

Welcome Passport Member!

Welcome to Passport Health Plan, the health plan that takes the time to care about you and your family. We're happy to have you as a member and we're here to help you get the medical care you need.

As listed below, we have matched you up with a primary care provider (PCP). Your PCP is the main doctor who will see you the most and get to know your health history. This PCP will be your "medical home," take care of your basic medical needs and make referrals when you need them.

Working with your PCP to stay healthy can be just as important as getting care when you are sick. Passport covers preventive health care to help you stay healthy and avoid sickness. We will help you get the care you need and help your doctors improve your health and quality of life.

Things You Need to Know

Member name:

Your membership starts on:

Your PCP is:

- Call your PCP right away to make your first appointment. Your PCP will get to know you and set you up as a new patient.
- If you do not want to see this PCP, you have a choice with Passport! To change your PCP, please call Member Services at **1-800-578-0603**.
- To find out if a doctor is signed up with Passport, please visit www.findapassportdoctor.com. If you do have access to the internet, you may call Member Services and we will mail you a list of doctors.
- If you need to get a referral, please call your PCP.
- If you need help getting behavioral (mental) health services, please call our Behavioral Health Access Line at **1-855-834-5651**. If you are having a crisis, please call our Behavioral Health Crisis Hotline at **1-844-231-7946**. TDD/TTY users may call **711**.

Along with this letter, we have included **Your Guide to Passport Health Plan**. To see a full list of our covered benefits, please see the "What's Covered" section. If you have any questions, you may call Member Services at 1-800-578-0603. TDD/TTY users may call 711.

Sincerely,

Your Friends at Passport Health Plan

MARK63085 APP_11/28/2016

Your Guide to
PASSPORT
HEALTH ★ PLAN 

January 2020

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WELCOME TO PASSPORT HEALTH PLAN!

Thank you for choosing Passport, the plan that takes the time to care about you and your family! We are happy to have you as a member and we're going to work hard to help you get the health care you deserve.

The Passport Difference: Better Health Together

Passport has been caring for members in Kentucky for more than 20 years now, and we've learned that better health requires partnership — between you, us, and your doctors. So let's get started! Call us. We're ready to listen and get to work for you.

How to Use This Handbook

This Handbook will give you the details about your benefits and how your health plan works. You can follow the table of contents and read the sections you need at that time. We hope it will answer most of your questions. If it doesn't, just give us call us at **1-800-578-0603**. We're here to help you get the most from your Passport membership!

Visit our website at www.passporthealthplan.com to find this Handbook and to print a copy of your benefits.

To find this Handbook:

1. Click on **Members**.
2. Click on **Using Your Benefits**.
3. Click on **Your Guide to Passport Health Plan**.

To print a copy of your benefits:

1. Click on **Members**.
2. Click on **Using Your Benefits**.
3. Click on **My Benefits and Copays**.

You may also call Member Services and we will mail you a copy within 5 working days at no cost to you.

MyPassportPlan Member Portal — Sign Up Today!

Sign up today for your very own personalized account in our secure member portal by visiting <http://passporthealthplan.com/memberportal/>.

Once you set up your account, you'll be able to:

- Track your health care
- Order and print ID cards
- Check your eligibility
- Sign up for text and email alerts

BE THE FIRST TO KNOW!

Once you are on the member portal, you can sign up to have Passport text alerts and emails sent directly to you. Getting these texts and emails is a great way to stay updated on any changes to your health care. We'll also send you the information you need to get the most out of your Passport benefits.

If you need help setting up your account, please call us at **1-800-578-0603**.

How Managed Care Works

Passport is a Managed Care Organization (MCO). As an MCO, we contract with a group of doctors, pharmacies, and other medical providers that you can use for your medical care. Passport pays your providers for the covered services you receive. You must use providers who are signed up with Passport or you may have to pay for the services.

As a Passport member, you will receive a Passport ID card. You can use your card to get the medical care you need. Passport has benefits and services to support you and your covered family members.

If you have any questions, please call Member Services at **1-800-578-0603**. TDD/TTY members may call **711**. If you want more information, you may also visit our website at www.passporthealthplan.com.

Getting Help from Member Services

Our Member Services staff is ready to help you find the answers you need. We are caring people who treat you with the respect you deserve. We are located right here in Kentucky and we know how things work around here.

Call us if you:

- Have questions about your benefits or how Passport works.
- Want to change your primary care provider (PCP).
- Need a new Passport ID card.
- Want to ask questions or to check your eligibility.
- Receive a medical bill in the mail.

1-800-578-0603 • 7 am - 7 pm Eastern Time • Monday - Friday

My Health Plan Information

- Visit us online at www.passporthealthplan.com. Click on **Members** to go to a special area just for Passport members.
- Connect with us on social media
 - **“Like”** us on Facebook at www.facebook.com/passporthealthplan
 - **Follow** us on Twitter @passporthealthp
 - **Follow** us on Instagram @passporthealthplan
- Member Services: **1-800-578-0603** | TDD/TTY: 711 | Hours: 7 am to 7 pm
- Care Connectors: **1-877-903-0082** | TDD/TTY: 711 | Hours: 8 am to 6 pm
- Find Your Guide to Passport Health Plan online at www.passporthealthplan.com:
 - Click **Members** ▶ Then Click **Using Your Benefits**
- 24-Hour Care for You Nurse Advice Line: **1-800-606-9880**
- Behavioral Health Crisis Hotline **1-844-231-7946** | TDD/TTY: **711**
- For members with TDD (Telecommunications Device for the Deaf) or TTY (Teletypewriter) equipment, call **711**. You may also call Member Services to receive this Handbook in Braille, on CD, or in other languages.

Auxiliary Aids and Non-English Speaking Services

If you need a Passport material in a format such as large type, Braille or audio, please call Member Services at **1-800-578-0603** or Care Connectors at **1-877-903-0082**. If you are a TDD/TTY user, please call **711**.

If you do not speak English, please call Member Services at **1-800-578-0603** or Care Connectors at **1-877-903-0082**. Tell them the language you speak. You can speak to someone in any language.

Here are some reasons to call our Member Services team:

- If you want a Passport material translated into your language of choice.
- If you have problems getting an interpreter.
- If you want to choose a doctor who speaks a language other than English. When you call a doctor's office, tell them you will need an interpreter at your visit.

Health Risk Assessment (HRA) Form

Passport wants to know how we can better serve you. One way we do this is by asking you to fill out the HRA Form found in the back of this Handbook.

There are 2 HRA's included with this Handbook:

- 1 HRA for members ages 20 and younger.
- 1 HRA for members ages 21 and over.

Based on age, please fill out the form for each Passport member in your household. This HRA form gives us the information we need to find programs and services that can help you. Once you fill out the HRA, please send it back to us right away in the postage-paid envelope inside this Handbook. If you need help filling out the form or if you have questions, please call us at **1-877-903-0082**. We are happy to help!

Your Passport ID Card

We will mail your Passport ID card after you choose a primary care provider (PCP) or after you are assigned one. You will get only one Passport ID card unless something in your life changes, you lose your ID card, or you change your PCP.

Each family member will get his or her own Passport ID card. When you get your ID card in the mail, check everything on the card:

- If there is an error on the Passport ID card, call Member Services.
- If your name or date of birth is incorrect, please call the Department for Community Based Services (DCBS) at **1-855-306-8959**.

Things to Know About Your ID Card

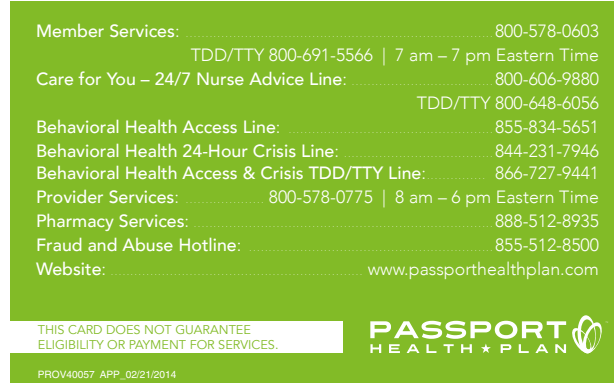
- Carry your ID card with you at all times.
- Show your card at each provider visit.
- The ID card can only be used by the member whose name is on the card. Do not let anyone else use your card! If you do, you may have to pay for the cost of services.
- Your provider may ask you to show a picture ID. This is to make sure the right person is using the card.

Your Passport ID Card

Front



Back



What is on the Passport ID card?

Some things on the front of the card:

- Member's name
- Passport ID number
- Primary care provider (PCP) group name
- PCP group phone number

Some things on the back of the card:

- Member Services phone number
- Care for You 24/7 Nurse Advice Line phone number
- Behavioral Health Access phone number
- Behavioral Health 24-Hour crisis phone number
- A phone number to report fraud

Keep Your Address Up-to-Date

To keep your Passport benefits, Medicaid must have your current address on file at all times. You must report any address changes to the office where you applied for Medicaid — the DCBS office, SSI office or Benefind.

What You Need to Do

If you move, change your address right away by calling one of these offices:

- If you applied for Medicaid at DCBS, call **1-855-306-8959**.
- If you applied for Medicaid at SSI, call **1-800-772-1213**.
- If you applied for Medicaid at www.benefind.ky.gov, call **1-855-306-8959**. You may also report address changes at www.benefind.ky.gov.

If you do not update your address, you could lose your Medicaid benefits. If you have any questions, please call Member Services at **1-800-578-0603**.

Report Any Major Life Changes

If you have a major life change, you must report it to the office where you applied for Medicaid. A major life change is when you have a new address, a change in family size (have a baby), or a new job.

- If you applied for Medicaid at the Department for Community Based Services (DCBS) office, call **1-855-306-8959**.
- If you applied for Medicaid at the Social Security Income (SSI) office, call **1-800-772-1213**.
- If you applied for Medicaid at www.benefind.ky.gov, call **1-855-306-8959**. You may also enroll for Medicaid or report major life changes at www.benefind.ky.gov.

If You Get Social Security or Disability Income

- Call the Social Security office at **1-800-772-1213** if you have questions about eligibility.
- Visit or call your local Social Security office to change your address, date of birth or Social Security number.
- Go to www.socialsecurity.gov for more information.

What is Benefind?

Benefind is a website, benefind.ky.gov, where you can apply for benefits like:

- Supplemental Nutrition Assistance Program (SNAP) – helps you buy healthy foods for you and your family.
- Medicaid – helps cover medical care costs.
- Kentucky Transitional Assistance Program (KTAP) – helps pay for basic needs like rent, utilities, and other household expenses.

Checking Your Eligibility

You can use Benefind:

- To see if you qualify for benefits
- If you are new to Kentucky's public assistance program
- If you have never received benefits before

Simply select the benefits you would like to see if you qualify for and answer questions about yourself and your household.

Recertify Every Year

Don't forget to recertify your benefits every year! When it's time for you to renew your coverage, the Department for Community Based Services (DCBS) will send you a recertification letter and form. If you don't recertify, you could lose your eligibility and benefits.

Ways to Recertify:

- **Online:** Log into the self-service portal at www.kynect.ky.gov
- **By Phone:** Call **1-855-459-6328** or TTY **1-855-326-4654**
- **By Mail:** Fill out the paper application you receive in the mail and send it back right away
- **In Person:** Visit a local DCBS office

Enroll Your New Baby

As soon as your baby is born, you must call the Department for Community Based Services (DCBS) at **1-855-306-8959** to report the birth. You'll need to tell DCBS that your baby has been born and you need to get him or her signed up with a Medicaid health plan. You can ask Passport to be your baby's health plan.

- Call right away to make sure your baby is covered and receives benefits.
- The best time to call is during your hospital stay. If you do not call, your baby will not have coverage.

What to Do After Hours

If you need to contact us after hours, you can:

- Reach us online by filling out the email form at www.passporthealthplan.com/contact-us.
- Call our Care for You Nurse Advice Line at **1-800-606-9880**. They will send your after-hours concern to our Member Services team.
- Call your primary care provider (PCP). Your PCP or the doctor on call can answer your questions.

PART 1 — FIRST THINGS YOU SHOULD KNOW

How to Get Regular Health Care

As a Passport member, you will have a primary care provider (PCP). Your PCP is the main doctor or provider who gives you most of your care. Your PCP will get to know your health history, take care of your basic medical needs, and make referrals when you need them. Think of your PCP as your medical home — the place that knows you the best.

Set up a visit with your PCP right away, even if you aren't sick. The purpose of this visit is to get set up as a new patient. Your PCP will get to know you and get an idea of how to treat you.

The more your PCP knows about your health history, the more he or she can help you.

Getting set up as a new patient before you get sick is important. When you're an established patient, you can get your medicines and referrals more quickly.

If you have a foster child under age 18, disabled child, are an adult with a state guardian, or if you have Medicare and Passport, you do not have to choose a PCP. But, we encourage all members to choose a PCP and benefit from a medical home. Please see the "Words to Know" section for more details.

How to Choose Your Primary Care Provider (PCP)

When you first become a Passport member, you can choose a PCP or you will be assigned to one. The name of your PCP will be listed on your ID card. If you do not want to see this PCP, we want you to know you always have a choice! If you want to change your PCP, please call Member Services. You can choose one PCP for the entire family or you can choose a different PCP for each family member.

You may choose one of these:

- General provider (general doctor)
- Family provider (family doctor)
- Nurse Practitioner (a nurse who can treat medical conditions without the supervision of a doctor)

- Physician Assistant (someone who practices with the supervision of a doctor)
- Internist (doctor who specializes in caring for adults)
- Pediatrician (doctor who sees children and teens only)
- OB/GYN, if he or she is signed up with Passport as a PCP. An OB/GYN is a doctor who sees women for gynecology, pap smears and pregnancy.

You may choose a PCP from our Provider Directory. To view this Directory, please visit www.findapassportdoctor.com. If you do not have access to a computer, you may call Member Services.

If you would like to know about any provider's education, board certification or residency training, please call Member Services. We can mail this information to you. Provider board certification is listed in the Provider Directory. You may find provider board certification at www.findapassportdoctor.com. If you do not have access to a computer, you may call Member Services.

How to Get Care Before You Have a PCP

If you are new to Passport and have not chosen a PCP, you can still receive care! All you need to do is call Member Services at 1-800-578-0603. We can help you get the care you need and set you up with a PCP.

How to Change Your PCP

If a PCP is required for you, his or her name will be listed on your member ID card. If you would like to change your PCP, please call us right away.

When can you change your PCP?

You can change your PCP:

- Up to 30 days after you are assigned a PCP.
- Once a year for any reason.
- If your PCP no longer accepts Passport.
- During the year if you have a good reason. A good reason may be:
 - You cannot get services you think you need.
 - You think you have not received quality care.

If you decide to change your PCP, call Member Services and tell them the name of the new PCP you would like. If the PCP change is approved, Passport will send you a new ID card that lists your new PCP. Your PCP request may be denied if you have changed your PCP too many times or if you are in the Lock-In Program. If your request is denied, you can file an appeal.

Your PCP can ask that you be removed from his or her practice. **Some reasons may include:**

- You and your PCP do not get along.
- Your PCP cannot meet your medical needs.
- You have not used a service within 1 year of enrollment of the PCP's practice. Your PCP has not been able to reach you by phone or mail on at least 6 separate times during the year.
- If this happens, you will be assigned to a new PCP.

What to Expect from Your PCP

Below are some things your PCP can do for you:

- Give you most of the medical services you need.
- Set up your referrals for medical services and visits to other providers and/or specialists.
- Be available anytime to answer your questions about urgent and emergency care. If you call after work hours, your PCP or the doctor on call should call you back within 30 minutes.
- Order prescriptions or tests for you, when needed.
- Keep your medical records up-to-date.
- Give you advice and answer questions about your health care.
- Give you regular physical exams, as needed. This includes Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under 21.
- Give you covered immunizations (shots) as needed.
- Keep track of your preventive health needs such as screenings (mammograms, pap smears, etc.) and shots.
- Talk with you about advance health directives. See the “Advance Health Care Directives” section of this Handbook for more information.
- See you for non-urgent health issues within 7 days.
- See you for urgent care services within 48 hours.

Getting Care from Your PCP

Your PCP will get to know you and be there when you need medical help. Call your PCP’s office anytime you have a question about your health or medical care. He or she can help you get the services you need. You can call your PCP 24 hours a day, 7 days a week. When you call your PCP, he or she will tell you what you need to do.

When you need to see your PCP, call the office for an appointment. Your appointment time is important, so please take it seriously. Please arrive at your appointments on time. Carry your Passport card at all times.

If you cannot keep an appointment, call the office right away and let them know. Try to give the office a 24-hour notice. When you call to cancel, you can make another appointment. If you do not call to cancel, some offices may refuse to see you again, but they cannot charge you a fee. Please be respectful and call your provider’s office when you cannot keep an appointment.

Office Waiting Times

If you think you are waiting too long to see a provider, please call Member Services.

Routine Appointments and Preventive Care

You should be given an appointment within 30 days for:

- New patient visits
- Routine physical exams (includes school exams)
- Health screenings

- Vision exams
- Lab tests and x-rays

Urgent Care

Urgent care should be used for something that is not a threat to your life, but needs to be looked at right away. If you think you need urgent care, call your PCP first and ask what to do. Your PCP should see you for urgent care within 48 hours.

If your PCP thinks you need urgent care and cannot see you, he or she will refer you to an urgent care center.

If you feel that your provider is not seeing you as stated above, please call Member Services.

How to Get Specialty Care & Referrals

You have the right to choose a specialist within the Passport network. Your primary care provider (PCP) will help you choose one for your condition and refer you to the correct specialist. Some Specialists do not require a referral as long as they are in our network. This is called **Direct Access Services**.

Here is a list of Direct Access Services you may get without going to see your PCP:

- Basic vision care
- Behavioral health care
- Chiropractic care
- Dental care
- Diabetes eye test
- Family planning (birth control)
- Immunizations (shots)
- Maternity care
- Mammogram – breast cancer screening
- Orthopedic care (bones and joints)
- Pap smears – cervical cancer screening
- Routine women’s care (gynecology)
- Sexually transmitted disease screening, evaluation and treatment
- Specialty care (for members who have been assessed and need treatment or regular care)
- Substance use disorder treatment
- Tuberculosis screening, evaluation and treatment
- Testing for HIV, HIV-related conditions, and other diseases passed from person to person

Members who have Medicare, disabled children, or children living in out-of-home placement (foster care, etc.) do not need a referral to see a specialist.

Second Opinions

You have the right to a second medical opinion within Passport's network for surgeries, diagnosis and treatment of conditions. If you want another opinion, tell your primary care provider (PCP). Your PCP will fill out a referral form and send you to another network provider. If a network provider is not available, your PCP or Passport will help you find an out-of-network provider.

Third Party Liability (TPL)

Please tell Passport and the DCBS office or Benefind if you or your child has other medical coverage. This helps make sure your bills are sent to all of your insurance companies.

If you get hurt and someone else is responsible for your injury, let the provider know at the time of the accident. Some examples would be if you are in a car wreck or if you get hurt on the job. You should also call Member Services and let us know.

Always ask if a provider is signed up or in-network with Passport. If you go to a provider who is not signed up or in-network, you may have to pay some or all of the bill yourself.

If You Have Medicare and Passport

You may have both Medicare and Passport coverage. If so, you do NOT have to choose a PCP. But, we strongly encourage you to have one provider who takes care of all your health care needs. If you want to find a PCP who is signed up with Passport, call Member Services.

It's important to know that not all providers bill both Passport and Medicare. If you go to a provider who doesn't bill both, you may have to pay some of the bill yourself. Remember, for services or medicines covered by Passport and Medicare, you must go to a provider that bills both Passport and Medicare. If you don't, you may have to pay some of the bill yourself.

Emergencies

The emergency room (ER) is used when you think a medical situation is a threat to your life or can seriously harm your health if you do not get care right away. The ER staff will decide how soon you will be seen. It will be based on your medical needs.

You do not need a prior authorization to visit the ER. You may visit any ER or other setting for emergency care not explicitly stated.

Some examples of when to use the ER:

- Bad cuts or burns
- Miscarriage (losing a baby) or pregnancy with vaginal bleeding
- Head or eye injuries
- Danger of loss of life or limb (such as an arm or a leg)
- Blackout
- A motor vehicle accident with an injury
- Chest pain
- Choking
- A physical attack or rape

- Difficulty breathing
- Heavy bleeding
- Loss of speech
- Taking too much medicine or drugs (overdose)
- Paralysis (unable to move)
- Poisoning
- Possible broken bones

If 911 service is not available in the area, call the operator.

Your PCP Can Help You Decide

There are times when it is hard to know if your situation is an emergency. If you are unsure, your PCP can help you decide if a situation is an emergency.

You can call your PCP 24 hours a day, 7 days a week. Be ready to tell your PCP as much as you know about the medical problem. **Be sure to tell him or her:**

- What the problem is.
- How long you or another family member has had the problem.
- What has been done for the problem so far.
- Your PCP may ask other questions. He or she can help you decide:
 - If you need an appointment.
 - If you should go to the urgent care center.
 - If you should go to the ER.

Write down the names of all your family's PCPs and their telephone numbers. Keep it in a handy place in case you need it.

If you would like a personal health record to keep track of your information, please call our Care Connectors at **1-877-903-0082** and we will mail you one.

Urgent Care

An urgent care center is used for care that is not a threat to your life, but needs to be looked at right away. Anytime you think your situation needs urgent care, you should call your PCP first. Your PCP can see if he or she can work you into their schedule. If you are not sure if your situation needs urgent care, your PCP can help you decide what to do.

If you are pregnant and need urgent or emergency care, please call your OB. Your OB doctor will tell you what to do.

Non-Emergency Hospital Care

If you need to visit the hospital for a non-emergency, you must first get a referral from your PCP or specialist. If you have questions about your hospital visit, please talk to the PCP or specialist who referred you. If you need more information about your coverage, please call Passport at **1-800-578-0603**.

We Want You to Stay Healthy

Working with your PCP to stay healthy is just as important as getting care when you are sick. This is true for adults and children.

Passport covers preventive health services for:

- Blood pressure
- Cholesterol
- Diabetes
- Depression
- Anxiety
- Tobacco use
- Alcohol and drug use
- Colon, breast, cervical and skin cancer

Healthy adults should visit their PCPs every year for these preventive health services. Children should visit their PCPs according to the EPSDT Periodicity Schedule.

To learn more about your preventive health benefits, please call Care Connectors at **1-877-903-0082**.

Nurse Advice Line

In addition to visiting your PCP, health advice is just a phone call away. Nurses are here for you. They can give you answers that are easy to understand. You can call and talk with a nurse or listen to health topics any time of the day or night. To speak with a nurse, please call **1-800-606-9880**. To listen to health topics, you may also call this number.

When you call and speak with a nurse, he or she may help you:

- Decide if your medical issue needs immediate attention.
- Learn about your health and medical concerns so you can explain them to your provider.
- Better understand and follow your provider's orders.
- Learn about the medicines you and your family are taking.
- Pick out exercises and foods for you and your family.
- Know about medical tests and procedures.
- Understand specific medical problems like heart disease, diabetes or asthma.

Long-Term Care

If you are admitted to a skilled nursing facility for long-term care, Passport will help you. The services you get such as room and board will be covered by Medicaid. Passport will cover other services while you are in a skilled nursing facility such as physical, occupational, and speech therapy. Once you have been in a skilled nursing facility for 30 days, you will be covered by Medicaid. Medicaid will then cover all of your care. If you are admitted to a skilled nursing facility or have questions, please call Member Services.

PART II — YOUR BENEFITS AND PLAN

Your Benefits & Copays

The benefit grid shown below is a list of all services we cover and any copays that may apply. Copays are the dollar amount you may have to pay when you receive some services such as office visits, supplies, or prescriptions.

Benefit	Copay	Limits
Inpatient Medical Hospitalization		
Acute Inpatient Hospital Services	\$50	Per admission
Inpatient Physician/Surgeon Services	\$0	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Transplant	\$0	
Emergency Services		
Emergency Room (ER)	\$0; \$8	\$8 for non-emergency use of the ER
Ambulatory Patient Services		
Physician Office Services	\$3	
Outpatient Hospital/Ambulatory Surgical Center	\$4	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC) & Primary Care Center (PCC)	\$3	Per visit
Dental Services (adults)	\$3 \$0 for children	Per visit
Vision Services (adults)	\$3	1 eye exam per year
Vision Services (children)	\$0	1 eye exam per year
Urgent Care	\$3	Per visit
Radiation Therapy	\$0	
Chemotherapy	\$0	
Family Planning	\$0	
Podiatry	\$3	
Maternity and Newborn Care		
Prenatal and Postnatal Care	\$0	
Maternity Services	\$0	
Prescription Drugs		
Prescription Drugs	\$1 Generic; \$4 Brand Name – no generic	

Benefit	Copay	Limits
Rehabilitative and Habilitative Services and Devices		
Skilled Nursing and Rehabilitation	\$0	
Chiropractic Services	\$3	Per visit 26 visits per 12 month period
Durable Medical Equipment	\$4	Per item
Hearing Aids/Audiometric Services	\$0	Limited to children under 21
Orthotic/Prosthetic Devices	\$4	Per item
Physical / Occupational / Speech Therapy	\$3	Per visit. 20 visits per therapy per year. No copay for children
Private Duty Nursing	\$0	2,000 hours per year (outpatient only)
Laboratory, Diagnostic and Radiology Services		
Laboratory, Diagnostic, and Radiology Services (outpatient)	\$3	Per visit Per service
Pediatric Services		
Autism Spectrum Disorders	\$0	Up to Age 21
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Special Services	\$0	Limited to medically necessary services and must be prior authorized
Commission for Children with Special Health Care Needs	\$0	Limited to children who are eligible for the Kentucky Commission for Children with Special Health Care Needs
Specialized Children's Services Clinics	\$0	Services limited to children under age 18 and must be performed by specialized clinics
Targeted Case Management: Severe emotional disability (SED) Children	\$0	Limited to children who meet Kentucky's statutory definition of SED
First Steps Services	\$0	Services are for children birth to age 2 with developmental delays or diagnosed with physical or mental conditions associated with developmental delay.
Mental Health and Substance Use Disorder Services		
Targeted Case Management	\$0	
Inpatient Mental Health/Substance Use Services	\$50	Per Admission

Benefit	Copay	Limits
Mental Health and Substance Use Disorder Services (continued)		
Outpatient Mental Health/Substance Use Services	\$3	Per visit
Psychiatric residential treatment facilities (PRTFs)	\$0	Services for residents ages 6 to 21
Preventive Services and Chronic Disease Management		
Smoking/Tobacco Cessation	\$0	
Allergy Services	\$0	
Wellness services (Immunizations and other preventive health services such as annual check-ups, pap smears, blood pressure screenings, etc.)	\$0	
Other		
Non-Emergency Transportation	\$0	
Family Planning	\$0	
Hospice	\$0	
Second Opinion	\$0	
TeleHealth	\$0	
Renal Dialysis/Hemodialysis (outpatient)	\$0	
<i>Benefits and copays are subject to change.</i>		

Copay Exceptions

The copays shown in the benefits grid are required for all Medicaid members except for:

- Foster children
- Children enrolled in Medicaid
- Pregnant women (includes 60-day period after pregnancy ends)
- Kentucky Medicaid members who have reached their cost sharing limit for the quarter (5% of the families total income per quarter)
- Members receiving hospice care

Copays are not required for:

- Emergency services
- Some family planning services
- Preventive services

NOTES:

- All benefits must be medically necessary.
- Copays apply to all members unless exempt.

- Copays are limited to no more than 5% of your family's total income each calendar quarter (every 3 months).

As a Passport member, you may get some benefits not covered by Passport but covered by Medicaid.

You will use your Medicaid ID care for these benefits:

- Nursing home care
- First Steps - A program which helps children with developmental disabilities from birth t.
- School-based services for children under 21 years old included in an
- Individualized Education Program (IEP)
- Waiver services
- 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.
- Non-emergency Medical Transportation - If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. please see the "Transportation" section in the back of this Handbook. Call **1-888-941-7433** for help, or see <http://chfs.ky.gov/dms/trans.htm> for a list of transportation brokers or companies and how to contact them.
- 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. Call **502-564-9444** for more information

To learn more about these benefits, you may call Medicaid at **1-800-635-2570**.

Dental and Vision Care

Your Dental Benefits	Your Vision Benefits
<p>Adults (21 years or older)</p> <ul style="list-style-type: none"> • 2 dental cleanings per year - 1 every 6 months. • Other dental services, if needed. • Dentures are not covered for adults. • Pregnant Women • 2 dental cleanings per year - 1 every 6 months. • 1 plaque removal visit per pregnancy. <p>Children and Teens (under 21 years)</p> <ul style="list-style-type: none"> • 2 dental cleanings per year - 1 every 6 months. • Other dental services, if needed. • If medically necessary, children and teens can get more dental visits and services under EPSDT Special Services. 	<p>Adults (21 years or older)</p> <ul style="list-style-type: none"> • 1 eye exam per year. • Other vision services, if needed. • Eyeglasses or contact lenses are not covered for adults. <p>Children and Teens (under 21 years)</p> <ul style="list-style-type: none"> • 1 eye exam per year. • 1 pair of eyeglasses, if needed. • Contact lenses are not covered for children. • If medically necessary, children and teens can get more vision services and eyeglasses under EPSDT Special Services.

Transportation

As a Passport member, you can use these 4 types of transportation:

- Non-Emergency Medical Rides
- Emergency Ambulance
- Non-Emergency Ambulance/Stretcher
- Air Ambulance

If you cannot get a ride to and from your medical visits, Kentucky Medicaid can cover transportation for all members.

The type of ride you get will depend on your medical needs and may include:

- Taxi
- Van wheelchair rides
- Bus
- Public transit

You can use this benefit if you do not have a car, van, or truck in your household. If you or someone in your household has a vehicle that you cannot use, you must give the transportation broker something in writing. The letter must say why you cannot use the vehicle.

Some examples may include:

- You can get a note from your doctor if you cannot drive for a medical reason.
- You can get a note from your mechanic if the vehicle is not working.
- You can get a note from a family member's boss or school. The note must say the family member cannot give you a ride because of their work or school hours.
- If the vehicle has been junked, you can send in a copy of the vehicle registration from the County Clerk's office.

To set up a ride, you must call the transportation broker in your area. The phone numbers for each county are listed on the next page.

Remember to call at least 3 days ahead of time.

Some KCHIP members may not be able to use this benefit. If you have any questions, please call the Kentucky Department for Medicaid Services at **1-800-635-2570**.

If you are having a problem with a ride, you can file a complaint by calling **1-888-941-7433**.

Emergency Ambulance

- Passport covers ambulance rides when you have an emergency.
- Non-Emergency Ambulance / Stretcher
- Passport covers ambulance rides to and from medical visits when your doctor says you must be moved by a stretcher and cannot ride in a car. This may be when someone is bedridden or paralyzed.

- Air Ambulance
- Passport covers air transportation when ground transportation would put your life in danger.

Transportation Brokers

BROKER	COUNTIES	PHONE NUMBER
LKLP Community Action Council	Adair, Allen, Barren, Bath, Boyd, Breathitt, Breckinridge, Butler, Carter, Clay, Edmonson, Elliott, Grayson, Green, Greenup, Hardin, Harlan, Hart, Jackson, Knott, Larue, Lawrence, Lee, Leslie, Letcher, Logan, Marion, Meade, Menifee, Metcalfe, Morgan, Nelson, Owsley, Perry, Rowan, Simpson, Taylor, Warren, Wolfe	1-800-245-2826
Pennyrile Allied Community Services	Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg	1-800-467-4601
Audubon Area Community Services (GRITS)	Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster	1-800-816-3511
Audubon Area Community Services (GRITS)	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, McCracken	1-844-575-9676
Rural Transit Enterprises (RTEC)	Bell, Clinton, Cumberland, Knox, Laurel, McCreary, Monroe, Pulaski, Rockcastle, Russell, Wayne, Whitley	1-800-321-7832
Federated Transit Services of the Bluegrass (FTSB)	Boone, Bourbon, Bullitt, Campbell, Carroll, Clark, Estill, Fayette, Gallatin, Grant, Harrison, Henry, Jefferson, Kenton, Madison, Montgomery, Nicholas, Oldham, Owen, Pendleton, Powell, Shelby, Spencer, and Trimble	1-888-848-0989
Bluegrass Community Action Partnership (BGCAP)	Anderson, Boyle, Casey, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott, Washington, Woodford	1-800-456-6588
Licking Valley Community Action Program (LVCAP)	Bracken, Fleming, Lewis, Mason, and Robertson	1-800-803-1310
Sandy Valley Transportation Services	Floyd, Johnson, Magoffin, Martin, Pike	1-800-444-7433

Extra Benefits from Passport

As a valued Passport member, we'll reward you for taking steps to be healthy. Your reward will be a gift card from a retail store, drug store, or restaurant of your choice!

Who's Eligible	What You Can Earn	What You Need to Do
Members with Diabetes	Up to \$60 in gift cards	Visit your primary care provider (PCP) or endocrinologist and earn a \$10 gift card for each of these: <ul style="list-style-type: none"> • \$10 to take a urine test for protein, take ACE/ARB medicine, or see a nephrologist. • \$10 to have your blood pressure checked. • \$10 to get a foot check. • \$10 to have your height, weight, and BMI checked. • \$10 to get an HbA1c test. • \$10 to see your eye doctor for a Dilated Retinal Exam (DRE).
Females (21 to 65 years)	\$20 gift card	Get a Pap test once every 3 years for women ages 21 to 65. (Members who have a total hysterectomy may earn one time.)
Females (50 to 75 years)	\$20 gift card	Get a mammogram once every 2 years. (Members who have a bilateral mastectomy may earn one time.)
Young Members (0 to 15 months)	Up to \$60 in gift cards	Earn \$10 for having every well-child visit up to 6 visits for a total of \$60.
Young Members (3 to 6 years)	\$20 gift card	Visit your doctor for a well-child visit
Young Members (7 to 21 years)	\$25 gift card	Visit your doctor for a well-child visit
Pregnant Members	Up to \$95 in gift cards	<ul style="list-style-type: none"> • Earn \$10 per visit for attending 6 prenatal visits for a total of \$60. • Earn \$25 for attending a postpartum check-up within 3 to 8 weeks after delivery. • If you had a C-section, earn \$10 for having an incision check within 7 to 14 days after delivery.

Who's Eligible	What You Can Earn	What You Need to Do
Young Members (2 to 20 years)	Up to \$30 in gift cards	Visit a dentist 2 times a year. Earn \$15 for each dental visit for a total of \$30.
All Members	Up to \$20 in gift cards	Earn \$20 for getting a flu shot. Children under age 2 must get 2 doses to receive this reward. Members can receive this reward once a year.
Members 21 years and older	Up to \$20 in gift cards and \$60 in vouchers	<ul style="list-style-type: none"> Earn \$20 for visiting your primary care provider (PCP) for a well-visit. You must be: <ul style="list-style-type: none"> - A new Passport member enrolled within the last 90 days - OR - - An existing member who hasn't seen a PCP in the last 18 months. Earn (3) \$20 vouchers toward getting your GED for a total of \$60.

Gift cards are available while supplies last.

Want More? We've Got It!!

On top of the great gift cards you can earn, Passport members also have access to:

- An experienced health plan with over 20 years of experience in Kentucky
- A FREE SafeLink smartphone with 1GB of data, 350 minutes of talk time, and unlimited texts
- Over-the-counter drugs (just need a prescription from your doctor)
- Health counseling services and personal Case Managers
- Short and helpful new member videos that will help you get off to a great start with your Medicaid benefits
- More gift cards – earn a \$10 gift card for attending a Member Education Class
- FREE Community Assistance Program that connects you to job training, transportation, healthy food, utility & housing assistance, and much more
- Text & Email Alert Programs and a Member Portal that offers you convenient, helpful reminders and tips about your healthcare, benefits, and eligibility

Services NOT Covered

- Abortions, unless the life of the mother is in danger, or in the event of rape or incest
- Cosmetic surgeries and medicines
- Experimental procedures or drug therapy
- Funeral or burial costs
- Hysterectomy, if performed for hygiene or sterilization reasons only
- Infertility treatment (medical or surgical)
- Oral surgery that is cosmetic
- Paternity testing
- Personal care items, such as: hair brushes, shampoo, toothpaste, feminine hygiene products, etc.
- Personal items or services while you are in the hospital, such as a television or telephone
- Reversing surgeries like tubal ligation (having your tubes tied) or vasectomy
- Services, medicines and medical equipment that are not medically necessary
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services
- Gender affirmation surgery
- Specialty care not set up by your PCP. If you are required to have a PCP, you will be required to get a referral for specialty care

How Your Providers are Paid

When you visit a provider who is signed up in the Passport network, Passport will pay the provider for the covered services you receive. As a Passport member, you should not get a bill for a covered service or treatment. But if you do not show your Passport ID card, you may get a bill or a statement.

Always show your Passport ID card when getting services or treatment.

Statements and bills are not the same even though they may look alike. A statement will say "this is not a bill." Some providers will send statements every 10 days until the bill gets paid. This is done to keep you up-to-date on your account. A bill will list the amount you owe.

If you get a bill, you should call the provider office listed on it to make sure they have all your insurance information. If you still feel you were billed in error, you may call Passport's Member Services.

In order for us to help you, please have the following information:

- Provider's name (the person billing you)
- Account number (from the provider who is billing you, not the collection agency)
- Date of service (the day the service was given to you)
- Provider's phone number
- Total amount of bill (if you have this information)

Remember, always take your Passport ID card. This will help make sure you do not get a bill from a provider. If a collection agency calls you about a medical bill, please call Member Services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

EPSDT is a preventive health program for children and teens under the age of 21. The EPSDT program makes sure children and teens are checked for medical problems early and as they grow. These checkups help to make sure your child is growing up healthy. If a doctor finds a problem, he or she can treat it and watch it.

Your child's primary care provider (PCP) may want your child to see a specialist for more services. These services are called EPSDT Special Services. Only medically necessary EPSDT Special Services are covered by Medicaid.

Children and teens need checkups at these ages:

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

Source: EPSDT Periodicity Table Bright Futures/AAP, <http://chfs.ky.gov/dms/epsdt.htm>

EPSDT includes ongoing:

- Body Mass Index (BMI) testing
- Medical history and physical exams
- Growth and development checkups (social, personal, language and motor skills)
- Vision screens
- Hearing screens
- Dental screens
- Nutrition counseling
- Physical activity test
- Lab testing such as blood lead level
- Mental health and risk behavior assessments like safety, drugs, alcohol, etc.
- Immunizations (shots)
- Health education for parents and teens
- Referrals for diagnosis/treatment, when needed
- Substance use disorder testing and education

Our staff works with you and wants to make sure your child gets the needed services at the right ages and times. We want to help you keep your children healthy and make sure they get regular checkups and immunizations.

Immunizations (shots)

At some of the checkups, your child may need immunizations. Immunizations are shots that help the body fight disease. Each shot helps prevent diseases like chicken pox, measles or mumps. Children must have all the needed shots before they can start school. To learn more about these shots, please visit www.cdc.gov/vaccines.

Your PCP may also suggest a vaccine to help protect young girls from HPV and cervical cancer. HPV is the human papillomavirus that can lead to cervical cancer. The HPV vaccine can also protect young boys from genital warts. The vaccine is available to males and females ages 9 to 26.

Flu shots are recommended for anyone over the age of 6 months. People with long-term disease, children ages 6 to 23 months and adults over age 50 are more likely to get the flu. They should be the first in line to get the flu shot.

Source: Centers for Disease Control and Prevention

Special Programs

Care Connectors

Passport has a special team for members who need help getting health care. The team is called Care Connectors.

How can Care Connectors help you?

- Help connect you with our case and disease management programs.
- Help you get your questions answered.
- Set up provider visits for you.
- Set up rides to and from your medical visits, when needed.
- Set up health screenings for you.
- Find services in your area.
- Schedule follow-up care with a specialist, if needed.
- Help with pharmacy problems such as prescription refills and prior authorizations.
- Find resources to help you pay for electric bills, food and housing.

If you need help getting the care you need, please call us at **1-877-903-0082**. TTY/TDD users may call **711**.

Care Management (CM)

If you or your child have special health care needs or are disabled, CM may be able to help you. Our care managers are health care professionals such as registered nurses, social workers, registered dietitians or respiratory therapists. They can help you understand major health problems and set up care with your providers. A case manager will work with you and your provider to help you get the care you need.

Some examples of members who may need CM are:

- Members who need help with one or more health problems.
- Members who have cancer.
- Members who have a disability.
- Members who are Human Immunodeficiency Virus (HIV) positive or have Acquired Immunodeficiency Syndrome (AIDS).
- Foster care children.
- Members who have chronic (ongoing) diseases.

- Members who live with a mental illness.

If you think CM can help you, please call our Care Connectors team at **1-877-903-0082**. Remember, being a part of CM is your choice.

School-Based Services

Your child may get some services at school that are covered by Kentucky Medicaid. These services are called School-Based Services. Your child may get these services through the Early Head Start, Head Start or School-Based programs.

If your child is in one of these programs, he or she may be getting:

- Physical therapy
- Occupational therapy
- Speech therapy
- Behavioral (mental health) care

These services are directly related to helping your child with his or her school work. They may be given to complement an Individualized Education Program (IEP).

Non school-aged children may receive services in the home or at an agency through the First Steps program until their 3rd birthday. These services are related to the child's development.

If your child gets services through First Steps or a School-Based program, they may still get similar services covered by Passport that are not on their IEP or covered by First Steps. This includes services that may be provided during school hours.

After school hours, during school breaks or during the summer months, your child may keep getting services similar to those provided at school. To keep getting similar services, your child must visit a provider signed up with Passport. This is called a network provider. If you have any questions, please call **1-877-903-0082**.

Congestive Heart Failure (CHF) Program

Passport has a special program for members with CHF. A CHF educator is here to answer your questions and help you manage CHF.

Members with CHF get information about:

- Nutrition and healthy eating
- CHF medicines
- Watching your weight
- Making healthy lifestyle changes

If you have questions about the program, please call a CHF educator at **1-877-903-0082**.

Asthma Program

Passport has a special program for members with asthma. An asthma educator is here to answer your questions and work with you and your PCP to help you control your asthma.

Members with asthma get information about:

- Things that make asthma worse and how to avoid them.
- Supplies that will help control asthma (peak flow meter and asthma action plans).
- Asthma medicines.
- Screenings and tests.

If you have questions about the program, please call an asthma educator at **1-877-903-0082**.

Chronic Obstructive Pulmonary Disease (COPD) Program

Passport has a special program for members with COPD. A COPD educator is here to answer your questions and help you with your COPD.

Members with COPD get information about:

- Nutrition and healthy eating
- COPD medicines
- Exercise
- Screenings and tests

If you have questions about the program, please call a COPD educator at **1-877-903-0082**.

Diabetes Care Program

Passport has a special program for members with diabetes.

A diabetes educator can:

- Answer questions about your diabetes and what you can do to help control it.
- Help you get supplies you may need.
- Help you get diabetes education classes.
- Remind you about tests related to your diabetes.
- Help you get the care you need.

If you have any questions about the program, please call a diabetes educator at **1-877-903-0082**.

Healthy Heart Program

Passport has a special program for members with heart, stroke and other vascular diseases. A Healthy Heart educator is here to talk with you about your disease. He or she can give you information about:

- Your medicines
- Healthy nutrition
- Exercise
- Controlling your risk

If you have any questions about the program, please call our Healthy Heart educator at **1-877-903-0082**.

Mommy Steps Program

Passport has a special program for pregnant women called Mommy Steps.

Mommy Steps can answer questions about:

- Nutrition and vitamins.
- Caring for and feeding your newborn.
- When to schedule appointments for you and your baby after delivery.
- Tips for caring for yourself after delivery.

Please call our Mommy Steps team at **1-877-903-0082** as soon as you know you are pregnant and again after you deliver your baby.

Preconception Care (Care Before Pregnancy)

Whether you are thinking about getting pregnant now or in the future, being at your best health before you get pregnant can lower your risk of having problems during pregnancy. Visit your doctor to check your health status and to talk about which birth control option is right for you. Passport covers birth control for you. You may also call our Mommy Steps program at **1-877-903-0082**.

How soon should you expect to be seen by a doctor during pregnancy?

When you call your OB doctor for an appointment in:

- The first 3 months of pregnancy - your visit should be scheduled within 14 days after you ask for it.
- 3 and 6 months of pregnancy - your visits should be scheduled within 7 days after you ask for them.
- The last 3 months of your pregnancy - your visits should be scheduled within 3 days after you ask for them.

If you would like a list of pregnancy services, see “What to Expect from Your OB Doctor During Pregnancy” in this Handbook. You can also find this on our website at www.passporthealthplan.com or by calling **1-877-903-0082**.

To find this list on our website:

Click on **Members**. ▶ Click on **Using Your Benefits**.

Family Planning Services (Birth Control)

You can get help with family planning from your primary care provider (PCP) or OB/GYN. You can also get help from family planning providers who are signed up with Passport or at the Health Department. You do not need a referral for these services. You only need to show your Passport ID card.

Domestic Violence

Many women and men can be physically or sexually abused at some point in their life. Abuse by a boyfriend, girlfriend or spouse is called domestic violence. If you become a victim of domestic violence, please call the National Domestic Violence Hotline at **1-800-799-SAFE (7233)**.

Child Abuse

If you think a child is being abused, please call the Child Protection Hotline at **1-877-KYSAFE1 (597-**

2331). Someone will look into this case and decide if there is abuse. No matter what the result may be, you will not get into any legal trouble for reporting a case.

Behavioral (Mental) Health

Passport covers your behavioral health care. Your behavioral health is an important part of your overall health and wellness.

We can help you:

- Deal with feelings of sadness or worries, drug and alcohol problems or stress.
- When you need someone to talk to and want to feel better.
- Get an appointment with a doctor.
- Get the information you need about behavioral health services.
- Talk with your doctors about how you are feeling.

You have behavioral health services available to you.

They include:

- Substance use disorder treatment.
- Outpatient services such as counseling.
- Help with medicines.
- Day treatment.
- Case management.
- Inpatient treatment (if you and your doctor feel that you cannot be safely treated in an outpatient setting).

You do not need a referral from your primary care provider (PCP) to get behavioral health services. But, we encourage you to talk to your PCP about your behavioral health. Your PCP can help make sure you are getting what you need.

If you need help getting an appointment, have questions about your behavioral health benefits or need to find a doctor, please call us 24 hours a day, 7 days a week on our Behavioral Health Access Line at **1-855-834-5651**. TTY users may call **1-866-727-9441**.

Are you having a crisis?

If you're having a crisis, we can help you. You may call our Behavioral Health Crisis Hotline 24 hours a day, 7 days a week at **1-844-231-7946**. TTY users may call **1-866-727-9441**. When you call, a live person will answer the phone and be ready to help you!

Your Health and Quality of Life

We care about the quality of care you get. Our mission is to improve your health and quality of life. We have a program called Quality Improvement (QI).

In the QI Program, we:

- Give you the information you need so you can improve your health and your family's health.
- Look for ways we can improve our service to you.
- Use nationally known ways to check how we are doing and how we can get better.
- Use nationally known clinical practice, preventative health and behavioral health guidelines. We give these guidelines to our doctors. If you would like a paper copy of these guidelines, please call us at **1-800-578-0603**, press **0**, then press **8434**. You may also find a copy on our website at www.passporthealthplan.com. Click on **Members** and then **Using Your Benefits**.
- Look for ways to make health and preventive services better.
- Offer you disease management programs such as asthma and diabetes.
- Offer you health programs such as EPSDT and Mommy Steps.
- Make outreach and health education efforts.
- Do medical and service delivery studies, when we see they are needed.
- Make routine reviews of care and service (if needed) and then discuss ways to improve the quality of care and service.
- Make sure programs are available for members with special health care needs.
- Survey members and doctors and use the answers to make services better for you.
- Look at the QI Program to make sure it is working to make services better.
- Work with all Passport departments and providers to make services better for you.

Authorizations

Getting Prescriptions

To get your prescriptions, you'll need to go to a pharmacy that is signed up with Passport. To find out if a pharmacy is signed up with Passport, call Member Services or go to www.passporthealthplan.com:

Click on **Pharmacy** ▶ Click on **Search for a Pharmacy**

Give the pharmacy your prescription and show your Passport ID card.

General information about your prescriptions:

- If you need to know if your medicine is a brand-name or generic, ask your pharmacist.
- You will get up to a 30-day supply of medicine at one time.
- For some generic maintenance medicines, you may get up to a 90-day supply.
- Some over-the-counter medicines may be paid for if your provider writes you a prescription. The medicine must be part of your treatment plan.

Prior Authorization

Some medicines may need prior authorization or step therapy. Prior authorization means the medicines must be approved before you can get them. Step therapy is when you must first try a certain medicine before we will cover the medicine your doctor prescribed.

You may pay between \$0 and \$4 for some medicines. Please see the "Your Benefits & Copays" section for more information.

Where can you find a list of covered drugs?

The list of covered medicines can be found on our Online Drug Formulary at www.passporthealthplan.com:

Click on **Pharmacy** ▶ Click on **Drug Formulary**

You may also call Member Services for this list. New medicines come out all the time, so the list may change.

What medicines are not covered by Passport?

- Cosmetic products. For example: hair removal, hair growth products or skin blemish creams.
- Fertility drugs – medicines to help you get pregnant.
- Medicines used for research that are not approved by the Food and Drug Administration (FDA).
- Medicines that are not medically necessary.
- Drugs used to treat erectile dysfunction.
- Herbal supplements.

Prior Authorization for Some Medicines

Prior authorization is when we (Passport) must approve your medicine before we pay for it. If your medicine needs prior authorization, your provider will request it.

What if you need a medicine that must be prior authorized?

- Your provider must fill out an authorization request form and send it to the pharmacy benefits manager (PBM) that is contracted with Passport.
- The PBM checks to see if the request meets the medical guidelines for the medicine.
- If the authorization is approved, a note is sent to your provider and the pharmacy.
- If the authorization is not approved, you and your provider will get a letter stating the reason for the decision.
- If you disagree with the decision, you may file an appeal. Please see the “Appeals and Grievances” section for more information about how to appeal a medical decision.

What medicines need prior authorization?

- Some brand-name forms of a medicine, if there is a generic form of the drug.
- Some medicines that need special handling, delivery or monitoring, or that need to be taken in a special way.
- Medicines that are not on the preferred drug list.
- Medicines that are outside the recommended age, dose or gender limits.
- Medicines that are new to the market and not yet reviewed by Passport.

How to Get a Refund

If you have to pay for a prescription that is covered, you must ask for a refund in writing. You can do this by sending us a completed claim form and the pharmacy receipt attached to your prescription bag. You can find the Member Prescription Claim Form online at www.passporthealthplan.com:

Click on **Members** ▶ Click on **Find a Medicine** ▶ Click on **Prescription Claim Form**

If you do not have or use a computer, please call **1-800-578-0603** and someone will help you.

Keep in mind that you must ask for a refund within 180 days of the date of your prescription. Receipts older than 180 days will not be valid. You must sign and date each claim form and include your Passport member ID number. If a claim form is not signed, we will return it to you.

Please mail your claim form and pharmacy receipt to:

CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Once we receive your claim form and pharmacy receipt, we'll mail your refund check within 6 weeks to the address we have listed on file.

Lock-In Program

Kentucky law says all Medicaid members who receive too many prescriptions, visit the emergency room (ER) for non-emergencies or visit too many providers or pharmacies should be reviewed for a Lock-In Program. If this applies to you, you could be added to our Lock-In Program for at least 24 months. The Lock-In Program will let you visit one pharmacy, one primary care provider (PCP), one controlled substance prescriber and one hospital. If you do not think you should be in Lock-in, you can file an appeal with Passport.

Reasons for Being Added to the Lock-In Program (Under Kentucky Law)

In 2 straight 6-month periods, you:

- Received services from 5 or more providers.
- Received 10 or more different prescriptions.
- Received prescriptions from 3 or more pharmacies.
- Visited the ER 4 or more times for a non-emergency reason.
- Visited 3 or more different ERs for a non-emergency reason.

If you have any questions about the Lock-In Program, please call **1-800-578-0603**, press **0**, then press **9903** or **8564**.

Our Medical Review

We have a special Utilization Management (UM) team that looks at the care you receive. This team of doctors and nurses check to see if a service is medically necessary and covered by Passport.

As a member, you should know the following about how we make decisions:

- We do not reward anyone, including providers, for denying services to members.

- We do not give anyone, including providers, money for making decisions that keep you from getting the care you need when you need it.

If you have any questions about the UM process or authorizations, please call Member Services at **1-800-578-0603** from 7 am to 7 pm. TDD/TTY users may call 711. If you call after business hours, you can leave a message and someone will call you the next business day.

If you wish, you may come in person and talk with a Passport representative. Our address is:

Passport Health Plan
5100 Commerce Crossings Drive
Louisville, KY 40229

New Technologies

New medical technologies are medical treatments, drugs or devices that have recently been developed. Advancements in medical technology have allowed providers to better diagnose and treat their patients. Thanks to the ongoing growth of technology in the medical field, many lives have been saved. The overall quality of life keeps getting better over time.

If a new technology becomes a standard of care, we may decide, with the help from medical experts, to add it to our benefits. If you'd like us to consider a new technology, please call us. You may also ask your provider to call us.

Appeals and Grievances

We hope you will always be happy about the benefits and care you receive. If you are not, we want you to let us know right way. There are 2 ways you can express your concerns:

1. You can file an appeal
- OR -
2. You can file a grievance.

You will not lose your Passport membership, benefits or have anything negative happen if you file an appeal or a grievance.

Filing an Appeal

As a Passport member, you have the right to file an appeal about any adverse benefit determination (ABD) we make. An example of an ABD is when we:

- Deny or limit approval of a service you or your doctor requested. This denial could be based on medical necessity rules, the appropriateness, setting or effectiveness of a covered benefit.
- Reduce or stop a medical service we approved.
- Do not agree to pay for a medical service.
- Do not provide services in a timely manner.
- Deny your request to get medical services from providers who are not signed up (in-network) with Passport.
- Limit the number of providers or pharmacies you can use.

- Deny your request if you disagree with the amount of money you have to pay. This might include cost sharing, copays, premiums, deductibles or coinsurance.

How to File an Appeal with Passport

You have 60 days to file an appeal from the date of the notice you receive telling you about the ABD.

You may call us to appeal, but you must follow up with a written appeal request within 10 days of the call.

Send your written appeal to:

Appeals Coordinator Passport Health Plan
5100 Commerce Crossings Drive
Louisville, KY 40229

If you need help with your appeal, please call Member Services at **1-800-578-0603**. If you are a TDD/TTY user, please call 711.

Naming Someone to Represent You

You can name someone else to appeal for you. For example, you may allow your doctor to file your appeal. If you name someone, you must first sign a letter saying:

- It is ok for him or her to represent you.
- The specific ABD you are appealing.
- The date you signed the letter.
- You must give Passport a copy of this signed letter along with your appeal.

What happens after you file an appeal?

When you file an appeal, we will send you a letter within 5 working days. The letter will tell you that we have received your appeal. It will also tell you the date and time we will review your appeal.

After you have filed your appeal, you can still send us anything related to your appeal. We will use this information as long as we receive it by your appeal review date. You can also present it in person on the appeal date stated in our letter.

If at any time during the appeal process, you need more time to give us things related to your appeal, you may request up to 14 more days. You must send this request in writing to the Passport Appeals Coordinator.

If we feel we cannot give you a decision within the required 30 calendar days, we may add up to 14 calendar days to our review time. We will send you a letter within 2 calendar days to let you know this.

If you are getting approved services that are now denied and you want to keep getting these services, you must ask in writing. Your request must clearly state that you wish to keep getting the services. You can keep getting services until the appeal or State Hearing decision is made. If the appeal or State Hearing decision agrees with Passport's denial, you may have to pay for the services.

We will make an appeal decision within 30 calendar days of receipt. We will send you a letter with our decision.

You may get free copies of any documents related to your appeal or copies of any information we used to decide medical necessity. You must ask for them in writing.

Medical Appeals

If your appeal involves a medical issue, a doctor with the same medical skill as your PCP or specialist will handle your appeal. This doctor will not be the same doctor who made the decision about the service.

Expedited (Fast) Medical Appeals

You can request an expedited (fast) appeal if your appeal is about care that you believe is medically necessary and needed soon. You will get an expedited appeal if waiting for a regular appeal could badly harm your health or life. If your request does not qualify for an expedited appeal, it will become a regular appeal.

You can make your request by calling **1-800-578-0603**, press **0**, then press **7307**. If your request qualifies as an expedited appeal, we will let you know a decision within 3 working days. If you want to give us more information about your expedited appeal, please call us at **1-800-578-0603**, press **0**, then press 7307. You must do so right away as we will need to make a decision in 3 working days.

Filing a Grievance

You can file a grievance about anything other than an adverse benefit determination (ABD). Please see the list of ABD's under the "Filing An Appeal" section.

You may file a grievance orally or in writing. To tell us your grievance, please call Member Services at **1-800-578-0603**. You may call from 7 am to 7 pm EST Monday through Friday. We can help you file your grievance and answer any questions you have.

If you wish to mail your grievance, please mail to:

Passport Health Plan
5100 Commerce Crossing Drive
Louisville, KY 40229

If you do not speak English and need a translator to help file your grievance, please call Member Services at **1-800-578-0603** and let us know.

What happens after you file a grievance?

After you file a grievance, we will send you a letter within 5 business days. The letter will tell you we received your grievance and give you our expected resolution date.

The grievance review will be handled by someone who was not involved in the initial decision.

Your grievance will be resolved within 30 calendar days of our receipt. We will send you a letter with our findings. If you or Passport needs extra time, we may add up to 14 calendar days.

State Fair Hearings

If you are not happy with Passport's appeal decision, you may ask for a State Hearing with the Department for Medicaid Services (DMS). You must send your request for a State Hearing to DMS within 120 days of Passport's final appeal decision. A State Hearing is not a part of Passport in any way. You must complete Passport's appeal process before requesting a State Hearing.

To request a State Hearing with DMS, send your request in writing, by fax or in person to:

Kentucky Department for Medicaid Services
Division of Program Quality & Outcomes 275 East Main Street, 6C-C
Frankfort, KY 40621
Phone: (502) 564-9444

If you have any questions about a State Hearing with DMS, please call 1-800-635-2570. If you are hearing impaired, please call the Kentucky Relay by dialing 711.

You may also contact Kentucky's Ombudsman if you have a complaint about your local Department for Community Based Services office:

Office of the Ombudsman Cabinet for Health Services
275 East Main Street, 1E-B
Frankfort, KY 40621
1-800-372-2973

If you are a TDD/ TTY user, please call **1-800-627-4702**.

You may call Member Services at **1-800-578-0603** anytime you have a question. You do not have to file an appeal or grievance to speak with us about an issue.

III. OTHER

Out of Network Providers

The Passport service area includes all of Kentucky and some surrounding areas. The network includes any provider signed up with Passport and Medicaid.

What You Need to Know

- If you see a provider who is out of our service area and is not signed up with Medicaid, you may have to pay the bill. The provider must be willing to bill Passport, get a Medicaid ID number and call Passport to approve care.
- If there is not a network provider available to offer you a covered service, we will pay for medically necessary services with an out-of-network provider who gets a Medicaid ID# and an authorization.
- Emergency care is covered for you inside and outside the service area. If you are out of the service area and have a true emergency, please go to the nearest emergency room. A true emergency is when you think a medical situation is a threat to your life or long-term health if you don't get care right away.

If you're going to be out of the service area, you may want to take extra medicine with you. If you are given a prescription refill, it means your doctor thinks you can continue the medicine and it's okay for you to get a vacation supply. The vacation supply would be a 30-day supply of medicine. You can get a vacation supply once a year.

Advance Directives

An advance health care directive lets you have a say about how you want to be treated if you get very sick. Having an advance health care directive lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you would want if you are too sick to tell them

yourself.

There are 2 main types of advance health care directives:

- A living will tells your family and your provider what kinds of treatment you want to receive as you near the end of your life or if you cannot speak for yourself.
- A power of attorney lets you pick a person to make medical decisions for you if you are too sick and cannot speak for yourself.

All adults should talk about an advance health care directive with a primary care provider (PCP). As long as you can still make your own decisions, your advance health care directive will not be used. You can say “no” or “yes” to treatment at any time.

Where can I find a copy of an advance health care directive?

Go to Kentucky’s Attorney General website: www.ag.ky.gov/consumer-protection/livingwills.

If you do not use a computer, please call **1-877-903-0082** and we can mail you a copy.

If there are any changes to the Advance Medical Directive rules and regulations, we will tell you within 90 days of the change.

Fraud, Waste and Abuse

If you suspect that a member or provider is committing fraud or misuse of a Passport ID card or benefit, please let us know. To report fraud or misuse, please call Passport’s Compliance Hotline at **1-855-512-8500** or the Office of the Inspector General (OIG) at **1-800-372-2970**.

Important Phone Numbers & Websites

Agency	Web Address
Benefind	1-844-407-8398 https://benefind.ky.gov/
Department for Medicaid Services (DMS)	1-800-635-2570 https://chfs.ky.gov/agencies/dms/Pages/default.aspx
Kentucky Attorney General Office of Medicaid Fraud and Abuse	https://ag.ky.gov/about/branches/OMFA
Department for Medicaid Services (DMS) Fraud and Abuse	1-800-372-2970 https://chfs.ky.gov/agencies/dms/dpi/Pages/fraud-abuse.aspx
Kentucky Department for Community Based Services (DCBS)	1-855-306-8959 Fax: 502-573-2007 https://prdweb.chfs.ky.gov/Office_Phone/index.aspx
Kentucky Children’s Health Insurance Plan (KCHIP)	1-877-524-4718 1-800-662-5397 en Espanol https://kidshealth.ky.gov/Pages/index.aspx
Social Security	1-800-772-1213 http://www.ssa.gov

Office of the Medicaid Ombudsman	1-800-372-2973 Or TTY 1-800-627-4702 https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx
Child and Adult Abuse	1-800-752-6200
National Domestic Violence Hotline	1-800-799-SAFE (7233)

Medicaid Managed Care Ombudsman Program

The Office of the Ombudsman is there to make sure those seeking public services are treated fairly. If you feel you have not been treated fairly or if you have a concern about your Medicaid coverage, you have the right to contact:

Call: **1-800-372-2973**

Email: CHFS.Listens@ky.gov

Mail: Office of the Ombudsman
275 E. Main St. 1E-B
Frankfort, KY 40621

Health Insurance Patient Portability Act (HIPPA)

Your health information is personal. HIPAA rules give you the right to control your personal health information (PHI). Any health information that can be used to identify you is protected health information.

Anyone who takes part in your medical care can see your PHI. Everyone who handles your health information must legally protect the privacy of your PHI. Anyone who uses your PHI in a wrong way is responsible for that.

PHI can be legally used in certain ways. A provider who is treating you can see your PHI as a part of your care and treatment.

You can decide to let people use your PHI if you think it is necessary. If you decide to let someone else use your PHI, you need to write a detailed letter stating that person is allowed to use it.

A person has to have a written statement to ask for your PHI, even if that person is a spouse or a family member.

Where Do I Send Questions?

If you have questions about HIPAA and your PHI, please contact Passport's Privacy Officer, in writing.

The address is:

Passport's Privacy Officer
5100 Commerce Crossings Drive
Louisville, KY 40229
PHPCompliance@passporthealthplan.com

Complaints:

If you think your PHI has been used incorrectly, you can make a complaint.

The address is:

The Secretary of Health and Human Services
Room 615F
200 Independence Ave., SW
Washington, D.C. 20201

You can call the U.S. Department of Health and Human Services at **877-696-6775**. You can also call the United States Office of Civil Rights at **866-OCR-PRIV (866-627-7748)** or **866-788-4989** TTY.

Your Rights and Responsibilities

Passport wants you to know that you have certain rights and responsibilities. You deserve to be treated with respect and dignity.

Your rights as a member:

- Be treated with respect and dignity. You have the right to privacy and to not be discriminated against.
- Choose a primary care provider (PCP) and request a change to another PCP.
- Join your providers in making decisions about your health care. You may discuss treatment options, regardless of cost or benefit coverage. You may also refuse treatment.
- Ask questions and receive complete information about your medical condition and treatment options. This may include specialty care.
- Voice grievances or file an appeal about Passport decisions that affect you. If you do not agree with Passport's appeal decision, you may file a state hearing with the Department for Medicaid Services (DMS).
- Receive timely access to care that does not have any communication or physical barriers.
- Make an advance directive, like a living will.
- Look at and get a free copy of your medical records, as permitted by law.
- Receive timely referrals and access to medically needed specialty care.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Receive information about Passport, benefits, services, providers and your rights and responsibilities.
- Make suggestions about your rights and responsibilities.
- Any Native American (Indian) member may get services from I/T/U providers (Indian Health Services, Tribally operated facility/program, and Urban Indian clinics) signed up with Passport.

Your responsibilities as a member:

- Learn about your rights.
- Follow the policies and procedures of the DMS and Passport.
- Learn about health services and treatment options.

- Take part in personal health care decisions and practice a healthy lifestyle.
- Keep appointments with providers and call to cancel appointments when you cannot be there.
- Provide, to the best of your ability, information that your providers need to give you care.
- Follow the orders and plans for care that you have agreed on with your providers.
- Learn about your health problems and follow the orders and care plans that you and your providers have agreed upon.
- Tell us if you suspect fraud or misuse of Passport ID card or benefits by a member or provider. To report fraud or misuse, please call Passport's Compliance Hotline at **1-855-512-8500** or the Office of the Inspector General (OIG) at **1-800-372-2970**.

You Have a Right to Your Health Information

Our Notice of Privacy Practices (NPP) tells you about your privacy rights and how you can use them. The NPP also tells you how Passport may use and share your health information. We must follow all of the rules listed in the NPP.

To find a copy of our NPP, please visit www.passporthealthplan.com:

Click on **Members**. ▶ Click on **Using Your Benefits**. ▶ Click on **Notice of Privacy Practices**.

If you'd like us to mail you a copy of our NPP, please call us at **1-800-578-0603**. TDD/TTY users may call 711.

Discrimination Is Against the Law

Passport Health Plan DOES:

- Follow federal civil rights laws
- Provide free aids and services to people with disabilities such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

Passport Health Plan DOES NOT:

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

If you need any of these services listed above, you may contact:

Passport's Member Services Team **1-800-578-0603**

Passport's Care Connectors Team **1-877-903-0082**

If you believe Passport has not provided these services or has discriminated against you, you may file a grievance. You can file a grievance by contacting:

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 a grievance, the Director of Compliance 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. You can:

- Visit the Office for Civil Rights Complaint Portal at <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 1-800-368-1019 (TDD 1-800-537-7697)

If you need a complaint form, please visit <http://www.hhs.gov/ocr/office/file/index.html>

Si habla español, tenemos servicios de asistencia lingüística de forma gratuita. Ofrecemos también, sin costo, servicios de interpretación de documentos en su idioma. Por favor, llame al 1-800-578-0603. Los usuarios de TTY pueden llamar al 711.

若您的慣用語言是中文，我們提供免費的語言協助服務。您也可以享受免費的口譯服務；我們可以將任何文件翻譯成您的慣用語言並唸給您聽。請致電 1-800-578-0603。TTY 使用者請撥打 711。

Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistenzen zur Verfügung. Sie können sich auch jedes Dokument in Ihrer Sprache vorlesen lassen, ohne dass für Sie Kosten entstehen. Bitte wählen Sie die Rufnummer 1-800-578-0603. Schreibtelefon (TTY/TDD): 711.

Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Quý vị cũng có thể nhận được hỗ trợ phiên dịch bằng lời miễn phí; chúng tôi có thể đọc bất kỳ tài liệu nào cho quý vị bằng ngôn ngữ của quý vị. Vui lòng gọi 1-800-578-0603. Người dùng TTY hãy gọi 711.

إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. وقد تتلقى أيضاً ترجمة فورية شفوية مجانية؛ يمكننا أن نقرأ لك أي وثيقة بلغتك. يُرجى الاتصال على الرقم 1-800-578-0603. يمكن لمستخدمي الهاتف النصي الاتصال على الرقم 711.

Ukoliko govorite srpski jezik, usluge jezičke pomoći su vam dostupne besplatno. Pružamo i usluge besplatnog usmenog prevoda; možemo da vam pročitamo bilo koji dokument na vašem jeziku. Pozovite 1-800-578-0603. Korisnici koji upotrebljavaju tekstualni telefon mogu da pozovu broj 711.

日本語を話される場合、無料の言語支援サービスをご利用いただけます。また、無料の読み上げサービスをご利用いただけます。あなたの言語で文書を読み上げます。1-800-578-0603までお電話ください。TTYユーザーは711に電話できます。

Si vous parlez français, vous pouvez bénéficier gratuitement de services d'assistance linguistique. Vous pouvez également recevoir une interprétation orale gratuite ; nous pouvons vous lire n'importe quel document dans votre langue. Veuillez appeler le 1 800 578 0603. Les utilisateurs d'un ATS (TTY) peuvent appeler le 711.

한국어 사용자는 무료로 언어 지원 서비스를 이용할 수 있습니다. 아울러, 어떤 서류든 모국어로 읽어주는 무료 구두 통역도 받을 수 있습니다. 1-800-578-0603번으로 전화하십시오. TTY 사용자는 711번으로 전화하실 수 있습니다.

Wann du Deutsch schwetzsch un Hilf mit Englisch brauchsch, kenne mer dich helfe fer nix. Du darfscht aa en Interpreter/Translator griege fer nix; mir kenne ennicher Text lese zu dich in dei Schprooch. Ruf 1-800-578-0603 uff. Leit as TTY yuse darfe 711 uffrufe.

तपाईंले नेपाली बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंको लागि निःशुल्क रूपमा उपलब्ध हुन्छन्। तपाईंले निःशुल्क मौखिक दोभाषे पनि प्राप्त गर्न सक्नुहुन्छ; हामी तपाईंको लागि तपाईंको भाषामा कुनै पनि कागजात पढ्न सक्छौं। कृपया 1-800-578-0603 मा फोन गर्नुहोस्। TTY प्रयोगकर्ताहरूले 711 मा फोन गर्न सक्नुहुन्छ।

Kan dubbattu Afaan Oromo yoo ta'e, tajaajilliwwan gargaarsa afaanii kanfaltii malee siif jira. Akkasumas turjumaana afaanii bilisaan argachuus ni dandeessa; afaan keetiin galmee kamiyyuu siif dubbisu ni dandeenya. Maaloo 1-800-578-0603 irratti bilbili. Fayyadamtoonni TTY 711 irratti bilbilu.

Если вы говорите на русском языке, вам могут быть предоставлены бесплатные услуги переводчика. Также вам может быть бесплатно предоставлен устный переводчик; любой документ может быть зачитан вам на вашем языке. Звоните по телефону 1-800-578-0603. Телетайп (TTY): 711.

Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda waxaa laguugu heli karaa adiga bilaash. Sidoo kale waxaad heli kartaa turjumaad hadalka ah oo bilaasha ah; waxaanu kuugu akhriyi karnaa adiga warqad kasta luqaddaada. Fadlan soo wac 1-800-578-0603. TTY isticmaalayaashu waxay soo waci karaan 711.

Kung nagsasalita ka ng Tagalog, makakagamit ka ng mga serbisyo ng tulong sa wika nang walang bayad. Maaari ka ring makatanggap ng libreng oral interpretation; maaari naming basahin para sa iyo ang anumang dokumento sa sarili mong wika. Mangyaring tumawag sa 1-800-578-0603. Ang mga gumagamit ng TTY ay maaaring tumawag sa 711.

IV. WORDS TO KNOW

Appeal – when you ask Passport to review a decision that denied a benefit or payment.

Copay – the amount of money you pay for a covered health care service.

Durable Medical Equipment (DME) – equipment and supplies your provider orders for you to use. Some examples may include oxygen, wheelchairs, crutches, or blood testing strips for diabetics

Emergency Medical Condition – an illness, injury, symptom or condition so serious that you must get care right away to avoid severe harm.

Emergency Medical Transportation – when you must use an ambulance for an emergency medical condition.

Emergency Room Care – emergency services you get in an emergency room.

Emergency Services – services given to you to keep an emergency condition from getting worse.

Excluded Services – services that Medicaid or Passport does not pay for or cover.

Grievance – a complaint you make to Passport.

Health Insurance – a company who pays some or all of your health care costs.

Home Health Care – services you receive at home.

Hospice Services – services you can get for comfort and support in the last stages of a terminal illness.

Hospitalization Care – care you get in a hospital that usually requires an overnight stay.

Hospital Outpatient Care – care you get in a hospital that usually does not require an overnight stay.

Medically Necessary – services or supplies that are needed to diagnose or treat an illness, injury, condition, or disease.

Network – the list of facilities, providers, and suppliers that are signed up with Passport to provide services to you.

Non-Participating Provider – a provider who is not signed up with Passport to provide services. You may have to pay to see a non-participating provider.

Physician Services – services a licensed medical doctor provides or sets up for you.

Plan – the health insurance plan who provides your benefits and coverage.

Pre-Authorization – when something needs approval before you can get the service or medicine.

Participating Provider – a provider who is signed up with Passport to provide services to you.

Prescription Drug Coverage – health insurance that helps pay for prescription medicines.

Prescription Drugs – medicines that require a prescription from a doctor.

Primary Care Provider (PCP) – the main doctor who gives you most of your care and makes referrals to other doctors when you need them.

Provider – any individual or facility that provides, orders, or refers services.

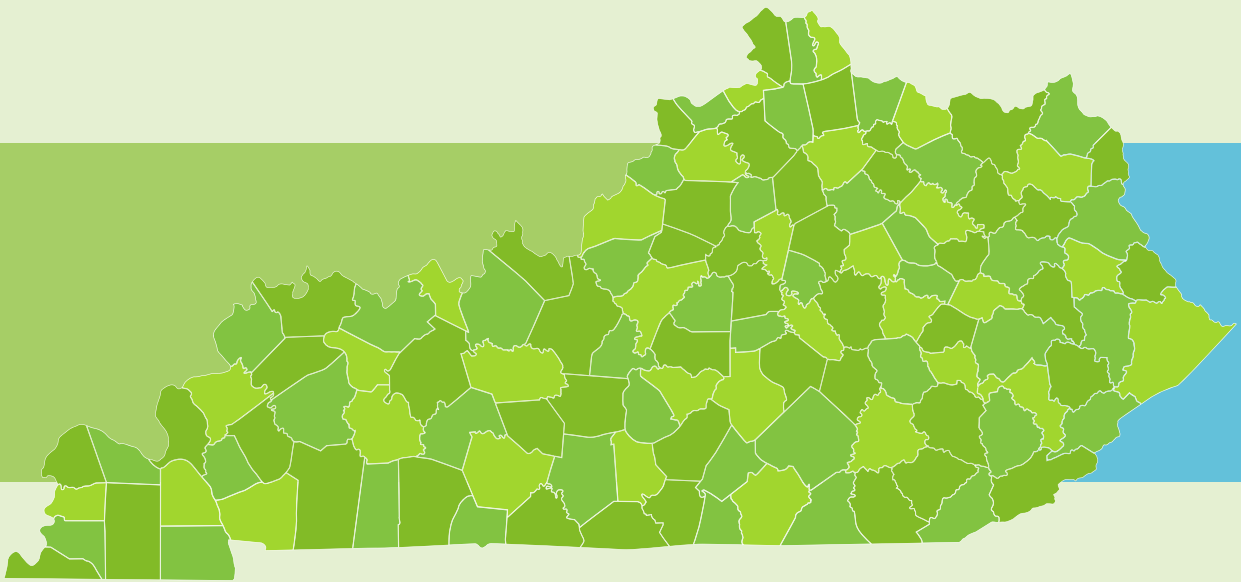
Skilled Nursing Care – services you get from nurses at your home or in a nursing home.

Specialist – a physician or doctor who focuses on a specific area of medicine. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent Care – care you get for something that is not a threat to your life, but needs to be looked at right away.

TOP 5 REASONS TO CHOOSE PASSPORT

1. Passport has been in Kentucky caring for members for over 20 years.
2. We put members first – We're a non-profit in business for you!
3. Passport has hundreds of doctors and pharmacies to choose from.
4. We have a great staff that always takes the time to care about you!
5. Passport is your neighbor. We are based right here in Kentucky, and we're always out in the community helping members find resources.



**We Proudly Serve Members
Across Kentucky**

PASSPORT TM
HEALTH ★ PLAN

5100 Commerce Crossings Drive | Louisville, KY 40229 | www.passporthealthplan.com

Any information included in this handbook is not intended to replace medical care or advice from your doctor. Any references to other companies or internet sites are not an endorsement or guarantee of the services, information or products provided. Passport does not take responsibility for anything that may result from the use, misuse, interpretation or application of the information in this handbook. 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.

MESSAGING PROGRAM

Member Sign-Up Sheet

New Passport Text and E-Mail alerts help you get the most out of your Passport Health Plan benefits.



How to Sign Up for Passport's Messaging Program

1. Visit www.passporthealthplan.com/memberportal and set up an account on our member portal. Select "yes" to start receiving text and email alerts.
- OR -
2. Fill out the form below and return the completed form in the green postage-paid envelope.

PASSPORT HEALTH PLAN MEMBER OR GUARDIAN: (Must be 18 or older)

Please provide the following information: *All Required

First name* _____ Last name* _____

Passport member ID#* _____ Date of Birth (MM/DD/YYYY)* _____

Email address* _____ Mobile Phone #* _____

Language Preference: (circle one)* ENGLISH SPANISH OTHER: _____

To receive information on behalf of others under the age of 18 in your household at the above number and/or email address, please provide the following information:

First name* _____ Last name* _____

Passport member ID#* _____ Date of Birth (MM/DD/YYYY)* _____

First name* _____ Last name* _____

Passport member ID#* _____ Date of Birth (MM/DD/YYYY)* _____

Please sign and date below:

By signing below, you confirm that you are the legal guardian and authorized to receive health plan information on behalf of any minors listed above. You also agree to the Terms of Use for Passport's Messaging Program.

Signature

Date

Text Messaging and Email Communications: TERMS OF USE

Passport Health Plan offers access to healthcare service messages via recurring SMS (Short Message Service), MMS (Multimedia Message Service) text alerts and email alerts (collectively, "Messaging Programs"). If you indicate you accept email or text message notifications, you have opted in to Passport Health Plan's Messaging Programs and have authorized Passport Health Plan to send messages to your cell phone and/or email address. Passport Health Plan may send you messages concerning your benefits, eligibility and coverage information, and general health, wellness, or fitness information. Enrollment in text alerts requires you to provide your own mobile phone number with an area code within the 50 United States or the District of Columbia. Enrollment in email alerts requires member to provide an email address. By enrolling to receive Passport Health Plan text or email alerts, you agree to these Terms of Use, which become effective upon your enrollment. You may be asked to verify your mobile phone number or email address before the service will start. This requires responding to a text alert or email alert sent to your mobile phone or email address confirming your enrollment in this service.

You acknowledge that alerts will be sent to the mobile phone number or email address you provide to Passport Health Plan. These alerts may include limited personal information about you and/or your family members under the age of 18 that you have provided opt-ins on their behalf, and whoever has access to the mobile phone, carrier account, or email address you provide will also be able to see this information. Once you enroll, the frequency of text or email alerts we send to you will vary. You will typically receive alerts when we have information for you about your benefits or other healthcare information. Passport Health Plan does not impose a separate charge for text alerts or email messages; **however, your mobile carrier's message and data rates may apply depending on the terms and conditions of your mobile phone contract.** You are solely responsible for all message and data charges that you incur. Please contact your mobile service provider about such charges.

You may opt out of Passport Health Plan's text alerts at any time. To stop receiving text alerts, text STOP. Texting STOP will opt you out of any and all future Passport Health Plan text messages. After you submit a request to unsubscribe, you will receive one final text alert from Passport Health Plan confirming that you will no longer receive text alerts. No additional text alerts will be sent unless you re-activate your enrollment in Passport Health Plan's text alert program. For questions about text alerts, please contact 1-800-578-0603.

The Passport Health Plan Messaging Programs are offered on an "as is" basis and: (1) may not be available in all areas at all times; and (2) may not continue to work in the event of product, software, coverage or other service changes made by your wireless carrier. Any health, wellness, or fitness related information provided is not meant to replace professional medical advice. Passport Health Plan will not be liable for any delays in the receipt of any text or email messages. Passport Health Plan may change or discontinue any of its Messaging Programs without notice or liability to you. Passport Health Plan and its respective officers, directors and employees are not responsible and shall not be liable for any losses or injuries of any kind resulting, directly or indirectly, from any Passport Health Plan Messaging Programs or from technical failures or delays of any kind. Delivery is subject to effective transmission from your service provider. Passport Health Plan reserves the right to cease delivery of text alerts or email alerts to any person at any time in its sole discretion.

Jurisdiction; Choice of Law; Arbitration:

The Messaging Programs are intended only for access and use by United States residents, are presented solely as a service to visitors and subscribers located in the United States of America and its territories, and therefore may not comply with legal requirements of foreign countries. These Terms of Use are governed and construed in accordance with the laws of the Kentucky, without giving effect to any principles of conflicts of law. You expressly and irrevocably agree to binding arbitration in Louisville, Kentucky, under the rules of the American Arbitration Association for any and all disputes or claims arising out of or relating to the Messaging Programs.

Severability:

If an arbitrator or other legal authority determines that any part of these Terms of Use is illegal or unenforceable, then such part will be eliminated and the remaining Terms of Use will remain in force and effect and continue to apply to your use of the Messaging Programs.

Not Intended for Use by Minors:

The Messaging Programs are not intended for, nor do we believe they are appealing to, children under the age of 18. Passport Health Plan will not knowingly collect information from individuals under the age of 18.

Member Health Risk Assessment Form

Member Information

Member name*: _____

Member address: _____

Member phone: _____ Member ID#: _____

Member date of birth*: _____ Age: _____

Emergency contact name: _____ Phone: _____

Date completed: _____

Who is completing this form for you? _____

Health Assessment **All Required*

INSTRUCTIONS: Please Circle The Correct Response

1. What is your gender? Male Female		
2. What is your race or ethnicity African American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander White Non-Hispanic Hispanic or Latino Multiracial Other		
3. What is your highest level of education? Elementary School (K-5) Middle School (6-8) High School (9-12) High School graduate Some College College Graduate Graduate School N/A		

4. What is your preferred language to speak at home?				
English	Spanish	Other		
5. What is your living situation?				
Own	Live with family	Rent		
Homeless	Live with friends	Other		
6. Are you currently pregnant?				
Yes	No			
7. Has a doctor ever told you that you have the following?				
Diabetes	High blood pressure	Heart disease	Kidney disease	
Cancer	Asthma	COPD	Allergies	
HIV/AIDS	Hepatitis	Schizophrenia	Anxiety	
Depression	Bipolar disorder	N/A		
8. Do you currently take prescription medicine?				
Yes	No			
9. Do you currently use any of the following?				
Hearing aids	Glasses or contacts			
Wheelchair or walker	Other assistive devices	N/A		
10. How often do you exercise?				
2-3 times per week	Once per week	Rarely	Never	
11. How often do you use alcohol?				
Everyday	Two or more days per week	Rarely	Never	
12. Do you use tobacco or tobacco products?				
Yes	No	I would like help quitting		

13. In general, how would you rate your overall health?				
Excellent	Very Good	Good	Fair	Poor
14. Do you need help with any of the following? <i>(Mark all that apply)</i>				
Food	Clothing	Housing	Employment	Mobility
Getting to medical appointments			Safety	N/A
15. Do you need help performing any of the following daily activities?				
Accessing medication		Bathing	Eating	Dressing
Shopping		Managing finances		N/A
16. Compared to one year ago, my health is worse.				
Yes	No			
17. Have you received dental care in the past year?				
Yes	No			
18. Have you been to the emergency room in the last three months?				
Yes	No			
19. Would you like your health plan to contact you about any other health concerns?				
Yes	No			

Send us your completed Health Risk Assessment Form (HRA)

Email:

PassportCareConnectors@Evolenthealth.com

Mail to:

Passport Health Plan
 Attn: Care Connectors
 5100 Commerce Crossing Drive
 Louisville, KY 40229

If you need help filling out your HRA, call us at 1-877-903-0082.

Pediatric Health Risk Assessment Form



Now that your child is a member of Passport Health Plan, we ask that you please fill out this form. It will help us see how we can best serve you with our benefits and special programs. Your answers on this form are kept private. The answers will not affect your benefits in any way. If you need help filling out this form, please call 1-877-903-0082. TDD/TTY users may call 1-800-691-5566.

Date _____

Child's Name (first) _____ (middle initial) _____ (last) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone _____ Child's Date of birth _____

Last four digits of your child's Social Security #: _____

Child's Passport Health Plan ID number: _____

What is the name of your child's primary care provider (PCP)? _____

What is your child's PCP's phone number? _____

Do you need help choosing a PCP for your child or making an appointment with your child's PCP?

Yes No

When was your child's last:

Physical exam? _____ Dental Exam? _____ Eye Exam: _____

Is your child up to date on all immunizations?

Yes No Not sure Other: (please explain) _____

What is your child's current height? _____ What is your child's current weight? _____

What is your child's preferred language?

English Somali Spanish Arabic Vietnamese Bosnian
 Russian Swahili French Mandarin Sign Other _____

What is your child's gender? Male Female

What is your child's race? (optional)

American Indian/ Alaskan Native Black or African American White
 Native Hawaiian/ Pacific Islander Asian Other _____

What is your child's ethnicity? (optional)

Hispanic Non-Hispanic Other _____

Who is answering the questions on this survey?

Mother Father Grandparent Foster parent Child
 Other family member (please explain) _____ Other (please explain) _____

SECTION ONE: FOR ALL AGES

Please answer the following questions in response to your child.

Only select one response per question.

1. Has your child's doctor told you that your child had any of the following conditions?

(Check ALL that apply)

A. Lung problems, such as:

- Asthma Allergies Bronchiolitis Cystic Fibrosis Ventilator dependent
 Other: _____

B. Heart problems, such as:

- High Blood Pressure Birth Defect Heart Failure Other: _____

C. Neurological problems, such as:

- CVA/Stroke Para/Quadriplegia Seizures Other: _____

D. GI Problems, such as:

- Reflux Ostomy Failure to thrive Other: _____

E. Behavioral/Mental Health Issues, such as:

- ADHD/ADD Anorexia, Bulimia, or other eating disorder Anxiety Bipolar
 Depression Substance/Drug Abuse Substance Overdose
 Stress/Feeling Overwhelmed Other: _____

F. Blood Disorders

- Anemia Sickle Cell Hemophilia Other: _____

G. Autism

H. Cancer (type)

I. Cerebral Palsy (CP)

J. Diabetes

K. Growth/Development Delays

L. Hearing Problems

M. HIV/AIDS

N. Kidney Problems

O. Liver Conditions

P. Obesity/Overweight

Q. Premature Birth

R. Vision Problems

S. Migraine / Headaches

T. Other (please explain)

2. If you or your child wants to know more about your child's medical issues - what would you and your child like to know? (Check all that apply)

- Diagnosis Medications Diet/nutrition Signs and symptoms
 How to know when your child is getting worse Complications
 Treatment options Possible equipment to make the condition easier to manage
 Other (please explain) _____

3. Has your child been in the hospital in the last 6 months? Yes No

4. Does your child take any medicines that are prescribed by a doctor ?
 Yes No If yes, what medicines does your child take (*please list all*) _____

5. Is your child allergic to any medicines? Yes No
If yes, please list _____

6. Does your child receive any of the following services at home? (check all that apply)
 Speech therapy Physical therapy Occupational therapy Nursing services
 Home health aide Respiratory therapist Other (please explain) _____

7. Does your child's care require medical equipment in the home?
 Yes No
If yes, what medical equipment _____

8. Does your child have problems with mobility (crawling and walking) in the home?
 Yes No

9. What type of transportation do you and your child use to get to medical appointments?
(*Check all that apply*)
 Car Bus Cab Family/Friends to drive you and your child Ambulance Walk

10. Does your child see a specialist in addition to their PCP?
 Yes No If yes, what type of specialist _____

11. Does your child see a behavioral/mental health provider? Yes No

12. Are you concerned that your child may need to see a behavioral/mental health provider?
 Yes No

13. Does your child attend school? Yes No

14. Do you feel that you have barriers that keep you from getting your child the health care they need? Yes No
If yes, which barriers do you feel keep you from getting health care? (*Check all that apply*)

- a. Office hours
- b. Lack of knowledge about Disease/condition
- c. Do not believe participation will improve health
- d. Issues with medication benefits
- e. Transportation
- f. Lack of support from family
- g. Lack of medical equipment
- h. Language barrier
- i. Lifestyle choices (diet, exercise, smoking, etc.)
- j. Don't know what I need
- k. No available/convenient providers
- l. PCP doesn't help you understand
- m. Your health
- n. Vision/hearing impairment
- o. Other _____

15. In general, would you say your child's health is: *(Please circle one)*

1 - Excellent 2 - Very Good 3 - Good 4 - Fair 5 - Poor

16. Does anyone in your home smoke? Yes No

Section A • STOP

Complete this additional section for a newborn or infant up to the age of 1 year ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No	These questions are about your child's developmental milestones. <i>(Check yes or no)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you think your baby sees you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby react to your voice?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby have a sleeping routine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby have an eating routine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby smile at you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby babble at you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child eat baby foods such as cereal, fruits, and/or vegetables?
<input type="checkbox"/> Yes <input type="checkbox"/> No	These questions are about your child's safety. <i>(Check yes or no)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby have a place to sleep such as crib or bassinet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your baby sleep on their back?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child's bedding tight on the mattress?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you remove your child's bedding include pillows or fluffy comforters or bumper pads when you put your child to bed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you remove pacifier clips before you put your child down to sleep?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child always placed in a rear facing car seat in the back seat when riding in a car?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a working smoke detector in the home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a working carbon monoxide detector in your home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Please answer each of the following questions with YES or NO regarding your child's health.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable child care?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you and other caregivers wash their hands frequently to prevent germs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone in your home smoke?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know first aid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a list of emergency numbers (such as Poison Control, your child's doctor)?

Section B • STOP • Complete this additional section for a child ages 1- 4 years ONLY

These questions are about your child's developmental milestones.

Can your child: *(check all that apply)*

- Yes No Crawl
- Yes No Pull up on furniture
- Yes No Walk with support
- Yes No Walk without support
- Yes No Run
- Yes No Throw a ball
- Yes No Push a toy
- Yes No Climb stairs
- Yes No Grasp a pencil/crayon
- Yes No Speak in 2-3 word sentences
- Yes No Speak in full sentences
- Yes No Do you feel your child is doing things that other children the same age are able to do?

These questions are about your child's safety. (Check yes or no)

- Yes No 1. Is your child always placed in safety restraints in the car (i.e. car seats, or booster seats)?
- Yes No 2. Does your child wear safety gear while riding a tricycle/bicycle?
- Yes No 3. Does your child know fire safety and water safety ?
- Yes No 4. Does your child know and can state his/her telephone number (or a parent's) and address?
- Yes No 5. Does your child know about stranger safety?
- Yes No 6. Are cleaning, laundry, and other chemicals out of reach?
- Yes No 7. Do you have important safety numbers posted in your home (i.e. Poison Control, the child's PCP phone number)?
- Yes No 8. Does anyone in your home own a gun?
- Yes No 9. If yes, is the gun kept unloaded and locked up in a safe?
- Yes No 10. Do you have stairs?
- Yes No 11. If yes, do you have gates at the top and bottom of stairs?
- Yes No 12. Do you have a working smoke detector in the home?
- Yes No 13. Do you have a working carbon monoxide detector in your home?

Please answer each of the following questions with YES or NO regarding your child's health.

- Yes No 1. Does your child wash his/her hands to prevent the spread of germs?
- Yes No 2. Does your child brush his/her teeth at least twice per day?
- Yes No 3. Does your child see a dentist every 6 months?
- Yes No 4. Does your child use sunscreen when exposed to the sun?
- Yes No 5. Is your child potty trained during the day?
- Yes No 6. Is your child potty trained at night?
- Yes No 7. Does your child use pull-ups or wet the bed during the night?
- Yes No 8. Have you ever been told by your doctor that your child needs to lose weight?

Section C • STOP • Complete this additional section for a child ages 5-10 years ONLY

These questions are about your child's developmental milestones.

- Yes No Does your child dress with minimal assistance?
- Yes No Does your child balance on one foot, hop, or skip?
- Yes No Can your child tell a simple story?
- Yes No Does your child have daily chores?

Please answer each of the following questions with YES or NO regarding your child's safety.

- Yes No Do you or your child have concerns about bullying?
- Yes No Does anyone in your home own a gun?
- Yes No If yes, is it kept unloaded and locked up in a safe?
- Yes No Do you have working smoke detectors in your home?
- Yes No Do you have a working carbon monoxide detector in your home?
- Yes No Does your child know fire safety?
- Yes No Do you have a fire escape plan?
- Yes No Does your child know what to do in case of an emergency?
- Yes No Does your child always wear safety helmet when riding a bicycle?
- Yes No Does your child know water safety?
- Yes No Does your child know how to safely cross the street?
- Yes No Does your child know about stranger safety?
- Yes No Does your child know that older children and other adults should not touch them in their private areas and that it is okay to tell you if anyone tries to touch them?

Please answer each of the following questions with YES or NO regarding your child's health.

- Yes No Do you have concerns about your child's ability to do school work?
- Yes No Does your child like school?
- Yes No Does your child miss school for health reasons?
- Yes No Does your child wash his/her hands to prevent the spread of germs?
- Yes No Does your child see the dentist every 6 months?
- Yes No Does your child get 60 minutes of exercise every day?
- Yes No Does your child eat fruits and vegetables every day?
- Yes No Does your child brush his/her teeth at least twice per day?
- Yes No Have you ever been told by your doctor that your child needs to lose weight?

Section D • STOP • Complete this additional section for a child ages 11-20 years ONLY

These questions are for the parent to complete:

- Do you have concerns about your child's:
- Yes No Health?
 - Yes No Nutrition?
 - Yes No Weight?
 - Yes No Activity?
 - Yes No Does your child get along with the family?
 - Yes No Do you do things as a family?
 - Yes No Does your child have after school activities?
 - Yes No Is your child doing okay in school (grades are passing) ?
 - Yes No Does your child skip school?
 - Yes No Have you noticed puberty changes in your child such as deeper voice, body hair, menstrual cycle?
 - Yes No Do you think your child solves problems well?
 - Yes No Has your child experimented with smoking?
 - Yes No Has your child experimented with drugs of any kind?
 - Yes No Has your child experimented with huffing?
 - Yes No Has your child asked questions about sex?
 - Yes No Do you think your child might be sexually active?
 - Yes No Do you think your child might be pregnant?

These are questions for the pre-teen or teen to complete:

- Yes No Do you like the way you look?
- Yes No Do you think you are overweight?
- Yes No Do you think you need to gain weight?
- Yes No Are you currently doing anything to change your weight?
- Yes No Do you get exercise each day?
- Yes No Would you say that you get along well with your family?
- Yes No Do you have things you like to do after school?
If yes, what do you like to do? _____
- Yes No Do you like school?
- Yes No Do you have friends at school?
- Yes No Do you skip school?

	When you have a problem with school or a friend, Do you get: <i>(check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Angry
<input type="checkbox"/> Yes <input type="checkbox"/> No	Anxious
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nervous
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sad
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or have you smoked?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or have you drank alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or have you huffed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or have you used drugs of any kind?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt pressure to do things that other teens want you to do?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had sex?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel pressured to have sex?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you think you might be pregnant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have someone you can trust to talk to?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever thought about harming yourself?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone ever tried to hurt you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or have you been in a relationship with someone that threatens you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you always wear a seat belt when in a car?
	What do you want to do after you graduate from school? _____

Thank you for taking time and completing the Pediatric Health Risk Assessment, your health is important to us! We will evaluate the information provided to us in our efforts to help you improve your child's quality of life!

Send us your completed Health Risk Assessment Form (HRA)

Email:

PassportCareConnectors@Evolenthealth.com

Mail to:

Passport Health Plan
 Attn: Care Connectors
 5100 Commerce Crossing Drive
 Louisville, KY 40229

If you need help filling out your HRA, call us at 1-877-903-0082.



Nondiscrimination Notice

Passport Health Plan DOES:

- Follow federal civil rights laws
- Provide free aids and services to people with disabilities such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

Passport Health Plan DOES NOT:

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

If you need any of these services listed above, you may contact:

Passport's Member Services Team 1-800-578-0603

Passport's Care Connectors Team 1-877-903-0082

If you believe Passport has not provided these services or has discriminated against you, you may file a grievance. You can file a grievance by contacting:

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 a grievance, the Director of Compliance 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. You can:

- Visit the Office for Civil Rights Complaint Portal at <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 1-800-368-1019 (TDD 1-800-537-7697)

If you need a complaint form, please visit <http://www.hhs.gov/ocr/office/file/index.html>

Si habla español, tenemos servicios de asistencia lingüística de forma gratuita.

Ofrecemos también, sin costo, servicios de interpretación de documentos en su idioma. Por favor, llame al 1-800-578-0603. Los usuarios de TTY pueden llamar al 711.

若您的慣用語言是中文，我們提供免費的語言協助服務。您也可以享受免費的口譯服務；我們可將任何文件翻譯成您的慣用語言並唸給您聽。請致電 1-800-578-0603。TTY 使用者請撥打 711。

Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Sie können sich auch jedes Dokument in Ihrer Sprache vorlesen lassen, ohne dass für Sie Kosten entstehen. Bitte wählen Sie die Rufnummer 1-800-578-0603. Schreibtelefon (TTY/TDD): 711.

Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Quý vị cũng có thể nhận được hỗ trợ phiên dịch bằng lời miễn phí; chúng tôi có thể đọc bất kỳ tài liệu nào cho quý vị bằng ngôn ngữ của quý vị. Vui lòng gọi 1-800-578-0603. Người dùng TTY hãy gọi 711.

إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. وقد تتلقى أيضاً ترجمة فورية شفوية مجانية؛ يمكننا أن نقرأ لك أي وثيقة بلغتك. يُرجى الاتصال على الرقم 1-800-578-0603. يمكن لمستخدمي الهاتف النصي الاتصال على الرقم 711.

Ukoliko govorite srpski jezik, usluge jezičke pomoći su vam dostupne besplatno. Pružamo i usluge besplatnog usmenog prevoda; možemo da vam pročitamo bilo koji dokument na vašem jeziku. Pozovite 1-800-578-0603. Korisnici koji upotrebljavaju tekstualni telefon mogu da pozovu broj 711.

日本語を話される場合、無料の言語支援サービスをご利用いただけます。また、無料の読み上げサービスをご利用いただけます。あなたの言語で文書を読み上げます。1-800-578-0603までお電話ください。TTYユーザーは711に電話できます。

Si vous parlez français, vous pouvez bénéficier gratuitement de services d'assistance linguistique. Vous pouvez également recevoir une interprétation orale gratuite ; nous pouvons vous lire n'importe quel document dans votre langue. Veuillez appeler le 1 800 578 0603. Les utilisateurs d'un ATS (TTY) peuvent appeler le 711.

한국어 사용자는 무료로 언어 지원 서비스를 이용할 수 있습니다. 아울러, 어떤 서류든 모국어로 읽어주는 무료 구두 통역도 받을 수 있습니다. 1-800-578-0603번으로 전화하십시오. TTY 사용자는 711번으로 전화하실 수 있습니다.

Wann du Deitsch schwetzscht un Hilf mit Englisch brauchsch, kenne mer dich helfe fer nix. Du darfscht aa en Interpreter/Translator griege fer nix; mir kenne ennicher Text lese zu dich in dei Schprooch. Ruf 1-800-578-0603 uff. Leit as TTY yuse darfe 711 uffrufe.

तपाईंले नेपाली बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंको लागि निःशुल्क रूपमा उपलब्ध हुन्छन्। तपाईंले निःशुल्क मौखिक दोभाषे पनि प्राप्त गर्न सक्नुहुन्छ; हामी तपाईंको लागि तपाईंको भाषामा कुनैपनि कागजात पढ्न सक्छौं। कृपया 1-800-578-0603 मा फोन गर्नुहोस्। TTY प्रयोगकर्ताहरूले 711 मा फोन गर्न सक्नुहुन्छ।

Kan dubbattu Afaan Oromo yoo ta'e, tajaajilliwwan gargaarsa afaanii kanfaltii malee siif jira. Akkasumas turjumaana afaanii bilisaan argachuus ni dandeessa; afaan keetiin galmee kamiyyuu siif dubbisu ni dandeenya. Maaloo 1-800-578-0603 irratti bilbili. Fayyadamtoonni TTY 711 irratti bilbilu.

Если вы говорите на русском языке, вам могут быть предоставлены бесплатные услуги переводчика. Также вам может быть бесплатно предоставлен устный переводчик; любой документ может быть зачитан вам на вашем языке. Звоните по телефону 1-800-578-0603. Телетайп (TTY): 711.

Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda waxaa laguugu heli karaa adiga bilaash. Sidoo kale waxaad heli kartaa turjumaad hadalka ah oo bilaasha ah; waxaanu kuugu akhriyi karnaa adiga warqad kasta luqaddaada. Fadlan soo wac 1-800-578-0603. TTY isticmaalayaashu waxay soo waci karaan 711.

Kung nagsasalita ka ng Tagalog, makakagamit ka ng mga serbisyo ng tulong sa wika nang walang bayad. Maaari ka ring makatanggap ng libreng oral interpretation; maaari naming basahin para sa iyo ang anumang dokumento sa sarili mong wika. Mangyaring tumawag sa 1-800-578-0603. Ang mga gumagamit ng TTY ay maaaring tumawag sa 711.

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