



PROVIDER ENROLLMENT & CREDENTIALING OVERVIEW

DECEMBER 2019



ENROLLMENT VS CREDENTIALING

- 1. Provider Enrollment** – Enrollment refers to the initial application process a provider goes through to submit a request for participation in the plan.
- 2. Provider Credentialing** - The credentialing process involves the collection and verification of vital practitioner data including education, training, experience, practice history, location, and disclosure of any issues impacting the ability to provide care.
 - Credentialing is a part of the overall Provider Enrollment process.

JOINING OUR NETWORK AND ADDING A NEW PRACTITIONER

Joining our network

- Complete the online form to receive a Contract and Enrollment Application
- <http://passporthealthplan.com/providers/join-our-network/>

Adding a practitioner to an already participating group

- Complete the online fillable form called the Adding Practitioner Form
- This form can be returned using one of the following methods:
 - Email to ProviderEnrollment@passport.evolenthealth.com
 - Fax to 1-800-470-8714
 - Mail to: ATTN: Provider Enrollment 5100 Commerce Crossing Dr.
Louisville, KY 40229

ADDING A PRACTITIONER TO AN EXISTING GROUP

Adding a practitioner to an ***existing*** RHC contract:

1. Complete the *Add a Practitioner Form* for each practitioner you would like to enroll.
2. Email form(s) to ProviderEnrollment@passport.evolenthealth.com
 - Your request will be submitted to the credentialing team to determine if the provider will require initial credentialing
3. You will receive an email when we begin processing your request.
4. As each individual provider completes the enrollment and credentialing process a welcome letter will be emailed with the individual's effective date.



PROVIDER EFFECTIVE DATES

How are provider effective dates determined?

1. Providers requiring initial credentialing:

- Application initially processed by Aperture for primary source verification.
- Once Aperture confirms the CAQH is complete Aperture provides Passport with a clean CAQH date.
- Passport utilizes this date as the initially credentialed provider's network effective date for participating reimbursement.

2. Providers that do not require initial credentialing:

- The date we receive a completed Passport enrollment application will be utilized as the provider's network effective date for participating reimbursement.

PROVIDER ENROLLMENT FORMS

Provider Enrollment Forms can be found here:

<http://passporthealthplan.com/providers/forms/>

Transcribe Search Our Site Text Size Careers Contact Us

PASSPORT
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Passport has customer service representatives ready to serve you. You can call us Mon - Fri | 7am - 7pm ET.
Member Services: 1-800-578-0603 | TDD 1-800-691-5566

Providers Pharmacy Advocates News & Events About Us

Join Our Network
Provider Portals
Forms & Claims Information
Provider Manual
Provider Communications
Member Copays
Kentucky HEALTH

Provider Relations Specialists
Provider Orientation and Training
Behavioral Health
Vision
Dental
Utilization Management
Care Coordination
Quality Improvement/HEDIS
Main Office Number

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
ASN, Appeals Department

Electronic Claims Submission
Change Healthcare
1-800-845-6502
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 714
London, KY 40742

Family Planning Claims Submission

Enrollment Forms

- Add A Practitioner Form
- Practice Demographic Form
- Group/Provider Additional Address Form
- Primary Care Provider Panel Change Request
- Provider Information Change Form
- Provider Tax ID Change Request Form
- Provider Termination Request Form
- Registration for Non-Participating Providers
- Registration of Locum Tenens Physician Form
- Member PCP Change Request Form

PROVIDER ENROLLMENT FORMS

- Adding A Practitioner
- Practice Demographic
- Group/Provider Additional Address
- Primary Care Provider Panel Change Request
- Provider Information Change
- Provider Tax ID Change Request

PROVIDER ENROLLMENT FORMS

- Submit all forms to ProviderEnrollment@passport.evolenthealth.com
- Failure to submit complete forms may result in delayed processing time.
- For each emailed request you will receive a response back from our mailbox with an estimated completion time. This email confirmation of request receipt will be sent within 2 business days.

ENROLLMENT PROCESS

How long will the enrollment process take?

1. Providers requiring initial credentialing:
 - Processing time may take up to 45 days to complete the credentialing and enrollment process.
2. Providers that do not require initial credentialing:
 - Processing will be completed within 10 days. Should there be a delay with enrollment a team member will notify you via email to allow an additional 15 days for completion.



RECREREDENTIALING PROCESS

- Practitioners must be recredentialed every three years
- Provider notification at time of recredentiaing
- Provider notification once recredentiaing is complete



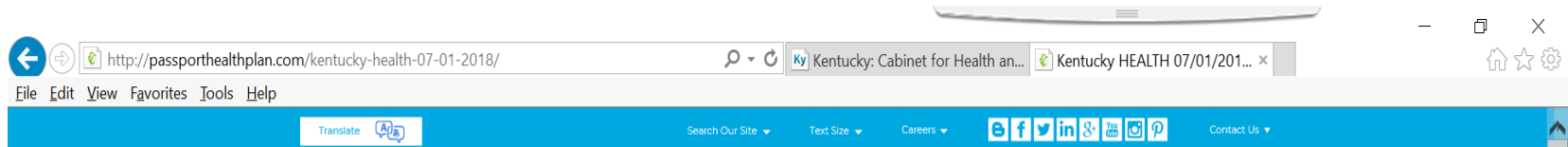
RECREENTIALING PROCESS *(continued)*

- Information is needed for recredentialing
- Submitting information during recredentialing
- Recredentialing cycle

DID YOU KNOW?

- All providers require a Kentucky Medicaid Identification number to be reimbursed for services rendered.
- DMS launched KY Medicaid Partner Portal Application.
 - KY MPPA and Partner Portal are the same tool.
 - KY MPPA is the new DMS electronic enrollment, maintenance, and revalidation process.
 - Providers and Credentialing agents can use KY MPPA instead of the current paper process (MAP forms).
- As of January 1, 2020 KY DMS will not process paper applications for Kentucky Medicaid Identification numbers.

STAY CURRENT



Passport has customer service representatives ready to serve you. You can call us Mon - Fri | 7am - 7pm ET.

Member Services: 1-800-578-0603 | TDD 1-800-691-5566

- Members
- Providers
- Pharmacy
- Advocates
- News & Events
- About Us

Join Our Network

Provider Communications

Forms & Claims Information

Provider Manual

New Claims System 10/1/17

Kentucky HEALTH 7/1/2018

Provider Portals

Behavioral Health

Vision

Dental

Educational Resources

Clinical Practice Guidelines

Program Descriptions

Provider Relations Specialists

Main Office Number

1-502-585-7900

Compliance Team

1-855-512-8500
[Email Compliance Team](#)

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

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

PCP Psychiatric Decision Support Line
1-877-249-6659

24 hour Behavioral

Electronic Claims Submission
Emdeon (formerly WebMD)
1-800-845-6592
Passport Health Plan electronic payer identification number is 61129.

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



RESOURCES

- **Passport Health Plan:** www.passporthealthplan.com/together
- **KY MPPA:** <https://medicaidsystems.ky.gov/Partnerportal/home.aspx>
- **Medicaid Provider Type Summaries:**
<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>
- **NPPES NPI Registry:** <https://npiregistry.cms.hhs.gov/>

CONTACT US

To speak with a Provider Enrollment Representative:

- Call – (502) 785-8281
- Email - ProviderEnrollment@passport.evolenthealth.com

To speak with an Aperture Inc.. Representative:

- Call – (855) 743-6161. option 3

THANK YOU!

Thank you for being a part of the Passport Health Plan network and providing care to Passport Members.



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