



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Passport to Health 10-20-22

Mission Statement: Our mission is to manage the delivery of healthcare to Montana Medicaid and Healthy Montana Kids *Plus* members to improve quality and access, while optimizing the use of healthcare resources.

Passport to Health Program

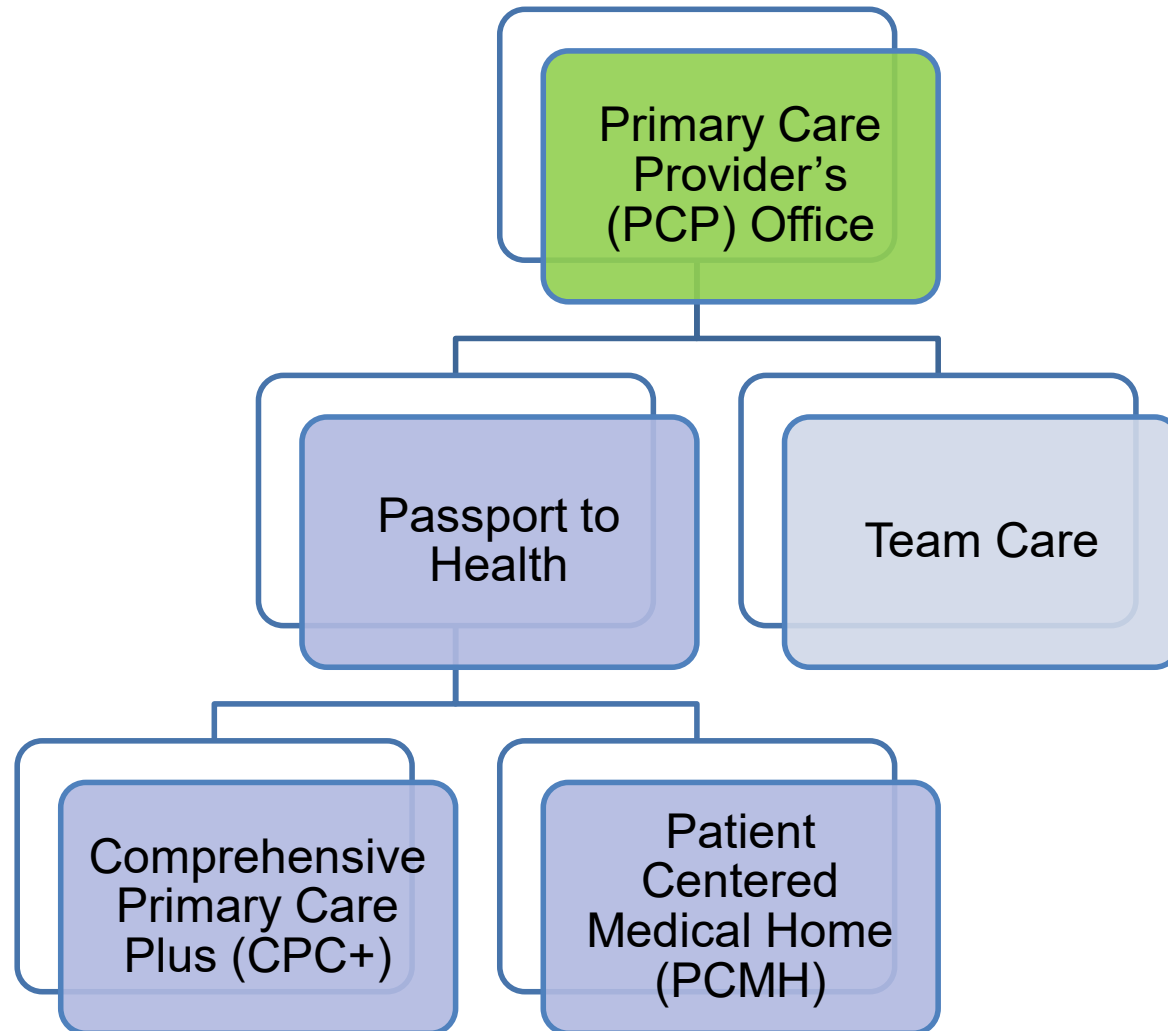
- ✓ Passport providers provide or coordinate the member's care and make referrals to other providers as necessary.
- ✓ Most services must be provided or approved by the member's Passport provider.
- ✓ The Passport program facilitates a strong patient provider relationship by providing primary, preventive, and routine services; managing and coordinating the member's services.
- ✓ The Passport provider acts as the front door to Medicaid services for their members.



Passport Program Goals

- ✓ **Ensure access** to primary care
- ✓ Establish a **partnership** with the member
- ✓ Provide **continuous and coordinated care** to maximize health outcomes
- ✓ Improve the **continuity of care**
- ✓ Encourage **preventive** healthcare
- ✓ Promote Early and Periodic Screening Diagnosis, and Treatment (**EPSDT**) services
- ✓ **Reduce inappropriate use** of medical services and medications
- ✓ **Decrease** non-emergent care in the emergency room (ER)
- ✓ **Reduce and control healthcare costs**

How Is Patient Care Managed?



Passport Provider Responsibilities

- ✓ Provide primary healthcare, preventive care, health maintenance, and treatment of illness and injury;
- ✓ Make reasonable appointment availability based on routine, preventive, urgent, or emergent care needs;
- ✓ Provide for arrangements with or referrals to physicians or other specialists to ensure access to necessary care without compromising quality, promptness, or member provider preference; and
- ✓ Educate about appropriate use of the ER.

* This is not an all-inclusive list.

Team Care Basics

- ✓ Team Care is a restricted services program for members who need additional supervision and guidance.
- ✓ All Passport rules apply.
- ✓ Team Care members are locked into one Passport provider and one pharmacy.
- ✓ Members remain in Team Care for a minimum of 12 months.
- ✓ Members must show good cause to change their pharmacy.

Team Care Continued

- ✓ Members are referred to Team Care several ways:
 - ✓ Provider referral;
 - ✓ Drug Utilization Review; or
 - ✓ Fraud/Abuse referrals.
- ✓ Pharmacy Case Management Clinicians are available to help providers develop treatment plans upon request.

Passport Provider Changes/Terminations

- ✓ Providers are required to notify Conduent of changes to:
 - Member enrollment restrictions (age, gender, caseload);
 - Address;
 - Phone/fax number;
 - Ownership; or
 - Business hours.
- ✓ Providers must give written notice to members and the Department at least 30 days prior to the disenrollment/termination date; and
- ✓ During the 30 days providers must continue to treat or provide referrals for members to ensure continuity of care.
- ✓ Changes should be sent to:

Passport to Health Program
PO Box 254
Helena, MT 59624-0254
Fax: 406-442-2328



CPC+ and PCMH and How They Interact with Passport

- Comprehensive Primary Care Plus (CPC+) and Patient Centered Medical Home (PCMH) are enhanced medical home programs.
- Providers receive larger per member per month (PMPM) payments than providers only enrolled in Passport to Health.
- CPC+ and PCMH providers are also enrolled in Passport and must also fulfill Passport to Health requirements.
- Member quality measures are captured in HealthRegistries software.

Provider Caseload Lists

- Providers only enrolled in the Passport to Health Program receive a list from the Enrollment Broker each month.
- Providers enrolled in CPC+ or PCMH download their attribution lists from HealtheRegistries.

Provider Caseloads

- ✓ Providers are encouraged to contact new members to set up an appointment to establish care
- ✓ Providers must abide by the caseload minimum requirements
 - Single provider – 50 members
 - Group provider with 2 providers – 500 members
 - Group provider with 3+ provider – 1000 members
- ✓ Providers can suggest that a member change their Passport to them, but they cannot require it
- ✓ Once capacity is reached providers have an opportunity to increase their caseload
- ✓ Providers at capacity will not be able to have members choose them until there are open slots
- ✓ To increase caseload capacity, send a completed Amendment to Increase Caseload Capacity form to:

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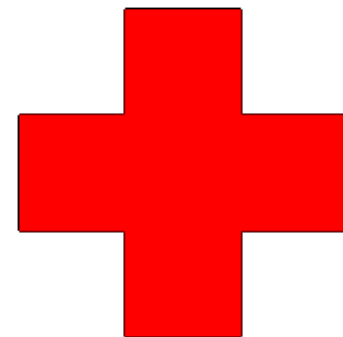


Providing Passport Referrals

- ✓ In most cases, care should start with and be coordinated by the Passport provider.
 - The member's access to care, whether or not the member has established care, **is the Passport provider's responsibility.**
- ✓ Referral determinations should be based on whether it is reasonable for the Passport provider to provide the care.
- ✓ Referrals should be for medically necessary services and given when:
 - Further testing or treatment is needed;
 - There is an urgency that the Passport provider cannot meet; or
 - There is a need for services to be performed by someone other than the Passport provider.

Establishing Care and Referrals

- ✓ Some examples in which referrals are needed in order to ensure access to needed care even if care hasn't been established:
 - Member has moved far away and chose a new provider
 - Member is sick or hurt and far from home
 - Member is sick or injured and PCP is unable to see them promptly
 - Follow-up care with doctor seen initially through an emergency admittance and/or surgery



Services Exempt from Passport Referral

- Ambulance
- Anesthesia
- Audiology
- Blood Lead Testing
- Case Management
- Dental
- Dialysis
- Durable Medical Equipment
- Emergency Service
- EPSDT Screenings
- Eye Exams and Glasses
- Family Planning
- Hearing Exams and Aids
- Home and Community-Based Services

Exempt Services Continued

- Home Infusion Therapy
- Home Support Services and Therapeutic Foster Care
- Hospice
- Hospital Swing Bed
- Immunizations
- Inpatient Lab and X-ray
- Inpatient Professional Services
- Intermediate Care Facility
- Institutions for Mental Disease
- Laboratory/Pathology Tests

Exempt Services Continued

- Licensed Social Workers, Licensed Professional Counselors, and Psychologists
- Mental Health Centers
- Nursing Facilities
- Obstetrical services
- Optometrist or Ophthalmologist
- Personal Assistance
- Pharmacy
- Prosthesis
- Psychiatric Residential Treatment Facility
- Radiology
- School-Based
- STD Testing and Treatment
- Substance Use Disorder
- Transportation

Referral Tips

- ✓ You must provide a Passport provider referral for a specific member, service(s), and date(s);
 - Referrals may be for one visit, a specific period, or the duration of a condition.
 - Referrals may be provided by the Passport provider or designated office staff.
 - Referrals that require medical judgement must be initiated by a medical professional.
- ✓ Once a referral is given, the member cannot be referred to another provider without another referral.
- ✓ A facility or non-Passport provider is not authorized to pass on a Passport referral number.
 - If a provider suspects their Passport number is being used without authorization, they are encouraged to contact the Program Officer.

Member Enrollment and Education

- ✓ A member's enrollment in Passport is driven mainly by their eligibility.
 - Approximately 75% of members are enrolled in Passport.
- ✓ The whole family can have the same Passport provider, or everyone can have a different Passport provider based on individual needs.
- ✓ Members may change their Passport provider once a month, but the change will not be effective until the beginning of the following month.
- ✓ Upon enrollment, members receive an enrollment packet as well as a verbal explanation of the Passport program.

Member Auto-Assignment

- ✓ Passport auto-assigns members after 45 days if they do not choose a provider themselves.
 - Algorithm (in order):
 - Previous Passport enrollment
 - Most recent claims history
 - Family Passport enrollment (child/adult)
 - American Indians who have declared a tribal enrollment, and live in a county where there is an IHS/tribal provider
 - Random provider who is accepting new members.
- ✓ Members who are auto-assigned are notified at least 10 days in advance to allow members to select a different provider.

Members Ineligible For Passport

- ✓ The following member populations are ineligible for Passport:
 - Members in a nursing home or other institutional setting
 - Dual eligible members (Medicare/Medicaid)
 - Medically needy members (spend-down)
 - Members receiving Medicaid for less than 3 months
 - Members with retroactive eligibility
 - Members who receive HCBS
 - Members residing out of state
 - Members who are eligible for a non-Medicaid plan (Plan First or Healthy Montana Kids/CHIP)
 - Members with presumptive eligibility

Disenrolling A Passport Member

- ✓ Providers **may** disenroll members for the following reasons:
 - The member has not established care or is seeking care from other providers
 - The provider/patient relationship is mutually unacceptable
 - The member fails to follow prescribed treatment
 - The member is physically or verbally abusive
 - Member could be better treated by a different type of provider, and a referral process is not feasible
 - Member consistently fails to show up for appointments

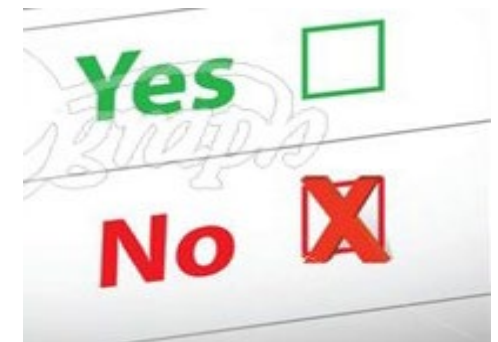
A Provider May Not Disenroll A Member Due To:

- ✓ An adverse change in the member's health status;
- ✓ Member's utilization of medical services;
- ✓ Member's diminished mental capacity;
- ✓ Member's disruptive or uncooperative behavior as a result of special needs;
- ✓ Member's inability to pay an outstanding bill; or
- ✓ Any reason that may be considered discrimination (race, age, sex, religion, etc.).

Disenrollment Process

- ✓ If you disenroll a member, **you must**, per the signed Passport agreement:
 - Send a notification to the member at least 30 days prior to disenrollment. The Member Disenrollment Form Is available on the Passport Page of the Provider Website.
 - Verbal notification to the member does not constitute disenrollment.
 - Disenrollment form must: Identify the member as your Passport patient, specify the reason for disenrollment, and indicate notification of continuing care for 30 days.
- ✓ Continue to provide patient treatment and/or Passport referrals for up to 30 days.
 - The provider's 30-day care obligation does not start until a copy of the Member Disenrollment Form is received by Conduent.
- ✓ Send a copy of the Member Disenrollment Form to:

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Passport Payments

- ✓ In order for the Passport Remittance Advice (RA) to show up on the MATH website, the Passport number will need to be linked to your submitter number.
 - ✓ To link them complete the form found at:
<http://medicaidprovider.mt.gov/Portals/68/docs/forms/mathwebportallinkrequest.pdf>;
- ✓ Users will need to be granted access e!SOR reports.
- ✓ The Passport number will be an option in your drop-down menu.



Passport and American Indians

- ✓ American Indian members may choose an IHS to be their PCP, or they may choose a non-IHS PCP.
- ✓ American Indian members may visit any IHS/Tribal/Urban Indian Health Center (I/T/U) provider without a Passport referral.
- ✓ If an (I/T/U) who is not the member's Passport provider refers the member to another provider or specialist, a Passport or Team Care referral is not needed. The non-I/T/U provider will be required to have the I/T/U's NPI present in field 17a on a CMS-1500 or in field 7 on a UB-04 to qualify for payment.

Team Care and American Indians

- ✓ American Indian Team Care members may receive medications from any I/T/U pharmacy when locked into a different pharmacy.
- ✓ I/T/U providers may need to call the Provider Help Line if the claim is denied.

Member Care Management Contacts

Primary Care and Population

Health Program

Elizabeth LeLacheur

406-444-0991

elelacheur@mt.gov

Team Care Program

Miranda Prevel

406-444-4349

Miranda.Prevel@mt.gov

Passport Analyst

Loma Romero

406-457-9542

Loma.Romero@conduent.com

Montana Public Assistance Help Line

1-888-706-1535

Medicaid Member Help Line

1-800-362-8312

Provider Help Line

1-800-624-3958

Visit our website at:

<http://medicaidprovider.mt.gov/>

