

## PRIMARY CARE PROVIDER AGREEMENT AND SIGNATURE ADDENDUM FOR ENROLLMENT IN THE PASSPORT TO HEALTH

### AND TEAM CARE PROGRAMS

Enrollment in Passport to Health (the program) under this addendum shall be part of the provider's Montana Healthcare Programs' enrollment for purposes of governing the provider's participation in the program. However, this addendum shall not in any way reduce or modify the provider's Montana Healthcare Programs' enrollment with respect to participation or provision of services under Medicaid and Healthy Montana Kids *Plus* (HMK *Plus*) Programs. The provider(s) hereby agrees to comply with all applicable laws, rules and written policies including but not limited to Title XIX of the Social Security Act, the Code of Federal Regulations (CFR), Montana Codes Annotated (MCA), Administrative Rules of Montana (ARM), written Department of Public Health and Human Services (Department) policies, policies contained in provider manuals, and the terms of this document.

### PLEASE READ THIS AGREEMENT AND ADDENDUM CAREFULLY

#### PASSPORT TO HEALTH PROGRAM DESCRIPTION AND RULE REFERENCES

A complete description of the Passport to Health and Team Care Programs is contained in Administrative Rules of Montana (ARM 37.86.5101-5104, 37.86.5110-5112, 31.86.5120, 37.86.5303 and 5306) and the *Passport to Health Provider Handbook*.

Passport to Health is a medical home program in which most Montana Medicaid and HMK *Plus* eligible members must enroll (see the Passport Provider Handbook for a list of ineligible groups). Members with Passport choose one primary care provider (PCP) to manage most of their healthcare needs. A PCP is typically a physician, mid-level provider or primary care clinic.

Team Care, a sub-program of Passport to Health, is a utilization control program for a smaller number of members who demonstrate the need for additional case management measures. Team Care is designed to educate members to effectively use the Medicaid or HMK *Plus* system. All Passport providers are also Team Care providers. Members appropriate for Team Care can be identified through Drug Utilization Review (DUR), or referred by a Montana Medicaid provider. Team Care members are managed by a team consisting of the Passport PCP, one pharmacy (all prescriptions for Team Care members must be written to the assigned pharmacy), the Nurse First Advice Line, and Montana Medicaid.

#### ADDITIONAL PROGRAM RESOURCES

##### **Nurse First**

Nurse First is a nurse triage line provided by the Department, available to all Montana Medicaid, HMK and HMK *Plus* members. The line is available twenty four hours a day, seven days a week and is free to members. Callers can be triaged by a registered nurse for illness or injury, ask general health questions and receive information about medications or treatments. If a Passport member calls Nurse First, and is triaged for illness or injury, a triage report is faxed to the member's Passport provider (to the fax number provided on page 6 of this agreement). Passport providers are encouraged to inform members about the benefits of using Nurse First, especially if unsure whether they need to seek medical care. The toll-free number for Nurse First is 1-800-330-7847.

##### **Health Improvement Program**

The Montana Medicaid Health Improvement Program (HIP) is an enhancement to the Passport Program. HIP services are provided by community and tribal health centers. Members are identified for intensive care management through predictive modeling software and referrals from primary care providers. Most members have co-morbid, chronic health conditions. Services include: health assessment; self-management education; referrals to local social services; hospital pre- and post-discharge assistance; **coordination with**

**members and their Passport providers to develop a care plan**; and monitoring progress. Care managers are Chronic Care Professional (CCP) trained nurses and health coaches hired by the health centers. Care managers are required by Medicaid to contact Passport providers and work collaboratively for the benefit of members. If you need to refer a member to the Medicaid Health Improvement Program, you can download a referral form at <http://www.medicaidprovider.mt.gov>

### **PASSPORT PROGRAM GOALS**

Passport to Health encourages Montana Medicaid and HMK *Plus* members and their providers to maintain a medical home. A member-centered medical home is healthcare directed by a primary care provider offering family-centered, culturally-effective care that is coordinated, comprehensive, continuous, and, when possible, in the member's community. Healthcare in a medical home is characterized by enhanced access, an emphasis on prevention, and improved health outcomes and satisfaction.

By developing a medical home for members in the Passport program, the PCP, Medicaid, and HMK *Plus* will:

- assure access to primary care
- improve the continuity of care
- encourage preventive healthcare for children and adults
- promote Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children
- reduce the inappropriate use of medical services
- decrease non-emergent care in the emergency department (ED)
- reduce and control healthcare costs

### **PASSPORT PROVIDER FEE & REQUIREMENTS**

Passport providers are paid a per member, per month fee (PMPM) to provide a medical home to their Passport members. This fee is \$3 PMPM for each Passport member and \$6 PMPM for each Team Care member. This fee is paid monthly, whether or not you saw the member in that month.

*Please note the following requirements for which you are paid a PMPM fee:*

- Maintain a **written record of all referrals you give and receive** for every Passport member you treat.
- Provide primary and preventive care, health maintenance, treatment of illness and injury, and coordination of members' access to medically necessary specialty care, by providing referrals and follow-up.
- Provide Well Child Check Ups, EPSDT services, lead screenings, and immunizations.
- Develop an ongoing relationship with Passport members for the purpose of providing continuity of care.
- Educate members about appropriate use of office visits, the emergency department (ED) and urgent care clinics.
- Identify and refer members to the Team Care Program whose utilization of services is excessive and inappropriate with respect to medical need.
- Identify and refer members who have uncontrolled chronic health condition(s) or are at risk of developing one or more serious health conditions to the Medicaid Health Improvement Program.
- Coordinate and collaborate with care managers in the Medicaid Health Improvement Program, including providing information regarding the needs of the member, reviewing and commenting on care plans prepared by care managers, and providing copies of medical records when requested.
- Provide coverage for needed services, consultation, and approval or denial of referrals during regular office hours.
- Provide 24-hour availability of information for seeking emergency services.
- Accept auto-assignment of members when PCP has openings and the members meet the PCP defined restrictions.
- Provide appropriate and HIPAA compliant exchange of information among providers.

- Educate and assist members in finding self-referral services, e.g., family planning, mental health services, immunizations, and other services.
- Maintain a medical record for each Passport member. Providers must transfer a copy of the member's medical record to a new primary care provider if requested in writing and authorized by the member.
- During periods of absence, providers must arrange for coverage for normal office hours. Passport members must have access to service or referrals from the covering provider(s).
- Providers are required to offer interpreter services for all members with limited English proficiency. Interpreter services are covered by Medicaid. For forms and information contact the Medicaid/HMK Plus program at 444-4540.

## **IMPORTANT INFORMATION FOR PASSPORT PROVIDERS**

### **Disenrolling a Passport member**

You may choose to disenroll a Passport member for the following reasons:

- the provider/member relationship is mutually unacceptable
- the member has not established care
- the member is seeking primary care elsewhere
- the member fails to follow prescribed treatment
- the member is abusive
- the member could be better treated by a different type of provider, and a referral process is not feasible.
- the member consistently fails to show up for appointments

You cannot disenroll a Passport member for the following reasons:

- the disenrollment is due to discrimination (for any protected class)
- the member's health status has worsened
- the member's utilization of medical services
- the member's diminished mental capacity
- failure to pay co-pay or other bills
- the member's disruptive, uncooperative behavior is due to his or her special needs, except if continued enrollment seriously impairs the PCP's ability to furnish care to the member or other members. In this case, disenrollment must be approved by DPHHS.

If you choose to disenroll a Passport member, you must send a letter to the member explaining the reason for the dismissal and fax a copy of the letter to Passport Provider Relations at 406-442-2328. This ensures the member will be taken off your Passport list and will not be able to choose you as their PCP. *When you disenroll a member, you are required to provide the member with services or referrals for thirty days post disenrollment, to ensure access to continuous care.*

### **Billing Medicaid and HMK Plus Members**

You cannot bill Medicaid or HMK Plus members for covered services you provide, except when you have an agreement with the member to do so. A member can be billed if you advise, *before services are rendered*, that Medicaid will not pay for treatment (if it is not a covered service, or requires a referral which you are unable to obtain) *and* the member signs a private pay agreement. The private pay agreement cannot be something every member signs which states they will be responsible for their bill if Medicaid does not pay. It must be specific to the service and date for which you will be billing the member. (ARM 37.85.406(11)(I))

Members cannot be balance billed for services for which Medicaid paid. Balance billing is billing the member for the difference between your customary charge and Medicaid's payment.

If a Medicaid claim is denied, your office is sent information regarding the reason for denial. Your office can call the Provider Help Line at 1-800-624-3958 with questions about a denial. Medicaid or HMK *Plus* members should *not* be directed to call Medicaid to resolve billing issues. Resolving billing issues with Medicaid is the responsibility of your office.

Copays or bills owed to a provider do not affect the Passport relationship. A member may not be denied services or disenrolled by the Passport provider due to unpaid bills.

### **Passport Provider Termination**

The Department requires written notification 30 days prior to the termination date, including termination of one provider in a group practice. If a provider leaves your practice, and you have a group Passport number, the provider must be unlinked from your Passport number. Written notification must be sent to Passport Provider Relations Unit, P.O. Box 254, Helena, MT 59624.

### **Member Education, Provider Choice, and Auto-Assignment**

Most people with Montana Medicaid and HMK *Plus* are required to participate in Passport to Health. Members are sent a *Passport Member Handbook* explaining the benefits of having a medical home and a letter encouraging them to choose a Passport provider. The letter includes a list of possible PCPs. The list is generated to suggest the best possible provider for a member. The program looks for previous Passport enrollment, family enrollment, claims history, tribal affiliation, and providers within a close proximity to the member's home. If someone with Passport does not choose a PCP, they will be assigned. *Over 75% of people eligible for Passport to Health choose their own PCP.*

### **Passport Enrollee Lists and Caseload Limits**

A monthly Passport list will be mailed to each Passport provider (to the address provided on page 7 of this agreement) by the first day of each month. A Team Care list will accompany your Passport list if applicable (the Team Care list will include the name of the member's pharmacy to which all prescriptions must be written).

Passport providers may serve as many as 1,000 members per full time physician or mid-level practitioner, or a lesser amount as specified on the Passport Provider Caseload Management page. Passport providers that reach their caseload capacity have the opportunity to increase capacity by 10% or more in order to have more Passport members choose or be assigned to them.

### **IMPORTANT INFORMATION FOR PROVIDER-BASED CLINICS**

If you practice in a provider based clinic, please read the following information.

A physician, clinic, or mid-level practitioner who practices primary care in a provider-based entity is *required* to participate in the Passport to Health and Team Care Programs. Further, they must:

- sign this Passport provider agreement
- accept auto-assignment
- not limit or restrict Medicaid or HMK Plus members unless the same limits or restrictions apply to non-Medicaid members.
- accept new Medicaid and HMK Plus members at the same rate as non-Medicaid members are accepted.
- only disenroll members from his or her caseload per this agreement and subject to approval by the Department

PLEASE COMPLETE AND SIGN THE ADDENDUM BELOW,  
MAKE A COPY FOR YOUR RECORDS, AND MAIL TO:

Passport to Health  
Provider Relations

PO Box 254

Helena, MT 59624

Phone number (800) 362-8312 Fax number (406) 442-2328

**PASSPORT PROVIDER ENROLLMENT AND SIGNATURE INFORMATION  
(PLEASE CHECK SECTIONS THAT APPLY):**

**SELECT SOLO PASSPORT PROVIDER OR GROUP PASSPORT PROVIDER TYPE**

\_\_\_\_\_ **Solo Passport Provider** A solo Passport provider will be enrolled in the Program as an individual provider with one Passport number. The solo provider will be listed as the member's Passport provider. The solo provider will be responsible for managing his or her individual Passport caseload. Case management fees will be paid to the individual provider under the solo provider's Passport number, separate from fee-for-service reimbursement.

**OR**

\_\_\_\_\_ **Group Passport Provider** A group Passport provider will be enrolled in the Program as having one or more Medicaid providers practicing under one Passport number. The group name will be listed as the member's Passport provider. The participating providers will sign the group signature page and be responsible for managing the caseload. Case management fees will be paid under the group's Passport number, separate from the fee-for-service reimbursement. Please check one of the categories below that describes the kind of group Passport practice:

- \_\_\_\_\_ Private Group Clinic
- \_\_\_\_\_ Rural Health Clinic
- \_\_\_\_\_ Federally Qualified Health Center
- \_\_\_\_\_ Indian Health Service (IHS)

**THE PASSPORT PROVIDER'S SPECIALTY IS:**

- \_\_\_\_\_ Family practice
- \_\_\_\_\_ Internal medicine
- \_\_\_\_\_ Obstetrics/gynecology
- \_\_\_\_\_ Pediatrics
- \_\_\_\_\_ General Practice (can include any above combination)
- Other \_\_\_\_\_

**COMPLETE THE FOLLOWING PASSPORT PROVIDER ENROLLMENT INFORMATION**

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**PASSPORT PROVIDER NAME (GROUP NAME IF APPLICABLE)**

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**STREET ADDRESS, CITY, STATE, ZIP CODE**

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**MAILING ADDRESS, CITY, STATE, ZIP CODE**

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<b>OFFICE TELEPHONE NUMBER</b>	<b>CLINIC FAX NUMBER</b>	<b>AFTER HOURS PHONE NUMBER</b>
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<b>NPI (REQUIRED FOR SOLO ENROLLMENT)</b>	<b>TAX ID</b>	<b>GROUP NPI (REQUIRED FOR GROUP ENROLLMENT)</b>
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**EMAIL ADDRESS**

**SOLO OR GROUP PASSPORT PCP (PRIMARY CARE PROVIDER) SIGNATURE**

**I CERTIFY AS A SOLO OR GROUP PASSPORT PROVIDER PARTICIPATING IN THE PRIMARY CARE PROVIDER AGREEMENT THAT THE INFORMATION PROVIDED IN THIS SIGNATURE ADDENDUM IS TRUE, ACCURATE, AND COMPLETE. I AGREE TO PROVIDE PASSPORT PRIMARY CARE CASE MANAGEMENT SERVICES UNDER THE TERMS AND CONDITIONS OF THIS AGREEMENT IN ITS ENTIRETY. CHANGES TO PROGRAM ADMINISTRATIVE RULES OF MONTANA (ARM 37.86.5101-5104, 37.86.5110-5112, 37.86.5120, 37.86.5303, 37.86.5306) TAKE PRECEDENCE OVER AGREEMENT SPECIFICATIONS. FURTHER CLARIFICATION OF PROGRAM PROCESSES IS INCLUDED IN THE PASSPORT TO HEALTH PROVIDER HANDBOOK.**

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<b>Signature of Authorized Representative for Provider</b>	<b>Date Signed</b>
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**THIS AGREEMENT CANNOT BE PROCESSED IF ANY APPLICABLE LINE IS INCOMPLETE.  
PASSPORT PROVIDER RELATIONS MUST BE NOTIFIED IN WRITING PROMPTLY  
IF INFORMATION IN THIS AGREEMENT CHANGES.**

**GROUP PASSPORT PCP (PRIMARY CARE PROVIDER) SIGNATURE(S)**

EACH PHYSICIAN AND MID-LEVEL PRACTITIONER EMPLOYED BY A GROUP PASSPORT CLINIC OR PHYSICIAN, WHO WILL BE PARTICIPATING AS A PASSPORT PCP (PRIMARY CARE PROVIDER), MUST SIGN THIS PASSPORT AGREEMENT, WHEREBY THE EMPLOYEE AGREES TO PROVIDE PASSPORT PRIMARY CARE CASE MANAGEMENT SERVICES UNDER THE TERMS AND CONDITIONS OF THIS AGREEMENT IN ITS ENTIRETY.

PRINT PROVIDER'S NAME	PROVIDER'S SIGNATURE	PROVIDER TYPE (SEE BELOW)	PROVIDER NPI
<i>PROVIDER TYPES</i>		P=PHYSICIAN CNP=CERTIFIED NURSE PRACTITIONER CNM=CERTIFIED NURSE MIDWIFE PA=PHYSICIAN ASSISTANT	

## Passport Provider Caseload Management

The following questions will be used to manage your Passport caseload. The information you provide is not part of the Passport to Health contract and can be changed at any time by contacting Passport Provider Relations. This information will be used to assure you receive the members who are most appropriate for your practice. Information such as hours of operation and age restrictions will be provided to members to allow them to choose a PCP who best meets their needs. You cannot limit or restrict your caseload in a manner that results in discrimination of a protected class.

Each PCP will be assigned a maximum of 1000 members per provider unless you are a limited provider (specify below).

I would like to be a limited provider.

Please limit my caseload to \_\_\_\_\_ Passport members.

<b>Ages:</b> _____	All ages	<b>Sex:</b> _____	Female
_____	Minimum age	_____	Male
_____	Maximum age		

**The PCP's regular business hours are:**

_____	to	_____	Sunday
_____	to	_____	Monday
_____	to	_____	Tuesday
_____	to	_____	Wednesday
_____	to	_____	Thursday
_____	to	_____	Friday
_____	to	_____	Saturday

**Please list any members who have been discharged from your practice. The Department will use this information to assure these members will not be assigned to your caseload.**  
(attach additional pages if necessary)


**List languages (other than English) that are spoken in your office.**

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