with them at all times. A picture and description of each ID card follows.



Passport Advantage “GOLD” Card

This card is issued by Passport Advantage and provides:

- Part A = Hospital stays
- Part B = Doctor office visits
- Part D = Prescription drugs

To replace lost or stolen cards or to enroll in the Plan, please call:

Toll-free: **1-800-578-0603, then press 1**

TTY: **1-888-857-4816**

Hours: 7 days a week from 8 a.m. to 8 p.m.

Web site: www.passportadvantage.org



Passport Health Plan Card

This card is issued by Passport Health Plan and provides:

- Medicaid benefits, including some services and some drugs not covered by Medicare
- It also covers Medicare Parts A and B deductibles, co-payments, and co-insurance (except for certain behavioral health and skilled nursing facility services)

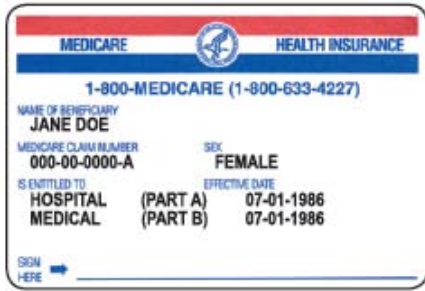
To replace lost or stolen cards, please call:

Toll-free: **1-800-578-0603, then press 2**

TTY: **1-800-691-5566**

Hours: Monday through Friday, 8 a.m. to 8 p.m. EST

Web site: www.passporthealthplan.com



Medicare Card

This card is issued by CMS, is used to verify Medicare eligibility, and provides:

- Medicare hospice services

To replace lost or stolen cards, please call:
Toll-free: **1-800-MEDICARE (1-800-633-4227)**
TTY: 1-877-486-2048
Hours: 24 hours a day, 7 days a week



KyHealth Choices Card

This card is issued by the Kentucky Department for Medicaid Services (DMS), is used to verify Medicaid eligibility, and covers:

- Medicare Parts A and B deductibles, co-payments, and coinsurance for certain behavioral health and skilled nursing facility services.

To replace lost or stolen cards, please call your local DCBS office.

2.1.1 Member Eligibility

Passport Advantage member eligibility may change on a monthly basis. To join Passport Advantage, persons must be members of Passport Health Plan (Medicaid) and also have Medicare Parts A and B. Passport Advantage members must reside in one of the Plan's 16 Kentucky counties.

2.1.2 Member Eligibility Verification

Participating providers are responsible for verifying member eligibility with Passport Advantage prior to rendering services. Eligibility may be verified by:

- Visiting the Provider Center of the Plan's web site, www.passportadvantage.org
-OR-
- Calling the Provider Services Interactive Voice Response (IVR) at (800) 578-0775

Please note Passport Advantage ID cards are not returned to the Plan when a member becomes ineligible. Therefore, the presentation of a Passport Advantage ID card is not sole proof that a person is currently enrolled in the Plan.

Providers should request a picture ID to verify the person presenting is indeed the person named on the ID card. Services may be refused if the provider suspects the presenting person is not the card owner and no other ID can be provided. If you suspect a noneligible person is using a member's ID card, please report the occurrence to the Plan's Fraud, Waste and Abuse Hotline at (866) 833-9718 or the Passport Advantage Compliance Department at (502) 585-7900.

2.2 Release for Ethical Reasons

A participating provider is not required to perform any treatment or procedure that may be contrary to the provider's conscience, religious beliefs, or ethical principles. If such a situation arises, the provider should contact Provider Services at (800) 578-0775. A Provider Services representative will work with the provider to review the member's needs and transfer or refer the member to another appropriately qualified provider for care.

2.3 Title VI Requirements: Translator and Interpreter Services

Title VI of the Civil Rights Act (1964) is Federal legislation that requires any organization receiving direct or indirect Federal financial assistance to provide services to all beneficiaries without exclusion based on race, color, or national origin.

All Passport Advantage providers indirectly benefit from Federal financial assistance (via Medicare). Therefore, under Title VI and the Culturally and Linguistically Appropriate Services (CLAS) Standards 4 -7, as outlined by the Office of Minority Health, U.S. Department of Health and Human Services (DHHS), **all Plan providers are required by law to:**

- Provide written and oral language assistance at no cost to Plan members with limited-English proficiency or other special communication needs, at all points of contact and during all hours of operation. **This includes the provision of competent language interpreters, upon request.**

Note: The assistance of friends, family, or bilingual staff is not considered competent, quality interpretation. These persons should not be used for interpretation services except where a member has been made aware of his/her right to receive free interpretation and continues to insist on using a friend, family member, or bilingual staff for assistance in his/her preferred language..

- Provide members verbal or written notice (in their preferred language or format) about their right to receive free language assistance services.
- Post and offer easy-to-read member signage and materials in the languages of the common cultural groups in your service area. Vital documents, such as patient information forms and treatment consent forms, must be made available in other languages and formats.

Additionally, under the CLAS Standards, Plan providers are strongly encouraged to:

- Provide effective, understandable, and respectful care to all members in a manner compatible with the member's cultural health beliefs and practices of preferred language/format.
- Implement strategies to recruit, retain, and promote a diverse office staff and organizational leadership representative of the demographics in your service area.
- Educate and train staff at all levels, across all disciplines, in the delivery of culturally and linguistically appropriate services.
- Establish written policies to provide interpretive services for Plan members upon request.

- Routinely document preferred language or format, such as Braille, audio, or large type, in all member medical records.

Potential penalties of non-compliance with Title VI may include:

- Loss of federal and state funding, including future funding (i.e. you may be prohibited from participating in Medicaid, Medicare, and/or incentive programs such as the Electronic Health Records incentive).
- Legal action against you from the DHHS, legal service organizations, and private individuals.
- "Informed consent" issues which may also lead to medical malpractice charges.

Providers may contact the Plan's Cultural and Linguistics Services Program Coordinator at (502) 585-7303 or e-mail cals@amerihealthmercy.org for additional information or to schedule an on-site training.

2.4 Title VI Training/Resources

The Plan's Cultural and Linguistics Services (CLSP) Program offers the following training materials and resources. Contact the CLSP Coordinator at (502) 585-7303, e-mail cals@amerihealthmercy.org, or visit our web site, www.passporthealthplan.com/provider/services/cals, for more details.

- **Onsite Trainings/Resources**

Our CLSP staff is a resource for Title VI/CLAS Standards and assists providers in reaching and maintaining compliance. We offer free trainings for your office staff, an informative Provider Toolkit, and also an annual Achieving Cultural and Linguistic Competency in HealthCare Conference for healthcare providers.

- **Provider Office Materials**

In addition to our Provider Toolkit and other educational resources, we also offer provider office signage to assist your office staff in complying with Title VI. These materials are available online or by calling the CLSP coordinator.

- **Translated Member Materials and TDD/TYY Lines**

Many member materials, including the Passport Health Plan *Member Handbook*, are available in other languages and alternative formats such as Braille, audio, and large type. Members may download these on our website or call Member Services for copies.

Additionally, for members with hearing impairments who use a Telecommunications Device for the Deaf (TDD), the Plan's TDD/TYY numbers for Member Services are:

- **Passport Health Plan** (800) 691-5566
- **Passport Advantage** (800) 648-6056

- **Discounts for Telephonic and Video Interpretation**

The Plan also contracts with a telephonic and video interpretation vendor, InterpreTalk by Language Services Associates (LSA), to offer our providers a discounted rate. To set up an account and receive InterpreTalk services, please call (800) 305-9673 and select option 7 for Client Services. It may take 24 to 48 hours to set up your InterpreTalk account to begin receiving interpretive services.

2.5 Marketing

Participating providers may not develop and use any materials that market Passport Advantage without the prior approval of Passport Advantage. Approval from the Centers for Medicare & Medicaid Services may also be required.

2.6 Changes in Provider Information

2.6.1 Provider Terminations

Termination of an existing Passport Advantage contract without cause requires ninety (90) days written notice. A provider desiring to terminate his/her participation must submit a written termination notice, including the final termination date, to his/her assigned Provider Relations representative within the applicable notice period as outlined in the Provider Agreement.

Should a single specialist or an entire specialty group decide that it wishes to terminate its contract, a list of members on the specialist's panel receiving ongoing health care must be sent to the Plan no less than 60 days for member notification to occur. The specialist's Provider Relations representative will work with the specialist to ensure a smooth transition for the member's continued care.

2.6.2 Changes in Provider and Demographic Information

Providers are required to notify 90 days in advance Passport Advantage's Provider Relations department in writing of any changes in information regarding their practice. Such changes include:

- Address changes, including changes for satellite offices.
- Additions/deletions to a group.
- Changes in name, billing locations, telephone numbers, tax ID numbers.

Reimbursement may be affected if changes are not reported in accordance with Plan policy.

Note: Should a provider working in multiple offices discontinue working in one location, please be clear in communication to the Plan as to where employment is terminating as well as the specific offices where employment is continuing.

2.6.3 Practice Limitations

Passport Advantage recognizes that providers may occasionally need to limit the number of patients in their practices in order to deliver quality care. For these circumstances, please notify the Provider Relations department.

2.7 Member Rights

Members are informed of their rights and responsibilities through the Evidence of Coverage (EOC). The EOC is available on the member center of the Plan's web site, www.passportadvantage.org. Passport Advantage providers are expected to respect and honor members' rights.

Passport Advantage members have the following rights:

- To receive information about Passport Advantage, its benefits, services, providers, and the member's rights and responsibilities.
- To choose a provider in the Plan's network to provide and arrange for covered services.
- To get information from the Plan about the qualification of providers and pharmacies in the Plan's network and how we pay the providers in our network.
- To be treated with respect and dignity and the right to privacy and nondiscrimination, as required by law.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To join providers in making decisions about their health care. Members may refuse treatment.
- To discuss treatment options, regardless of cost or benefit coverage.
- To voice grievances (complaints) or file an appeal about Passport Advantage decisions that affect their privacy, benefits, or the care given to them. Members may also file for a hearing with the Department for Medicaid Services.
- To receive timely access to care without communication or physical barriers.
- To get a summary of information about the appeals and complaints that other members have filed against the Plan in the past.
- To know how their health information has been shared with others for any purposes that are not routine.
- To get appointments and covered services from the Plan's network of providers within a reasonable amount of time.
- To get their prescriptions filled or refilled at any network pharmacies without long delays.
- To look at and get a copy of their medical records, as permitted by law.
- To make additions or corrections to their medical records.
- To get several kinds of information in a format that works for them.
- To make an advance directive, like a living will of a durable power of attorney for health care.
- To make suggestions about their rights and responsibilities.
To ask and receive complete information about their medical condition and treatment options. This may include specialty care.

Passport Advantage members have the following responsibilities:

- To tell the Plan about any other health insurance coverage or prescription drug coverage they possess.
- To tell their doctor and other health care providers that they are enrolled in the Plan.
- To learn about health services and treatment options.
- To take part in personal health care decisions and practice a healthy lifestyle.
- To provide, to the best of their ability, information that Passport Advantage and providers need to give them the best care possible.
- To pay the required copays.
- To notify the Plan if they move.
- To call Member Services for help if they have questions or concerns.

- To take all their ID cards [Passport Advantage, Passport Health Plan, Medicare, Medicaid, and any other insurance cards] to all medical appointments.
- To follow the policies and procedures of the Centers for Medicare & Medicaid Services, Kentucky Department for Medicaid Services, and Passport Advantage.
- To provide their doctor and other health care providers with necessary information, to ask questions, and to follow through on the care prescribed.
- To learn about their rights.
- To be considerate, respect the rights of other patients, providers, and office staff.
- To learn about their health care problems and follow the orders and care plans that they and their providers have agreed upon.
- To follow the steps of the Grievance and Appeal processes.
- To tell Passport Advantage if they suspect fraud or misuse of Passport Advantage ID cards or benefits by another person, member or provider.
- To keep appointments with providers and call to cancel appointments when they cannot be there.

Members should consult their Evidence of Coverage for more information on their rights and responsibilities.

Passport Advantage has the responsibility:

- To not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation or any other basis prohibited by law.
- To keep personal health information private and secure, as required by law.
- To give out and use personal health information only for the following purposes:
 - o Treatment;
 - o Payment; and
 - o Health care operations (such as information used to measure how well their care is improving).
- To contact members if their personal health information is needed for any reason besides treatment, payment, and health care operations.
- To honor members' decision to approve or deny the use of their information.