

Welcome Abby Graves

You are currently reviewing content for TIN T200155414

FAQ | Ghost Sign Out

Home

Panel Roster

This page enables you to view a list of members currently assigned to a provider as primary care physician (PCP).

Select a Provider

Provider

200155414

Show Full Roster

☒

Assigned as of Date

01/21/2020

(mm/dd/yyyy)

Member Information

To Search for a specific member, enter the Member information in any of the fields provided.

Last Name

First Name

Passport ID#

(123456)

Medicaid ID#

DOB

(mm/dd/yyyy)

Line of Business

Intervention Code

Search

Clear

347 Member(s) as of 01/21/2020																Export	Download PDF
Provider	PCP Effective Dates	Redetermination Date	Member	Passport ID#	Medicaid ID#	Line Of Business Name	SSN	DOB	Gender	Relationship	Policy Benefit Name	Language Code	Address	Home Phone	Other Coverage		
BROWN, JULIA K	11/01/2018-12/31/9999					W20X - KYH CHILD	XXX-XX-XXXX	11/11/2017	FEMALE	Self	W20X - KYH Child No Cost Share	English	1000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-1234	N		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	09/12/2018-12/31/9999					W20X - KYH CHILD	XXX-XX-XXXX	01/11/2017	MALE	Self	W20X - KYH Child No Cost Share	English	2000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-5678	N		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	01/01/2020-12/31/9999					W90C - MAGI ADULT COPAY	XXX-XX-XXXX	04/01/1988	MALE	Self	W90C - MAGI Adult Copay	English	3000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-9012	N		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	08/21/2019-12/31/2199					W90X - MAGI ADULT NO COST SHARE	XXX-XX-XXXX	08/18/1988	FEMALE	Self	W90X - MAGI Adult No Cost Share	English	4000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-3456	Y		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	10/24/2019-12/31/9999					1305 - Disabled or SSI Without Medicare Adult	XXX-XX-XXXX	10/11/1988	MALE	Self	1305 - Disabled or SSI without Medicare Adult No Cost Share	English	5000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-7890	N		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	04/29/2018-12/31/9999					W20X - KYH CHILD	XXX-XX-XXXX	02/11/2017	FEMALE	Self	W20X - KYH Child No Cost Share	English	6000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-2345	N		
CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	04/23/2019-12/31/9999					1RCC - RANDOM CONTROL COPAY	XXX-XX-XXXX	07/11/1987	MALE	Self	1RCC - Random Control Copay	English	7000 12345 RD SPRINGVIEW, MISSOURI 65000	200-555-6789	N		

A. Contact Information for Contractor Call Centers and Hotlines

<http://passporthealthplan.com/> then click on *PROVIDER* dropdown

Provider Contact Information

Provider Services

1-800-578-0775
Available Monday
through Friday,
between 8 a.m. and 6
p.m. (ET)

Provider Claims Services Unit (PCSU)

1-800-578-0775, Select
Option 2,
then Option 2
Available Monday
through Friday,
between 8 a.m. and 6
p.m. (ET)

Utilization Management

Attn: Appeals
Department
5100 Commerce
Crossings Dr.
Louisville, KY 40229
1-800-578-0636

Care Management

Attn: Care Management
5100 Commerce
Crossings Dr.
Louisville, KY 40229
1-877-903-0082

PCP Psychiatric Decision Support Line

1-877-249-6659

24 hour Behavioral Health Crisis Hotline

1-844-231-7946
TTY/TDD: 1-866-727-
9441

Behavioral Health Access Line

1-855-834-5651 /
TTY/TDD: 1-866-727-
9441

Electronic Claims Submission

Change Healthcare
1-800-845-6592
Passport Health Plan
electronic payer
identification number
is 61325.

InstaMED ERA/EFT

1-866-467-8263
www.instamed.com
support@instamed.com

Claims Submission

Passport Health Plan
P.O. Box 7114
London, KY 40742

Family Planning Claims Submission

Passport Health Plan
P.O. Box 7114
London, KY 40742

Vision Claim Submission

Superior Vision
Attn: Claims
Department
939 Elkridge Landing
Road Suite 200
Linthicum, MD 21090

Submission of Medical Records

When submitting
medical records during
the claims process,
please attach the
original or corrected
claim and mail to:
Passport Health Plan
ATTN: Claims
PO Box 7114
London, KY 40742

B. Searchable Provider Manual

<http://passporthealthplan.com/provider-manual/>

Provider Manual 2019

Full Provider Manual 2019

Section 1: Introduction

Section 2: Administrative Services

Section 3: Provider Roles and Responsibilities

Section 4: Office Standards

Section 5: Utilization Management

Section 6: Referrals

Section 7: Benefits Summary and Exclusions

Section 8: EPSDT

Section 9: Quality Improvement

Section 10: Emergency Care/Urgent Care

Section 11: Special Programs

Section 12: Outpatient Pharmacy Services

Section 13: Obstetrical

Section 14: Family Planning

Section 15: Provider Billing Manual

Section 16: Behavioral Health

Section 17: Forms

Section 18: Dental Network

Section 19: Vision

Section 20: Acronyms

C. Searchable Provider Directory

<http://passporthealthplan.com/members/find-a-doctor/>

Find a Doctor

- Find a Doctor
- Find an Eye Doctor
- Find a Dentist

Passport's list of participating doctors, hospitals, and pharmacies is growing every day. If you are unable to find the provider you are looking for, please contact our Member Services Department at 1-800-578-0603.

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.

Member Services representatives are available to take your calls from 7:00 am – 7:00 pm Monday thru Friday.

D. Current and Clearly Defined Prior Authorization Requirements

<http://passporthealthplan.com/utilization-management/>

Utilization Management

+ Advance Directives

+ Clinical Criteria Available to Providers

+ Need to Talk About Denials?

+ Helping Members Make the Most of Their Benefits

AND (continued on page 4)

<http://passporthealthplan.com/wp-content/uploads/2019/04/PROV02838-Provider-Kit-v2-2.pdf>

UTILIZATION MANAGEMENT

The Utilization Management (UM) department helps to assure prompt delivery of medically-appropriate health care services to Passport members and subsequently monitors the quality of care.

All participating providers are required to obtain prior authorization from Passport's UM department for inpatient services and specified outpatient services. **Members must be held harmless for denied services.**

To determine which services require prior authorization, please refer to the UM section of our Provider Manual, available on our web site at www.passporthealthplan.com/provider. (More information regarding Identifi, Passport's online authorization system, may be found under "Electronic Services" online.)

To determine if a service or supply is considered a benefit exclusion, please contact Provider Services at 1-800-578-0775.

The UM department is available:

Monday & Friday 8:00 am – 6:00pm EST

Tuesday, Wednesday, Thursday 8:00 am – 5:30pm EST

Saturday Urgent Requests 8:00 am – 5:30pm EST

Federal holidays 8:00 am – 5:30pm EST

Department	Phone Number	Fax Number
General Number	(800) 578-0636	(502) 585-7989
Concurrent Review	(502) 585-2077	(502) 213-8997
Retrospective Review	(502) 585-7972	(502) 585-8207
Home Health	(502) 585-7320	(502) 585-8204
DME	(502) 585-7310	(502) 585-7990
Therapies/Pain Management/ Chiropractic (eviCore)	(877) 719-4099	Therapies/Chiropractic: (855) 774-1319 Pain Management: (800) 540-2406 www.evicore.com
Cosmetics	(502) 585-7069	(502) 213-8998
Appeals	(502) 585-7307	(502) 585-8461
High Dollar Radiology (eviCore)	1(888) 693-3211	(888) 693-3210 www.evicore.com

*After hours voicemail is available

Passport invites you to discuss a decision with one of our Medical Directors. To ask questions about a utilization management issue, or to seek information from the nurse reviewer about the UM process and the authorization of care, you can call UM at (800) 578-0636.

E. Pharmacy Preferred Drug List

<http://passporthealthplan.com/pharmacy/drug-formulary-2/>

Preferred Drug List

- For the Searchable Preferred Drug List, [click here](#).
- For the Printable Preferred Drug List, [click here](#).
- For the Over the Counter (OTC) Drug List, [click here](#).
- For the 90 Day Supply at Retail Medication List, [click here](#).

AND

Pharmacy Conditions for Coverage and UM limits: <http://passporthealthplan.com/pharmacy/prior-authorizations/>

Pharmacy Prior Authorization Forms

Prior Authorization Forms

- Prior Authorization Request Form
- Buprenorphine/Suboxone
- Universal General Pharmacy Prior Authorization Form
- Universal Buprenorphine Products Prior Authorization Form
 - Supplemental Prior Authorization Form for Buprenorphine Products

Specialty Prior Authorizations

- Ampyra
- Enbrel
- Growth Hormone
- Hepatitis C Products
- Humira and Amjevita
- Hyaluronic Acid Products
- Non-Preferred Immunomodulators
- Praluent and Repatha
- Pulmonary Arterial Hypertension (PAH) Products

Non-Specialty Prior Authorizations

- 90 Day Limit for Short-Acting Opioids (SAO)
- Atypical Antipsychotics – Long-Acting Injectables
- Buprenorphine Products
- Celebrex
- Daraprim
- Diabetes Step Therapy
- Diclegis
- Evzio
- Lidoderm
- Long-Acting Opioids
- Lyrica
- Medical Necessity (Non-Formulary or Plan Exclusion Drugs)
- Non-Preferred Asthma and COPD Inhalers
- Non-Preferred Medications Request Form
- Opioid Plus Benzodiazepine
- Premarin Vaginal Cream
- Prior Authorization Request Form
- Proton Pump Inhibitor (PPI) Step Therapy
- Pulmozyme
- Quantity Limit Exception
- Relistor
- Step Therapy
- Trokendi
- Vivitrol
- Xifaxan
- Zetia

Medical-Pharmacy Prior Authorizations

- Medical Pharmacy Drug List
- Magellan Prior Authorization Request Form
- FAQ

<http://passporthealthplan.com/wp-content/uploads/2019/04/3-29-version-PROV03050-PharmacyNews-2019-Issue-1.pdf> (page 1)



<http://passporthealthplan.com/wp-content/uploads/2019/03/Passport-0419-031419c-sec-apvd.pdf> (page 2)

Are there any limits to the drugs you have been prescribed?

Some covered drugs may have limits on them. This could include:

- **Prior Authorization (PA):** Prior authorizations help ensure drugs are being prescribed in a safe manner and for appropriate health conditions. Some drugs must be approved before Passport will cover or pay for them. This means your provider will need to get approval before you can have your prescriptions filled. In order for Passport to pay for the drug, you must have prior authorization approval first.
- **Step Therapy (ST):** Step therapy is when you must first try a certain drug before we will cover the drug your doctor prescribed. Step therapy helps ensure medically sound and cost-effective drugs are prescribed appropriately. For example, if Drug A and Drug B both treat your medical condition, Passport may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Passport will then cover Drug B.
- **Quantity Limits (QL):** For certain drugs, Passport limits the amount of the drug that they will cover. These limits are based on FDA recommended dosing guidelines. For example, Passport provides 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month supply.
- **Too Early to Refill:** If you are given a month supply of a drug, Passport will not cover a refill of the prescription until 30 days has passed.

F. Enrollee Rights and Responsibilities

<http://passporthealthplan.com/wp-content/uploads/2019/04/PROV02838-Provider-Kit-v2-2.pdf> (Page 10)

Rights & Responsibilities

MEMBER RIGHTS & RESPONSIBILITIES

Members are informed of their rights and responsibilities through the Member Handbook. Passport Health Plan providers are also expected to respect and honor members' rights.

Passport members have the following rights:

- 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 (within 30 days) 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 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.
- Native American members may get services from I/T/U providers (Indian Health Services, Tribally operated facility/program, and Urban Indian clinics) signed up with Passport.

Passport members have the following responsibilities:

- 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.
- 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 cards 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.

PROVIDER
Kit
support,
information,
communications.

AND

Section 2: Admin Procedures http://passporthealthplan.com/wp-content/uploads/2019/04/Section-2_Admin_Procedures1.pdf (Page 22)

2.10 Members' Rights

Members are informed of their rights and responsibilities through the Member Handbook.

Passport providers are also expected to respect and honor members' rights.

The rights of our members include, without limitation, the right to:

- A. Be treated with respect and dignity. Have the right to privacy and to not be discriminated against.
- B. Choose a primary care provider (PCP) and request a change to another PCP.
- C. Join providers in making decisions about your health care. You may discuss treatment options, regardless of cost or benefit coverage. You may also refuse treatment.
- D. Ask questions and receive complete information about their medical condition and treatment options. This may include specialty care.
- E. Voice grievances or file an appeal about Passport decisions that affect them. If a member does not agree with Passport's appeal decision, members may file a state hearing with the Department for Medicaid Services (DMS).
- F. Receive timely access to care that does not have any communication or physical barriers.
- G. Make an advance directive, like a living will.
- H. Look at and get a free copy of their medical records, as permitted by law.
- I. Receive timely referrals and access to medically needed specialty care.
- J. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- K. Receive information about Passport, benefits, services, providers and their rights and responsibilities.
- L. Make suggestions about their rights and responsibilities.
- M. 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.

The responsibilities of Passport members include the responsibility to:

- A. Become informed about member rights;
- B. Abide by the Contractor's and Department's policies and procedures;
- C. Become informed about service and treatment options;
- D. Actively participate in personal health and care decisions, practice healthy lifestyles;
- E. Report suspected Fraud and Abuse; and
- F. Keep appointments or call to cancel.
- G. Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- H. Follow plans and instructions for care that they have agreed to with their practitioners.
- I. Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

AND

Member Handbook: <http://passporthealthplan.com/wp-content/uploads/2019/03/MARK02638-2019-Member-Handbook-withOUT-KYHEALTH.pdf> (page 31)

3. YOUR RIGHTS AND RESPONSIBILITIES AS A PASSPORT MEMBER

Rights & 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:

1. Be treated with respect and dignity. You have the right to privacy and to not be discriminated against.
2. Choose a primary care provider (PCP) and request a change to another PCP.
3. 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.
4. Ask questions and receive complete information about your medical condition and treatment options. This may include specialty care.
5. 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).
6. Receive timely access to care that does not have any communication or physical barriers.
7. Make an advance directive, like a living will.
8. Look at and get a free copy of your medical records, as permitted by law.
9. Receive timely referrals and access to medically needed specialty care.
10. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
11. Receive information about Passport, benefits, services, providers and your rights and responsibilities.
12. Make suggestions about your rights and responsibilities.
13. 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.

G. Information about KHIE

<http://passporthealthplan.com/providers/provider-portal/>

— Kentucky Health Information Exchange (KHIE)

Passport is dedicated to improving the health and quality of life of our members and actively supports the statewide implementation of the Kentucky Health Information Exchange (KHIE). The KHIE is the secure electronic information infrastructure created by the Commonwealth for sharing health information among health care organizations and offers health care providers the functionality to support meaningful use and a high level of patient-centered care.

Passport encourages participating PCP's to connect to the KHIE through various communication channels such as annual workshops, routine onsite visits, and general provider relations interaction.

KHIE is a secure, interoperable network which participating providers with certified electronic health record (EHR) technology can use to locate and share needed patient information with each other which results in improved coordination of care among physician practices, hospitals, labs, and across the various health systems. Some of the benefits include:

- Real time access to patient health information including:
 - Detailed patient summary
 - Rx/medication history
 - Laboratory results
 - Radiology and other transcribed reports
 - Clinical reminders/alerts
- Improved patient care quality and safety
- Reduced health care costs by reducing duplication of care
- Improved efforts to reduce health disparities
- Informed medical decisions at the time/place of care.

We encourage you to visit <http://khie.ky.gov/cwkhie/Pages/home.aspx> to obtain more information on this program and guidance on how you can make the KHIE connection.

AND (continued on page 11)

http://passporthealthplan.com/wp-content/uploads/2019/04/Section-4_Office_Standards1.pdf (Pages 7, 8)

4.7 Kentucky Health Information Exchange – KHIE

Passport is dedicated to improving the health and quality of life of our members and actively supports the statewide implementation of the Kentucky Health Information Exchange (KHIE). The KHIE is the secure electronic information infrastructure created by the Commonwealth for sharing health information among health care organizations and offers health care providers the functionality to support meaningful use and a high level of patient-centered care.

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- Real time access to patient health information including:
 - Detailed patient summary
 - Rx/medication history
 - Laboratory results
 - Radiology and other transcribed reports

Page 7 of 8

- Clinical reminders/alerts
- Improved patient care quality and safety
- Reduced health care costs by reducing duplication of care
- Improved efforts to reduce health disparities
- Informed medical decisions at the time/place of care.

We encourage you to visit <http://khie.ky.gov/cwkhie/Pages/home.aspx> to obtain more information on this program and guidance on how you can make the KHIE connection. A welcome packet with information on submission steps can also be found here: <https://khie.ky.gov/SiteCollectionDocuments/Combine.pdf>

Hospitals are also encouraged to submit Admission, Discharge, Transfer (ADT's) to KHIE. If providers do not have an electronic record, please sign a [Participation Agreement](#) with KHIE as well as sign up for Direct Secure Messaging services so that clinical information can be shared securely with other providers in your community of care.

H. What's New Updates

<http://passporthealthplan.com/providers/provider-communications/>

Provider Communications



— Click to View Our Latest eNews

2019 eNews Communications

2018 eNews Communications

2017 eNews Communications

2016 eNews Communications

2015 eNews Communications

2014 eNews Communications

Home page sliders: <http://passporthealthplan.com/>



I. Links to Other Websites such as CHFS, DMS, CVO(s)

<http://passporthealthplan.com/member-copays-coming-1-1-19/>

Member Copays

- Kentucky Medicaid Managed Care and Copayment FAQ and Quick Reference Guide
- [Kentucky Medicaid Copay Policy for Providers](#)
- Kentucky Medicaid "What Do I Need to Know About Medicaid Copays"
- Provider Copay and Coinsurance Deduction Guidance effective 1/1/2019

For more information regarding member copays please click [here](#).

AND

Kentucky Health Updates: <http://passporthealthplan.com/kentucky-health-07-01-2018/>

Kentucky HEALTH

UPDATE: Kentucky HEALTH will not begin on April 1. For more information as it becomes available, visit <https://kentuckyhealth.ky.gov/Pages/index.aspx>

Thank you for allowing us to be a part of your healthcare team.

If you have questions related to Kentucky HEALTH or your Passport benefits, please call our Member Services Department at 1-800-578-0603. It is available from 7 am to 7 pm Eastern Time, Monday-Friday.

AND

Member Copay Update for Beneficiaries <http://passporthealthplan.com/wp-content/uploads/2018/11/KY-Medicaid-What-Do-I-Need-To-Know-About-Medicaid-Copays-Update-for-Beneficiaries.pdf>

What Do I Need To Know About Medicaid Copays? Update for Beneficiaries

Many people on Medicaid have already been paying copays. Starting January 1, 2019, everyone who is not otherwise exempt will start paying copays for some services.

Preventive services DO NOT HAVE COPAYS. Preventive services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

This copay policy will begin on January 1, 2019, even if the Kentucky HEALTH program has not started.

Frequently Asked Questions (FAQs)

1. What is a copay?

A copay is a fee that is charged for some healthcare services. If you receive a service that requires a copay, you pay the provider at the time of service. You can ask if there is a copay when you schedule an appointment.

2. Who is exempt from copays?

Individuals who are exempt will not be required to pay copays. Exemptions may apply, but are not limited, to:

- Foster children
- Children enrolled in Medicaid
- Pregnant women (includes 60-day period after pregnancy ends)
- Kentucky Medicaid beneficiaries who have reached their cost sharing limit for the quarter
- Individuals receiving hospice care

3. Are any services exempt from copays?

Exemptions may apply, but are not limited, to:

- Emergency services
- Some family planning services
- Preventive services

More FAQs 

PROVIDER REFUND CHECK SUBMISSION FORM

Please fill out the form below, then mail a copy of this form and any additional documents, for example, EOB, Check copies, etc. along with your refund check to Passport at the following address:

Passport Health Plan
Attn: Provider Check Refunds
5100 Commerce Crossing Dr.
Louisville, KY 40229

Provider Check Information

Business Name: _____

Tax ID: _____

NPI: _____

Refund Check #: _____

Check Amount : _____

Check Date: _____

Passport Claim Information

Member Last Name: _____

Member First Name: _____

Date of Service: _____

Passport Member ID: _____

Claim Number: _____

If the check you are returning should be refunded to more than one claim, please include all claim numbers above, separated by commas.

Reason Overpaid:

SELECT ONE

Other: _____

Internal Use ONLY:	Rec'd Date	Rec'd By	Ticket #	Completion Date

Passport Health Plan - Provider

phkyportal.valence.care/Router.jsp?source=UserList&component=HPU&action=GhostLogin&rowNumber=1

AppsEmailPassport Health Pla...New TabSkype for Business

PASSPORTHEALTH★PLAN

Provider Portal

Welcome Abby Graves

You are currently reviewing content for TIN T200155414

FAQGhost Sign Out

Member Lock

HomeClaimsSubmit a RefundPatientTools & ResourcesOffice AdministrationUser ProfileAccess Other Offices

Welcome

Welcome to the Passport Provider Portal!

Please come in, look around and let us know what you think. There are many features to help you with member eligibility, claims status and more! If you have trouble finding anything, please check the [User Guide](#) or contact your [Provider Relations Specialist](#).

Plan Messages

Is Your Office Missing Important Updates?

» Passport strongly encourages you to sign up for eNews to ensure your office receives the latest updates regarding billing changes, policies, webinar opportunities and more! Passport's eNews is tailored to your specific provider type to ensure you are not bombarded with messages that do not pertain to your practice. Sign-up is easy and open to everyone in your office! To sign-up for this important communication or view previously released eNews click [here](#)

Utilization Management of Specialty Care for Passport Health Plan's Cardiology and Oncology changing **August 1, 2019:**

• Prior Authorizations for chemotherapy medications (infused and oral single agents) and supportive medications

• Imaging - PET, CT and MRI

• Radiation Oncology — Brachytherapy, Conformal, IMRT, SBRT and IGRT

» • Cardiology, Electrophysiology, Cardiac Surgery, Thoracic Surgery, Vascular Surgery, Vascular Radiology and Interventions (not when performed by an Interventional Radiologists)

• Passport Health Medicaid members 18 years of age and older

Submit Oncology and Cardiology Authorizations here: [my.newcenturyhealth.com](#)

For additional information or training, please contact Network Operations at **888-999-7713, Option 6**

Help Patients Quit Smoking!

» Please encourage members, especially pregnant members to quit smoking for their health and health of their baby. You may refer the member to 1-800-QUIT-NOW or to the [Quit Now Kentucky Website](#)

My Health Tools / Resources

[Avesis Vision](#)


[Behavioral Health Resources \(Beacon\)](#)

[Cardiology and Radiology Authorizations](#)

[Claims Clearinghouse \(Emdeon/Change Healthcare\)](#)

[Clinical Practice Guidelines on Passport Website](#)

[Dental Provider Directory \(Avesis\)](#)



[»Related Documents](#)

Welcome Abby Graves

You are currently reviewing content for TIN T200155414

[FAQ](#) | [Ghost Sign Out](#)

Home

Claim Status List

This page displays a list of claims submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. If available, click on the View EOB link to view benefit information for a claim. Click on the member name to view member detail information. Click on the provider name to view provider detail information. Click EOP Search to begin a remittance advice search, or Submit a New Claim to begin a claim submission process. Click Search Again to initiate a new search.

Required Fields

Search

Patient/Subscriber Information

First Name

Last Name

Passport ID# (123456)

Medicaid ID#

Patient Control No

DOB (mm/dd/yyyy)

Gender

Claim Information

Servicing Provider Name

Claim # ☐ Show Related Claims

Claim type

Claim status

Service Date From to

Claim Received Date From to

Claim Adjudication Date From to

Search

Cancel

Results

Export

Download PDF

Claim #	Claim type	Member	Passport ID#	Medicaid ID#	Service date	Provider	Claim status	Charge amt	Patient resp	Payable Amount
---------	------------	--------	--------------	--------------	--------------	----------	--------------	------------	--------------	----------------

Remittance Advice Search

This page allows you to search for claim payment information. You can access all claims by clicking Search; all information in the system will display. To narrow the search, complete as many fields as desired. If no results are found, widen your search criteria.

Search

Payee Member

Clear

Remittance Advice No

Search Date Type

Service Date

Payment Date

Time Frame

-OR-

Single Date

(mm/dd/yyyy)

-OR-

Date Range

(mm/dd/yyyy)

Check or EFT Trace No

Payer Claim Control No

Payment Method Code

Patient Control No

Payer Name

Passport ID#

Patient Last Name

Patient First Name

Rendering Provider Name

Required Fields

Search

Results						Export	Download PDF
Check or EFT Trace No	Payer Name	Payee Name	Check Issue or EFT Date	Payment Method Code	Tot Provider Payment Amt		
600445896	Passport Health Plan	SPRING VIEW HOSPITAL	01/17/2020	Check	\$33,336.07		
600445875	Passport Health Plan	SPRING VIEW CLINIC	01/17/2020	Check	\$156.98		
600447356	Passport Health Plan	SPRING VIEW HOSPITAL LLC	01/17/2020	Check	\$310.39		
600444190	Passport Health Plan	SPRING VIEW CLINIC	01/15/2020	Check	\$833.24		
600444223	Passport Health Plan	SPRING VIEW HOSPITAL	01/15/2020	Check	\$58,076.64		
0	Passport Health Plan	CARDIOECHO PROF FEES SPRINGVIEW HOSPITAL	01/15/2020	Check	\$-1,333.53		
600445374	Passport Health Plan	SPRING VIEW HOSPITAL LLC	01/15/2020	Check	\$24.33		
600442127	Passport Health Plan	SPRING VIEW CLINIC	01/10/2020	Check	\$362.43		
600443702	Passport Health Plan	SPRING VIEW HOSPITAL LLC	01/10/2020	Check	\$13.39		

Passport Medicaid Below FPL

Family

Member

Relationship

Passport ID#

Self

View Claims

Subscriber Name

Passport ID#

Member Reference No

001

Medicaid ID#

Medicare ID#

SSN

DOB

Gender

MALE

Marital Status Code

Address

Home Phone

Work Phone

Fax

(000) 000-0000

Eligibility Information

View Eligibility History

Policy Benefit Name	Coverage Type	Coverage Level	Effective Date	Expiration Date	Reason
W90X - MAGI Adult No Cost Share	Medical	Individual	12/01/2019		

Member Status Indicators

View History

Status	Effective Date	Expiration Date	Alert Message
No Results Found			

Primary Care Physician

Care Management Type	Provider	Coverage Type	Provider Type	Effective Date	Expiration Date
Primary Care Physician	KENTUCKYONE HEALTH MEDICAL GROUP INC	Medical	Physician	04/01/2019	12/31/9999

Lock-In Locations

View History

Contact Type	Contact Name	Phone	Effective Date	Expiration Date
No Results Found				

Other Coverage

LOB Coverage Type	COB Code	Effective Dates	Insurer Name	Insurer Payment Order	Employee ID No	Policy No
No Results Found						

Pending/Open Request

Request ID	Enrollment Request Type	Date Submitted	Current Reviewer
------------	-------------------------	----------------	------------------

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Home

Central Provider Admin User List

Search

First Name

Last Name

Username

Provider ID

Office

Search

Results			
Provider	Username	Provider ID	Office
204302480	Abby Graves1	T204302480	204302480

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Member Lock

Home > [Member Eligibility Search](#)

Member Eligibility List

Required Fields

Active

ExportPrinter Friendly Format

Order Entered	Eligibility as of Date	Passport ID#	Medicaid ID#	DOB	Member	SSN	Effective Dates	Redetermination Date	Policy Benefit Name	Coverage Type	Provider	Effective Date	Paid Thru Date	In Grace Period
1	01/21/2020	60249639	0046843871	11/25/1969	MICHAEL BAKER	XXX-XX-1343	12/01/2019-		W90X - MAGI Adult No Cost Share	Medical	KENTUCKYONE HEALTH MEDICAL GROUP INC	04/01/2019	12/31/9999	No

1

Ineligible

Download File

Order Entered	Eligibility as of Date	Eligibility Member No	Medicaid ID#	DOB	Member	SSN	Eligibility Effective Date	Eligibility Expiration Date	Redetermination Date	Benefit Information
---------------	------------------------	-----------------------	--------------	-----	--------	-----	----------------------------	-----------------------------	----------------------	---------------------

No Results Found

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

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Home

Member Eligibility Search

This page allows you to enter search criteria for a member. If you wish to search for only eligible members, change the Include Ineligible option to 'No' (this is currently defaulted to yes).

You can search by the members Date of Birth (DOB) **AND** Last Name **OR** the members Passport ID#.

*Required Fields

Search								Add Member
	Eligibility as of Date	DOB *	SSN	Passport ID# *	Medicaid ID#	First Name	Last Name *	
1	01/21/2020  	<input type="text"/>  	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
2	01/21/2020  	<input type="text"/>  	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
3	01/21/2020  	<input type="text"/>  	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
4	01/21/2020  	<input type="text"/>  	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
5	01/21/2020  	<input type="text"/>  	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete

Include Ineligible Yes ▾

Search

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Contact Passport

If you have a question about this portal or if you need help, you can send us a secure message. Please describe your question and include your contact information in the text box below. Click **submit** to send us your message.

Providers:

Select the type of inquiry from the dropdown menu and search for the claim using the magnifying glass.

The claim number is required for all appeal requests.

Certain characters cannot be entered in the description text box. If you have entered a character of ; \ " < > { } [] or % you will receive an error message.

*Required Fields

Message

Your Name

Abby Graves

Message Type

Reconsider Claim

Providers Please Select One

Attachment

Upload View Clear

Add Another Attachment

Claim #

Clear Claim

Member No

Clear Member

Member Name

Description & Contact Information

Submit

Cancel

Passport Health Plan - Provider

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PASSPORTHEALTH★PLAN

Provider Portal

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Member Lock

HomeClaimsSubmit a RefundPatientTools & ResourcesOffice AdministrationUser ProfileAccess Other Offices

Home

Diagnosis List

This page enables you to search for ICD9 categories and review ICD9 details. Enter the code or a part of its description to list the ICD9 categories. Click a code's detail link to expand the page to display ICD9 details for the selected code.

Search

Description

Code

m545

Search

Results

Code	Description
M545	Low back pain

Export

1

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X03_95_37_11142019_P02

Passport Health Plan

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Document List

This page allows you to access the documents related to your user type. You can sort the list by document name and description. Clicking the document name displays the document.

Click the search button to see your related documents.

Required Fields

Search

TitleDescriptionFile Detail CategoryLocation NameStateDate Range FromMember InformationPassport ID#First NameLast Name

Search

Results

Title	Filename /URL	Date	File Detail Category	Description	Location Name	State
Spring_View_Psych_DEC1902 200155414	Spring_View_Psych_OCT1912 200155414.zip	12/23/2019	Paid Claims Listing	Spring_View_Psych_DEC1902 200155414		
Spring_View_DEC1902 200155414	Spring_View_OCT1912 200155414.zip	12/23/2019	Paid Claims Listing	Spring_View_DEC1902 200155414		
Spring_View_Psych_OCT1912 200155414.zip	Spring_View_Psych_OCT1912 200155414.zip	10/25/2019	Paid Claims Listing			
Spring_View_OCT1912 200155414.zip	Spring_View_OCT1912 200155414.zip	10/25/2019	Paid Claims Listing			

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10/26/2019 10:11:11 AM

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Inbox

This page allows you to view a list of messages in your inbox. Click the message subject link to display the actual message. To narrow the list, enter a subject and/or date range and click search. To view a list of sent messages, click the sent messages link. To view a list of deleted messages, click the deleted messages link. To create a new message, click the new message link. To view the list of defined contacts, click the view contacts link. To delete a message click its delete link.

Required Fields

Search

Sent ItemsDeleted Items

Subject

Date Range

to

(mm/dd/yyyy)

Search

Results

Entry User	Subject		
Passport Health Plan	Document Notification	12/23/2019 01:39:38 PM	Delete
Passport Health Plan	Document Notification	12/23/2019 01:36:49 PM	Delete
Passport Health Plan	Document Notification	10/25/2019 02:29:38 PM	Delete
Passport Health Plan	Document Notification	10/25/2019 02:27:50 PM	Delete
Passport Health Plan	Your Ticket Has Been Resolved	05/02/2019 04:41:18 PM	Delete
Passport Health Plan	Your message to Contact the Health Plan	12/12/2018 02:18:20 PM	Delete

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703_95_37_11142019_p07
Passport Health Plan

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[Home](#)

Procedure List

This page allows you to list the procedure codes and descriptions. You can narrow the list by entering a search criteria.

Required Fields

Search

Code99214

Procedure Code Description

Code List Qualifier Code

Code Set

Search

Results

Export

Code	Procedure Code Description	Code Set
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	CPT

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Passport Health Plan - Provider P

+

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PASSPORTHEALTH★PLAN

Provider Portal

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Provider List

This page allows you to search for and select a service provider. By default all providers are listed. To narrow the list, enter search criteria. If displayed during a selection process, clicking the select link next to the provider number selects that provider. Clicking the provider name displays detailed information for the selected provider. Clicking the add link allows you to add a new provider to the list.

Required Fields

Search

ExportPrinter Friendly Format

Provider Last Name

First Name

Provider ID

Provider Type

Specialty

Affiliation Type

In Directory

City

State

Contact Phone

Search

Results

Provider ID	Provider NPI	Provider	Specialty	Address	Contact Phone	Update Date
B200155414-001	01000298 (Medicaid Provider Number), 1780746420 (NPI), 200155414 (EIN)	SPRING VIEW HOSPITAL				01/17/2020 10:15:07 PM
B200155414-001	01000298 (Medicaid Provider Number), 1780746420 (NPI), 200155414 (EIN)	SPRING VIEW HOSPITAL				01/17/2020 10:15:07 PM
B200155414-001	01000298 (Medicaid Provider Number), 1780746420 (NPI), 200155414 (EIN)	SPRING VIEW HOSPITAL				01/17/2020 10:15:07 PM

Passport Health Plan - Provider

phkyportal.valence.care/Router.jsp?source=Profile&component=Menu&code=PROFILE&targetLink=true

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Home

User Profile

This page displays information associated with the currently logged-in user and permits that user to make name, password, and email address changes. Click submit to save your changes and return to the Home Page.

Required Fields

Personal Information

*First Name

Abby

Middle Name

*Last Name

Graves

Change Password

If no text is entered in this section, your password will remain unchanged.

Old Password

Password

Confirm Password

Email Address

*Email

ABBY.GRAVES@LPNT.NET

Confirm Email

ABBY.GRAVES@LPNT.NET

Security Questions

*Password Question 1

What is your favorite color?

*Password Answer 1

BLUE

*Password Question 2

What is the earliest phone number you can remember?

*Password Answer 2

2704027791

Phone

Mobile Carrier