

Passport to Health Training

January 18, 2024



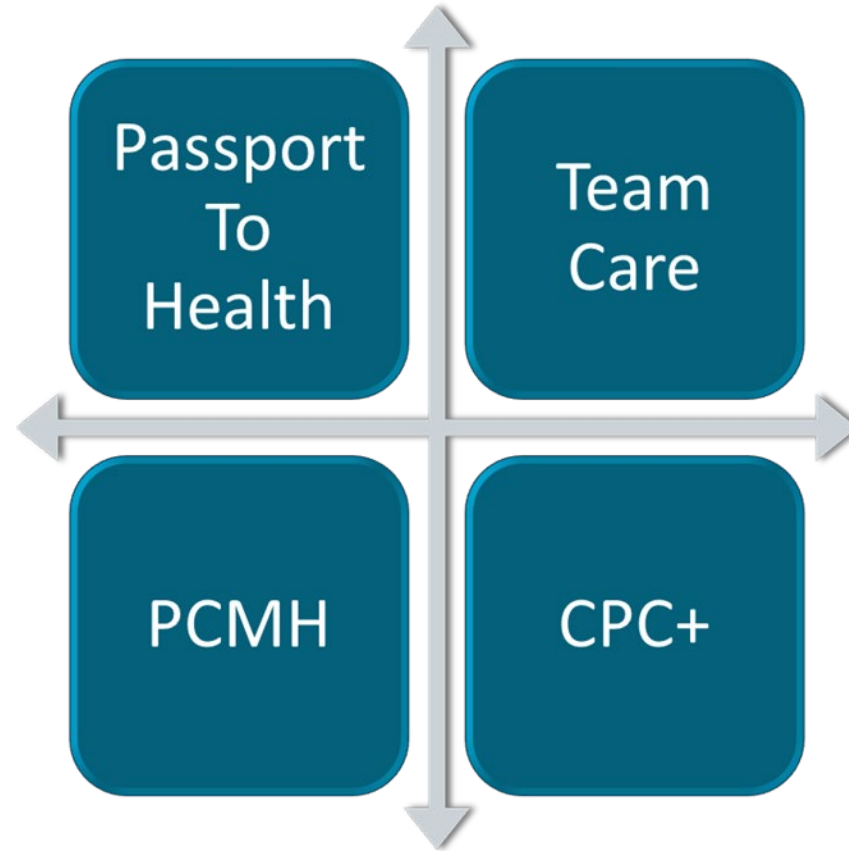
DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

What is Primary Care Case Management

- States contract directly with primary care providers for care management services to Medicaid enrollees.
- Primary care case management (PCCM) programs ensure Medicaid members have a designated healthcare provider for coordinated care.
- Members voluntarily select their primary care provider; if not, one is assigned within 45 days of eligibility.
- Primary care providers receive a monthly case management fee per enrollee, in addition to fee-for-service payment.
- Most services must be provided or approved by the member's primary care provider.



Current Montana Medicaid PCCM Programs



Passport to Health Program

- Passport providers provide or coordinate the member's care and make referrals to other healthcare 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 and by managing and coordinating the member's healthcare services.
- The Passport provider acts as the front door to Medicaid services for their members.



Passport Program Goals

- Ensure access to primary care;
- Establish partnership with the member ;
- Provide continuous and coordinated care to maximize health outcomes;
- Improve 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); and
- Reduce and control healthcare costs.



Team Care Basics

- Team care is a restrictive services program for members require additional supervision and guidance.
- All Passport rules apply.
- Team Care members are locked into one pharmacy for a minimum of 12 months.
- Members must show good cause to request a change in their pharmacy.
- Pharmacy Case Management Clinician are available upon request to help providers develop member treatment plans.



CPC+ and PCMH

- Comprehensive Primary Care Plus (CPC+) and Patient Centered Medical Home (PCMH) are enhanced care programs that build upon the Passport foundation.
- Providers have certification requirements and receive an additional contract.
- CPC+ and PCMH providers receive an enhanced per member per month payment.
- Providers in CPC+ can also qualify to received a quality bonus.
- Participating providers have reporting requirements.



Program Administration



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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;
- 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.



Provider Caseload Lists

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



Provider Caseload

- Providers may serve as many as 1,000 members per full-time physician or mid-level practitioner;
- Providers can suggest that a member change their Passport provider to them, but they can not require it;
- Once capacity is reached providers have an opportunity to increase their caseload;
- Providers at capacity may have members auto-assigned to them but members will not be able to choose them until there are open slots; and
- To increase capacity, send a written request to: Passport to Health Program, PO Box 254, Helena, MT 59624-0254, fax: 406-442-2328, or contact Provider Relations.



Providing Passport Referrals

- In most cases, care should start with and be coordinated by the Passport provider;
- Referral determinations should be based on whether it is reasonable for the Passport provider to provide the care; and
- Referrals should be made 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

There are times when referrals should be provided even if care has not been established:

- Member has moved and has not yet been set up with a new Passport provider;
- Member is sick or hurt and far from home;
- Member is sick or injured and their primary care provider is unable to see them promptly; and
- Follow-up care with a provider initially seen through an emergency admittance and/or surgery is needed.



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
- Outpatient Psychotherapy
- Mental Health Centers
- Nursing Facilities
- Obstetrical Services
- Optometrist or Ophthalmologist
- Personal Assistance



Exempt Services Continued

- Pharmacy
- Prosthesis
- Psychiatric Residential Treatment Facility
- Radiology
- School-Based
- STD Testing and Treatment
- Substance Use Disorder
- Transportation



Referral Tips

- Passport referrals are specific to 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; and
 - 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; and
- A facility or non-Passport provider is not authorized to pass on a Passport referral number.
 - Providers are encouraged to contact the Program Officer if they believe their number is being used without authorization.



Members Ineligible for Passport

- The following member populations are ineligible for Passport:
 - Members in a nursing home or other institutional setting;
 - Dual eligible (Medicare/Medicaid) members;
 - Medically needy members (spend down);
 - Members receiving Medicaid for less than 3 months;
 - Members with retroactive eligibility;
 - Presumptively eligible members;
 - Members residing out of state; and
 - Members enrolled in a non-Medicaid plan (Plan First, Healthy Montana Kids/CHIP, or members receiving only home and community-based services).



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 would be better treated by a different type of provider, and a referral process is not feasible; and
 - 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 disruptive or uncooperative behavior due to 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 your clinic disenrolls a member, you must:
 - Send a notification letter to the member at least 30 days prior to disenrollment;
 - Verbal notification is not sufficient.
 - Letters must identify the member as your Passport member, 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; and
 - The provider's 30-day care obligation does not start until a copy of the disenrollment letter is received by the Enrollment Broker.
- Send a copy of the letter to Passport to Health to Passport to Health Program, PO Box 254, Helena, MT 59624-0254, fax: 406-442-2328.



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.
- The form to link the numbers may be found at:
<https://medicaidprovider.mt.gov/docs/forms/mathwebportallinkrequest122018.pdf>.



Passport Numbers on Claims

- A provider other than a member's Passport provider needs to record the Passport number on field 17a on a CMS-1500 or in field 7 on a UB-04 to qualify for payment.
- The claims will now pay and report if the number is missing or incorrect on the claim. See Provider Notice dated December 22, 2023, at <https://medicaidprovider.mt.gov/docs/providernotices/2023/PassportProviderReferralNumberonClaims.pdf>.
- Paid claims may be subject to audit.



Passport and American Indians

- American Indian members may choose an Indian Health Service (IHS), Tribal, or Urban Indian Organization (I/T/U) as their PCP, or they may choose a non-I/T/U provider as their PCP;
 - American Indian members may visit any I/T/U without a Passport referral; and
- If an I/T/U who is not a member's Passport provider refers the member to another provider or specialist, a Passport or Team Care referral is not needed. The provider referred by the I/T/U will need 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

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Care Management Section Supervisor

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- **Medicaid Member Help Line**
(800) 362-8312
- **Provider Help Line**
(800) 624-3958
- Medicaid Provider Website
<http://medicaidprovider.mt.gov>



Questions

