

# *Team* CARE



*Helping people with Montana Medicaid get the right care at the right time at the right place.*



# Team Care Basics

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- ❖ Restricted services program
- ❖ All Passport rules apply
- ❖ A team coordinates care



# The Team

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- ❖ One lock-in Passport provider
- ❖ One lock-in pharmacy
- ❖ Nurse First advice line
- ❖ MT Medicaid/HMK *Plus*





# Members

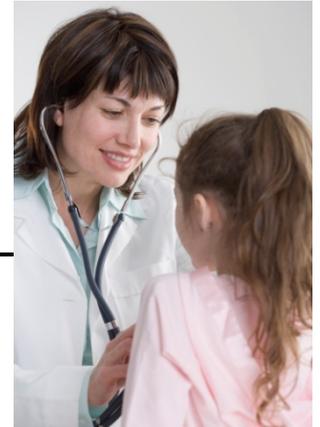


- ❖ Restricted to one provider and one pharmacy
- ❖ Must show good cause to change provider or pharmacy
- ❖ Remain in Team Care for a minimum of 12 months
- ❖ Receive self care guides
- ❖ Access to Nurse First advice line 24/7/365



# Providers

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- ❖ Receive doubled case management fees
- ❖ Receive faxed triage reports when members call Nurse First
- ❖ Receive monthly member lists
- ❖ May use pharmacy case management clinicians to help develop treatment plans



# Providers

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- ❖ Provide referrals per Passport rules
- ❖ May add or remove their members from Team Care
- ❖ Encouraged to write Rxs only to a member's lock-in pharmacy
- ❖ Download a referral form or PCP/Pharmacy change request form under the Team Care section at:  
[www.mtmedicaid.gov](http://www.mtmedicaid.gov)



Montana Medicaid and  
Healthy Montana Kids *Plus*

## Team Care Referral Form

Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. If you would like to refer a member whom you believe is appropriate for Team Care, please provide the following information.

Provider Name: _____	Provider NPI Number: _____
Provider Phone: _____	Provider Fax: _____

Member Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reply to:	Phone: 1-800-362-8312	or	Montana Health Care Programs, Member Help Line
	Fax: (406)442-2328		PO Box 254
			Helena, MT 59624-0254

For more information about Team Care, contact the Montana Health Care Programs, Member Help Line at 1-800-362-8312 or log on to our website at [www.mtmedicaid.org](http://www.mtmedicaid.org)



Montana Medicaid and  
Healthy Montana Kids *Plus*

## Team Care Provider/Pharmacy Change Form

Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. If you would like to request a change in provider or pharmacy for a member that you believe is appropriate, please provide the following information.

Your Name: _____	Your Phone Number: _____
Job Title: _____	Company: _____

Member Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Change Provider to: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_

Change Pharmacy to: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reply to:	Phone: 1-800-362-8312	or	Montana Health Care Programs, Member Helpline
	Fax: (406)442-2328		PO Box 254
			Helena, MT 59624-0254

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# Pharmacists



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- ❖ Keep record of most Medicaid Rx claims in one pharmacy
  - ❖ Access to Prescription Drug Registry and PDCS (Point-of Sale Drug Processing System)
  - ❖ Coordinate with pharmacy case management clinicians



# American Indians & Team Care

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- ❖ May be assigned to IHS or non-IHS provider
- ❖ May visit any IHS provider without Passport referral
- ❖ May receive medications from any IHS pharmacy when locked into a different pharmacy

# Referrals

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- ❖ Drug utilization review
- ❖ Claims data mining
  - ✓ 20+ physician
  - ✓ 12+ ER visits in a year
- ❖ Provider referrals
- ❖ Fraud/Abuse referrals
- ❖ HIP Care Manager referrals





# Managed Care Contacts

**Passport to Health**  
Amber Sark 444-0991  
[asark@mt.gov](mailto:asark@mt.gov)

**Team Care**  
Heather Racicot 444-5926  
[hracicot@mt.gov](mailto:hracicot@mt.gov)

**Nurse First**  
Heather Racicot 444-5926  
[hracicot@mt.gov](mailto:hracicot@mt.gov)

**Health Improvement Program**  
Wendy Sturn 444-1292  
[Wsturn@mt.gov](mailto:Wsturn@mt.gov)

**Nurse First Advice Line**  
1-800-330-7847

**Medicaid Help Line**  
1-800-362-8312

**Provider Relations Help Line**  
1-800-624-3958

**Drug Prior Authorization  
Unit**  
1-800-395-7961

Visit our website at  
[www.mtmedicaid.org](http://www.mtmedicaid.org)