



Guide to Accessing Quality Health Care Spring 2021

Molina
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Your Health Care Contact Guide

Department/ Program	Services	Phone Number
Member Services	Passport Member Services can: <ul style="list-style-type: none"> • Answer questions about your health plan and services. • Help you choose or change a primary care provider (PCP). • Tell you where to get care. • Offer interpreter services if you don't speak English. • Provide information in other languages and formats. 	Member Services (800) 578-0603 TTY: 711 Monday – Friday 7 a.m. – 7 p.m. EST
24-Hour Nurse Advice Line	Registered nurses can answer your health questions any time.	24-Hour Nurse Advice Line (800) 606-9880 TTY: 711
24-Hour Behavioral Crisis Line	Get help with stress or anxiety any time.	24-Hour Behavioral Crisis Line (844) 800-5154 (TTY: 711)

Department/ Program	Services	Phone Number
24/7 Teladoc Virtual Care	Visit a board-certified doctor by phone or video through Teladoc, without leaving home..	<p>Teladoc 800 TELADOC (800) 835-2362 TTY: 711 member.teladoc.com/molina/KY</p>
Health Management	If you live with a chronic health condition, we offer programs to help with asthma, diabetes, high blood pressure, Cardiovascular Disease (CVD), or Chronic Obstructive Pulmonary Disease (COPD). For details on how to join and use these programs, contact Health Management. You can opt out of the program anytime.	<p>Health Management (866) 891-2320 TTY: 711 Monday - Friday 9 a.m. - 9 p.m. EST</p>

Department/ Program	Services	Phone Number
Health Education	Learn more about living well and staying healthy. For details about programs for smoking cessation and weight management, contact Health Management. Health Management will help you understand how to use these programs. You can opt out of the program anytime.	Health Management (866) 472-9483 TTY: 711 Monday - Friday 9 a.m. - 9 p.m. EST
Maternity Screening and High Risk OB Support	Join our pregnancy program and use our screenings to help you have a healthy pregnancy and baby. Member Services will help you understand how to use this program. You can opt out of the program anytime.	Member Services (800) 578-0603 TTY: 711 Monday - Friday 7 a.m. - 7 p.m. EST

Department/ Program	Services	Phone Number
Case Management	With this program, Case Managers assess your health conditions and review benefits and resources. It can make it easier for you to live healthier. Member Services will help you understand how to use these programs. You can opt out of the program anytime.	Member Services (800) 578-0603 TTY: 711 Monday – Friday 7 a.m. – 7 p.m. EST
Complex Case Management	If you live with chronic conditions, this program supports you to simplify the services you need. Member Services will help you understand how to use these programs. You can opt out of the program anytime.	Member Services (800) 578-0603 TTY: 711 Monday – Friday 7 a.m. – 7 p.m. EST

Department/ Program	Services	Phone Number
Transition of Care Program	When you're discharged from a hospital or nursing home, a Transition of Care coach works with you and your family to coordinate your needs at home. Member Services will help you understand how to use this program. You can opt out of the program anytime.	Member Services (800) 578-0603 TTY: 711 Monday – Friday 7 a.m. – 7 p.m. EST
U.S Department of Health and Human Services (HHS) Office for Civil Rights (OCR)	The Office for Civil Rights protects you from discrimination in health information privacy in certain health care and social service programs.	Office for Civil Rights (OCR) (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html
Medicare	Medicare is health insurance offered by the federal government to most people 65 and older. Medicare helps pay for care but does not cover all medical expenses.	Medicare (800) MEDICARE (800) 633-4227 TTY: (877) 486-2048 Medicare.gov

Department/ Program	Services	Phone Number
Kentucky Department of Insurance	This department regulates health plans. If you have a grievance, use Passport's grievance process before contacting the regulatory department. Passport's toll-free number is (800) 578-0603.	<p style="text-align: center;">Kentucky Department of Insurance (800) 595-6053 TDD: 711 https://insurance.ky.gov/ppc/new_default.aspx</p>

For more information about these programs, contact Member Services.

Passport Health Plan by Molina Healthcare's Quality Improvement Plan and Program

Your health is important to Passport. We want to hear how we are doing. We review the past year of service to check our progress. We may send you a survey to get your opinion, called CAHPS®, for Consumer Assessment of Healthcare Providers and Systems. The CAHPS survey gives our members the opportunity to provide feedback on the health care and customer service that we provide.

Passport uses the Healthcare Effectiveness Data and Information Set (HEDIS®) tool each year to measure quality. HEDIS® is maintained by the National Committee for Quality Assurance (NCQA). This is done by looking at the type of care and services provided and allows the review of certain aspects of care. This includes clinical and non-clinical care. It also shows where plans can improve care and service. HEDIS includes care and services like:

- Annual exams
- Diabetes care
- Mammogram screenings (X-rays of the breast)
- Medication management



- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child, and teen shots)
- Well-check exams, such as Early, Periodic Screening Diagnosis and Testing (EPSDT)

HEDIS helps us learn how many of our members actually receive services and identifies care that's needed. You may request Passport's HEDIS results in the future.

The goals of Passport's Quality Improvement plan include:

- To give you services that benefit your health
- To work with providers to get you the care you need
- To address your language and cultural needs
- To reduce any barriers to your best health, like issues with transportation and/or language

We want to help you take better care of yourself and your family. Some ways we do this are:

- Contacting you to make sure you and your child get needed well-check exams and shots
- Teaching you about chronic health problems if you have them
- Making sure you get prenatal care and after-delivery care if you are pregnant
- Remind you to get Pap tests and mammogram screenings if needed
- Addressing any member complaints
- Helping you find and use the information on our website
- Telling you about special services we offer to all our members

To learn more, call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST. You can ask for a printed copy of Passport's Quality Improvement plan and results.

Guidelines to Keep You Healthy

Passport provides general information about preventive services you and your family may need and when to get them. (These suggestions do not replace your provider's advice, however.)

To make the most of the **Guidelines to Keep You Healthy**:

- Take time to read them
- Write down any questions you have. Bring them to your next checkup.
- Tell your provider about any health problems you or your children are having
- Go to any scheduled appointments
- If you miss an appointment, reschedule right away

Passport also provides information on key tests and exams you or your family may need for long-term health conditions like diabetes, heart disease, asthma, COPD and depression. See PassportHealthPlan.com for details and/or guidelines. We can also send them by request. Contact Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST.

Women's Health Services

To keep you healthy, Passport covers care before birth, care after delivery, breast exams, mammograms, and Pap tests. For these routine and preventive services, you can see women's health specialists, including Obstetricians, Gynecologists, and Certified Nurse Midwives.

Getting Care for Special Health Needs

Passport covers care for your special needs.

Extra Help for Chronic Health Problems

Taking care of health problems can be overwhelming. To make sure you get the right care, Passport's Case Management Program helps you:

- Access eligible services
- Arrange tests and visits with providers
- Get transportation
- Close gaps in care or service
- Access support for those with special needs and/or their caregivers
- Help you move from one setting to another, including leaving the hospital
- Get long-term care services
- Connect with community support
- Find services that might not be covered benefits like "Meals on Wheels" or physical therapy in community settings



Members can be referred to Case Management through:

- A provider
- Member Services, the Health Education line, or 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself

Case Management also offers targeted programs like Transition of Care to help you during a hospital or nursing home stay and after you leave.

These programs are offered at no cost to you. You can choose to be removed from any program, at any time. Call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST for more information.

Population Health (Health Education, Disease Management, Care Management and Complex Case Management)

Passport offers several informational programs to help members lead healthier lives.



Health Education/Disease Management

We offer the following programs to help you and your family manage issues including:

- Asthma
- Behavioral health disorders
- Cardiovascular Disease (CVD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy

To learn more or enroll in or disenroll from any of the programs above, call the Health Management Department at (866) 891-2320, TTY: 711, Monday through Friday, 9 a.m. to 9 p.m. EST.

Newsletters

Newsletters with topics requested by members are posted on PassportHealthPlan.com. The information is easy to read and offers tips on healthier living.

Health Education

Passport offers education about eating healthy, preventing illness, stress care, staying active, cholesterol, asthma, diabetes, and more. To learn more, ask your doctor or call our Health Education line at (866) 472-9483, Monday through Friday, 9 a.m. to 9 p.m. EST.

Health Risk Assessment and Self-Management Tools

For help making healthy changes, use the Health Risk Assessment (Health Appraisal) on the MyPassportHealthPlan member portal. Just answer questions about your health, behaviors, and recommended tests. You'll receive a report about your health risks.

You will also find Self-Management Tools that offer guidance for weight management, depression, financial wellness, and many other topics that affect your health. The tools help you check progress, barriers, and goals met. To learn more, go to MyPassportHealthPlan.com.

Patient Safety Program

Passport's Patient Safety Program helps us keep you and your family safe when you receive services from your providers. We protect you by:

- Giving providers and hospitals information on safety issues and where to get help
- Keeping track of Passport members' complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping members coordinate care when moving from one place to another, such as from hospital to home
- Teaching members about questions to ask during provider visits

Groups that check safety:

- Leap Frog Quality Index Ratings
- The Joint Commission National Patient Safety Goal Ratings



You can look at these websites to:

- See what hospitals are doing to be safer
- Help you know what to look for when you pick a provider or a hospital
- Get information about programs and services for members with problems like diabetes and asthma

To learn more, call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST or visit [PassportHealthPlan.com](https://www.PassportHealthPlan.com).

How Passport Works with Providers to Make Choices About Your Care

Some medical services require approval, or authorization, for Passport to cover the cost. Passport works with your provider to determine whether you need these services. Making choices about your care based on your need and benefits is called Utilization Management (UM). We do not reward providers or others to deny coverage for services you need. Passport does not pay extra to providers or Passport UM staff to make choices that result in giving less care. For Passport members with Long Term Services and Supports (LTSS) needs, someone with LTSS experience, training, and education makes decisions about services.

If you have a question about Passport's UM process or rulings, call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST except holidays. We can accept collect calls. If you need help in your language, a bilingual Passport staff member or interpreter is available at no cost to you. Passport also offers TTY services for members with hearing or speech disabilities. Please leave a message including your phone number if you call after 7 p.m. or during the weekend. We will return your call within one business day. Member Services may also call to talk about UM issues. If Member Services calls you, they will use their name, title, and Passport's name.

Looking at What's New

Passport is always looking at new types of care and services, and new ways to provide them. We review new services for safety and potential added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Behavioral health services
- Medicines

Language Access Services

Passport can provide written or verbal information in your language, at no cost to you. We can have an interpreter to help you speak with us or your provider in almost any language, including sign language. For an interpreter or written materials in a language other than English, contact Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST.

Behavioral Health Services

If you suffer from stress, a mental health disorder, or a substance use disorder, Passport offers behavioral health services that can help. Ask your PCP or call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST. You may also call our 24-Hour Behavioral Crisis Line at (844) 800-5154, TTY: 711. Passport is here to support you.

What To Do When You Need After Hours or Emergency Care

After Hours Care

You may need care when your PCP's office is closed. After hours, call the Nurse Advice Line at (800) 606-9880. Highly trained nurses are available 24/7 to answer your medical questions, help you decide if you should see a

provider immediately, or make an appointment for you. You may also visit our online member portal or download our mobile app, which are available 24/7 to assist you. More details are further in this book.

Emergency Care

Emergency services are for sudden or severe problems that need care right away or put your life or health in danger. Passport covers emergency care. You can learn more about where to go for urgent or emergent care on our website, www.passporthealthplan.com, or by asking for our “Where To Go for Care” brochure. Services are not covered outside the United States except emergencies requiring hospitalization in Canada or Mexico. **If you need emergency care, call 911 or go to the nearest hospital.** You don’t need prior approval. For urgent matters that don’t threaten your life, call the 24/7 Nurse Advice Line at (800) 606-9880.

About Drug Benefits

To learn about the drugs you need, please speak to your provider. For details about your drug benefits, visit PassportHealthPlan.com. On the website, you can find:

- A list of generic and brand name drugs that Passport covers and does not cover on Preferred Drug List (PDL)
- Limits on covered drugs like the numbers of refills or drug doses you may get
- How your provider can ask Passport to approve certain drugs or for the amount of a drug you need
- Information needed from your provider to get approval for some of your drugs
- Details about your provider’s process for generic substitution, therapeutic interchange, and step-therapy
- Updates to the drug list
- Any copayments for drugs not on Passport’s approved list of drugs

- How your provider can request an exception for coverage for medications not on the Preferred Drug List (PDL).

To learn more, call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST.

Protecting Your Privacy

You have rights when it comes to protecting your health information like your name, plan identification number, race, ethnicity, and other markers that identify you. We will not share health information about you that is not allowed by law. We respect and protect your privacy. Passport uses and shares data to provide you with health benefits. Your privacy is important to us.

Your Protected Health Information (PHI)

PHI stands for Protected Health Information. This includes your name, member number, race, ethnicity, language needs, or other markers that identify you. Passport uses your PHI the following ways.



Why does Passport use or share your PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes, as required or permitted by law

When does Passport need your written authorization (approval) to use or share your PHI?

Passport needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us not to use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Passport protect your PHI?

Your PHI can be written, spoken, or digital. Passport protects your PHI across our health plan by:

- Instituting protective policies and procedures
- Limiting the Passport staff who may see PHI
- Training staff on how to protect and secure PHI, including written and verbal communications
- Requiring written agreement from passport to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

What must Passport do by law?

- Keep your PHI private
- Give you a notice in the event of any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity, or language data for underwriting or denial of coverage and benefits
- Follow the terms of our Notice of Privacy Practices

What can you do if you feel your privacy rights have not been protected?

- Call or write Passport and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The above information is only a summary. See Passport's Notice of Privacy Practices at PassportHealthPlan.com for more information about how we use and share our members' PHI. You also call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST. to ask for a copy.

Your Rights and Responsibilities as a Passport Member

Knowing your rights and responsibilities will help you, your family, your provider, and Passport ensure that you get the care you need.

You have the right to:

- Respect, dignity, privacy, confidentiality, accessibility, and nondiscrimination
- Get information on the structure and operation of the health plan, its services, its practitioners and providers, and member rights and responsibilities

- To receive notice of any significant changes in the Benefits Package at least thirty (30) days before the intended effective date of the change
- Prepare Advance Medical Directives
- Timely referral and access to medically indicated specialty care
- Be furnished health care services in accordance with federal and state regulations
- Choose your Primary Care Provider and to change your PCP in a reasonable manner
- Consent for or refusal of treatment and active participation in decision choices
- Voice Grievances and receive access to the Grievance process, receive assistance in filing an appeal, and request a State Fair Hearing from the Contractor and/or the Department
- Know if a copayment or contribution is required. Know the names, education, and experience of your health care providers
- Be treated with respect with recognition of your dignity and your right to privacy



- Timely access to care that does not have any communication or physical access barriers
- Timely referral and access to medically indicated specialty care
- Receive Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services
- Take part in decision making with your doctor about your health care, including the right to refuse treatment and openly discuss appropriate or medically necessary treatment choices of your health problems, regardless of cost or coverage. Get a fair and timely reply to requests for service. Voice complaints or appeals about the organization and the care it provides.
- Know that your member information will be kept private. It is only used in reports to the state to show that the Plan is following state rules and laws.
- Ask how your doctor is paid
- To be able to file an appeal, a grievance (complaint), or request a State Fair Hearing (after Passport has made a decision and you aren't happy with that decision)
- To get help with filing an appeal, grievance (complaint), or request a State Fair Hearing (after Passport has made a decision and you aren't happy with that decision)
- To receive information and timeframes for filing an appeal, a grievance, or a State Fair Hearing
- To make recommendations regarding the Plan's member rights and responsibility policy
- To use any hospital or other setting for emergency care
- To receive detailed information on emergency and after-hours coverage
- To receive all information, including but not limited to, enrollment notices, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood. Be free from any form of restraint or seclusion used as means of pressure, discipline, convenience or retaliation.

- Include assistance with requesting and receiving a copy of your medical records at no cost to you, and request that they be corrected
- Be provided culturally and linguistically appropriate healthcare services (CLAS)
- Be provided covered healthcare services
- Be free to exercise your rights without negatively affecting the way Passport, our providers, or the State treat you
- Be free from other discrimination prohibited by State and Federal regulations
- Request clinical practice guidelines upon request
- Get a second medical opinion
- Get help with any special language needs
- To receive interpretation by phone services free of charge for all non-English languages, not just those identified as prevalent
- Prepare Advance Medical Directives
- Be furnished health care services in accordance with federal and state regulations
- Passport members have the responsibility to work with their PCP to protect and improve your health. You can report other insurance benefits, when you are eligible, to your Department for Medicaid Services Specialist by calling Beneficiary Help Line at (800) 642-3195, TTY (866) 501-5656.
- Show your Passport ID card, Medicaid card, and valid ID to all providers before receiving services
- Never let anyone use your Passport ID card or Medicaid card
- Make appointments for routine checkups and immunizations (shots). Keep your scheduled appointments and be on time calling as soon as you can if you must cancel.
- Provide complete information about your past medical history

- Provide complete information about current medical problems
- Listen to your PCP's advice and ask questions about your care when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider
- Follow your provider's medical advice
- Respect the rights of other patients and healthcare workers
- Use emergency room services only when you believe an injury or illness could result in death or lasting injury
- Notify your primary provider if emergency treatment was necessary and follow-up care is needed
- Report changes that may affect your coverage to your Department for Medicaid Services specialist. This could be an address change, birth of a child, death, marriage or divorce, or change in income.
- Promptly apply for Medicare or other insurance when you are eligible
- Find out how your health coverage works
- Call your PCP when you need medical care, even if it is after-hours

Tell us if you have problems with any health care staff by calling Member Services at (800) 578-0603, 7 a.m.- 7 p.m. EST, Monday through Friday.

Visit PassportHealthPlan.com to view your Member Handbook for a complete list of member rights and responsibilities.

Second Opinions

If you do not agree with your provider's plan of care, you have the right to a second opinion. You may talk to another Passport network provider or we can arrange for you to talk to a provider outside of our network. This service is available at

no cost to you. To learn more, call Member Services at (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST.

Out-of-Network Services

If a Passport provider is not able to give you needed and covered services, Passport must cover these services through an out-of-network provider. Your cost will be no greater than it would be if the provider was in our network. Passport will coordinate the out-of-network provider's payment. To learn more, call Member Services at (800) 578-0603, TTY: 711.

Hours of Operations for Services

Passport members can receive needed services 24 hours a day, every day.

Grievances and Appeals

If you have problems with your medical care or our services, you have the right to file a grievance (complaint) or appeal.

A grievance can be for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

You may file an appeal when you do not agree with Passport's decision to:

- Stop, change, suspend, reduce, or deny a service
- Deny payment for services

You may request an expedited review if the decision puts your life or health at risk. You may also ask for a Fair Hearing with the State Administrative Law Judge if your appeal is denied.

Visit PassportHealthPlan.com or see your Member Handbook to read about:

- Grievance, appeal, and State Fair Hearing processes and rights
- Grievance, appeal, and State Fair Hearing timeframes
- Who can file a grievance/appeal

For any grievance questions, call Member Services at (800) 578-0603, TTY: 711.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If Passport denies your service or claim, you have the right to find out why your services or bills were denied. You have the right to appeal.

If Passport denies your service or claim, you will get a letter telling you about this decision. It will include information about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal at PassportHealthPlan.com. Member Services can also help you file an appeal..

If you are not happy with the result of your appeal, you can file a State Fair Hearing with Medicaid.

Learn more about filing an appeal from Member Services at (800) 578-0603, TTY: 711.

Your Right to an Advance Directive

All Passport members have the right to accept or refuse treatment offered by a provider. But what if you are not able to tell the provider what you want? To avoid decisions that may be made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers the kind of care you want if you cannot speak for yourself. You can write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you are not well enough to make your own. There are different types of Advance Directive forms. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. For help making decisions about your care, talk with someone you trust, like a family member or friend. You can also talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive form.

Call Member Services at (800) 578-0603, TTY: 711 for details on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Visit [PassportHealthPlan.com](https://www.PassportHealthPlan.com) or call Member Services for details.



Visit the Passport Website

Visit PassportHealthPlan.com and choose your state. Our website has information about:

- Benefits and services included and excluded from coverage and restrictions
- Co-payments and other charges for which you are responsible (if they apply)
- What to do if you get a bill for a claim
- Frequently Asked Questions (FAQs) and answers
- Pharmacy details like drugs we don't cover, drug limits or quotas, how to request an exception for drugs not on the formulary, generic substitution, therapeutic interchange (different drugs that have the same effects), and step-therapy protocols (covering use of one drug before we will cover use of another)
- Preventive health guidelines and vaccination schedules
- How to obtain specialty care and hospital services
- Practitioner and provider availability
- UM procedures including preservice review, urgent concurrent review, post-service review, and how to file an appeal

To receive printed copies of anything on PassportHealthPlan.com, call Member Services at (800) 578-0603, TTY: 711. Your Member Handbook, also on the website, is a good resource too.

Member Portal

MyPassportHealthPlan.com is our secure member web portal. It lets you manage your health from your computer. The member portal is easy to use. Here are some of the things that you can do:

- A health risk assessment (health appraisal)—This is a tool that can help you and your PCP look for ways to improve your health.

- Search for a local pharmacy
- Get self-help to:
 - Avoid drinking alcohol
 - Eat healthy
 - Manage weight (BMI)
 - Identify depression
 - Identify lack of motivation
 - Manage stress
 - Promote physical activity
 - Stop tobacco use
 - Test for cancer
 - Get vaccines
- Request or print a Member ID card
- Select or change doctors
- See your health records
- Find out how to get referrals
- Get health advice from the 24-Hour Nurse Advice line via secure email
- Send email to Member Services

To learn more or to sign up for the member portal:

1. Call Member Services at (800) 578-0603
or
2. Create an account by following these easy steps:
 - Step 1: Go to MyPassportHealthPlan.com
 - Step 2: Enter your Member ID number, date of birth, and zip code
 - Step 3: Enter your email address
 - Step 4: Create a password

Online Provider Directory

To search for provider online, go to PassportHealthPlan.com. Click on **“Find a Doctor or Pharmacy.”** The provider directory includes:

- Names, addresses, and phone numbers of Passport providers

- Providers' board certification status. You can also check the American Board of Medical Specialties at www.abms.org to see if a provider is board certified.
- Office hours for all sites
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital information including name, location and accreditation status

If you cannot access the Internet or need more information (like your provider's medical school or residency), Member Services can send you a printed copy of the online provider directory. Call (800) 578-0603, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. EST, for help.