



Healthy People. Healthy Communities.

Department of Public Health & Human Services

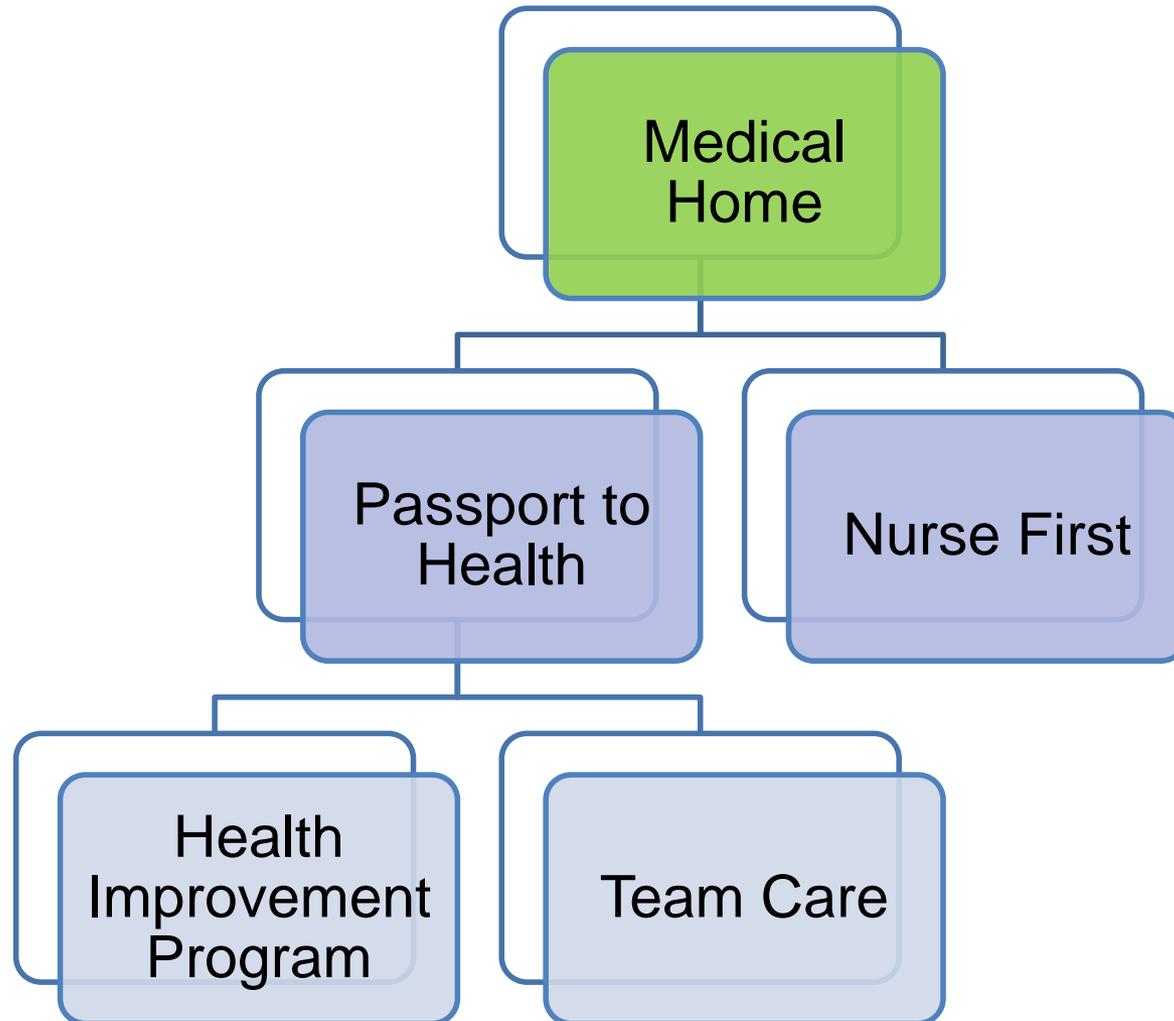
Passport to Health

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

What Is Passport To Health?

- ✓ Passport to Health is the primary care case management (PCCM) program for Montana Medicaid and HMK *Plus* members.
- ✓ The Passport programs encourage and support Medicaid and HMK *Plus* members and providers in establishing a medical home:
 - Primary Care Case Management (Passport to Health)
 - Nurse Advice Line (Nurse First)
 - Team Care
 - Health Improvement Program (HIP)

How Is Patient Care Managed?



Passport Program Goals

- ✓ **Assure access** to primary care
- ✓ Establish a '**medical home**' for the member
- ✓ Improve **continuity of care**
- ✓ Encourage **preventive** health care
- ✓ Promote Early and Periodic Screening Diagnosis, and Treatment (**EPSDT**)
- ✓ **Reduce inappropriate use** of medical services and medications
- ✓ **Decrease** non-emergent care in the ER
- ✓ **Reduce and control health care costs**

Member Elements To A Medical Home

- ✓ Members choose one designated provider (e.g., physician, midlevel, IHS, or clinic) to coordinate care
- ✓ Member Helpline: (800) 362-8312
- ✓ Member outreach and education
- ✓ Member Guide
- ✓ Member website
<http://dphhs.mt.gov/MontanaHealthcarePrograms>



Provider Elements To A Medical Home

- ✓ Provide access to care or referrals
- ✓ \$3 per member per month case management fee
- ✓ Monthly member lists (enrollment/disenrollment)
- ✓ Triage reports from Nurse First
- ✓ Provider Helpline: (800) 624-3958
- ✓ Passport Provider Guide
- ✓ Provider website www.medicaprovider.mt.gov
- ✓ Claims History via Montana Access to Health (MATH) web portal

An Effective Medical Home Is:

- ✓ **Accessible:** How long does it take members to get an appointment?
- ✓ **Continuous:** Do you watch your members grow?
- ✓ **Comprehensive:** Are as many services as possible offered in-house?
- ✓ **Coordinated:** Do you have effective methods to determine needed preventive care?
- ✓ **In the Context of Family and Community:** Do you encourage family health and support? Do you have knowledge of services and providers available in your service area?

Passport Provider Responsibilities

- ✓ Provide primary health care, preventive care, health maintenance, and treatment of illness and injury
- ✓ Refer to specialists as medically necessary
- ✓ Educate and assist members with finding services that don't require Passport referrals (mental health, family planning)
- ✓ Educate about appropriate use of the ER
- ✓ Document all referrals given or received
- ✓ Provide or arrange for Well Child check-ups, EPSDT services, lead screenings, and immunizations
- ✓ Instruct members how to get the care they need 24/7

Passport Provider Changes

- ✓ Providers must notify Xerox Provider Relations of changes to:
 - Caseload restrictions (e.g., age, gender)
 - Address
 - Phone/fax number
 - Ownership
 - Providers who are participating under a group Passport number
- ✓ Changes should be sent to:

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



Provider Terminations

- ✓ Providers must give written notice to members and the Department at least 30 days prior to the termination date.
- ✓ During the 30 days providers must continue to treat or provide referrals for members to ensure continuity of care.
- ✓ Notice should be sent to:

Passport to Health Program

PO Box 254

Helena, MT 59624-0254

Fax: 406-442-2328



Suitable Coverage And Emergency Care

- ✓ Passport providers must provide or arrange for suitable coverage for needed services, consultation, and referrals during normal business hours.
- ✓ Passport providers must also provide direction to members in need of emergency care 24 hours a day.
 - Answering service, call forwarding, on-call coverage

Passport Referrals

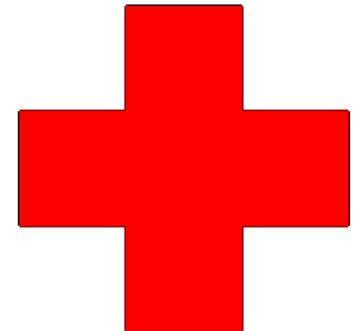
- ✓ Referrals should be given when the Passport provider cannot give care.
 - Referrals should be requested prior to providing the service(s).
- ✓ Referrals are not required for all services:
 - ***Mental health, dental, family planning, OB, DME, and more***
- ✓ Passport referrals and prior authorization are different and some services require both.
 - See the current fee schedule for your provider type
- ✓ Document the referrals, given or received, in the member's record, spreadsheet, or referral log.
- ✓ Service limits are the same for Passport members and non-Passport members.

Establishing Care And Referrals

- ✓ In most cases, care should start with and be coordinated by the Passport provider.
 - It is OK to deny a service if it is not emergent and the member is able to see their 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 if it is reasonable for the Passport provider to provide the care.

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 hurt and can't be seen by PP provider
 - Follow-up care with doctor seen initially through emergency admittance and surgery
 - Inpatient psychiatric medical care



Receiving A Referral

- ✓ At each visit your clinic should:
 - Verify eligibility prior to treatment
 - Verify Passport Provider
 - Call Passport Provider to get the referral
- ✓ Non-emergent care may be denied
- ✓ If you cannot get a referral, consider a private pay agreement
- ✓ If a member is routinely seeing another provider they may change their Passport provider
- ✓ Document the referral

Referral Tips



- ✓ You must get or 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.
- ✓ If you do not get the referral, Medicaid will deny the service if Passport is required.
- ✓ 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.

Passport And American Indians

- ✓ American Indian members may choose an IHS to be the PCP, or they may choose another PCP.
- ✓ American Indian members may visit any IHS provider without a Passport referral.
- ✓ If an IHS who is not the Passport provider refers the member to another provider, the Passport provider must still provide all referrals.

Billing Medicaid Members

- ✓ To bill a member there must be a signed private pay agreement **in advance** of providing services (ARM 37.85.406).
- ✓ Members may be billed for:
 - Non-covered services
 - Covered but medically unnecessary services
 - Unable to get Passport referral
- ✓ Members cannot be balance billed for the difference in the provider's charges and the Medicaid allowed amount.
- ✓ Co-pays or bills owed should not affect the Passport relationship.



Member Enrollment And Education

- ✓ A member's enrollment in Passport is driven mainly by their eligibility.
- ✓ In most cases members choose their Passport provider.
 - 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 following month.
- ✓ Upon enrollment members receive an enrollment packet as well as a verbal explanation of the Passport programs.

Member Auto-Assignment

- ✓ Passport to Health 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 assigned to IHS/tribal health if one is within 50 miles of address
 - Random provider who is accepting new members
- ✓ Members who are auto-assigned a provider have 10 days 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 with Medicaid for less than 3 months
 - Foster care children
 - Members eligible for Medicaid adoption assistance or guardianship
 - Members with retroactive eligibility
 - Members who receive HCBS
 - Plan First members
 - 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 the treatment plan
 - The member is 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:

- ✓ Discrimination
- ✓ 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 a co-pay or outstanding bill

Disenrollment Process

- ✓ If you disenroll a member, you must, per the signed Passport agreement:
 - Send a notification letter to the member at least 30 days prior to disenrollment.
 - Letter 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 disenrollment letter is received by Xerox.

- ✓ Send a copy of the letter to Passport to Health:

Passport to Health Program

PO Box 254

Helena, MT 59624-0254

Fax: 406-442-2328





Montana Medicaid Health Improvement Program

A team-oriented approach to disease management and prevention

Health Improvement Program – Introduction

- What is the Health Improvement Program (HIP)?
- Who is eligible and how are members identified?
- Who provides the services?
- What services are provided?
- How is primary care integrated into the program?

HIP– Disease Management vs. Care Management

- Disease Management deals with specific diseases with the idea that if we control the specific disease in a member, we can control costs, complications, and have better outcomes.
- Care Management deals with the specific member with the idea that members who produce high costs and have complications do so because of multiple medical, social, and environmental factors which require attention.

HIP – Health Improvement Model

- Combines disease management services with a holistic approach to health and well-being for high-risk/high-cost members
- Prevention efforts for members at risk of developing chronic health conditions
- Helps members in health crisis to improve their life and well-being and better manage their disease

HIP – Intervention for High-Risk and High-Cost Member

- Members are identified through predictive modeling software
- Predictive modeling uses claims history and demographic information, such as age and gender, to calculate a risk score

HIP – Prevention for At-Risk Members

- Members may be identified and referred by primary care providers
- May include members who have no claims that generate a high risk score or have not yet been diagnosed with an illness

HIP Provider Referral Form



MEDICAID AND HMK PLUS HEALTH IMPROVEMENT PROGRAM PROVIDER REFERRAL FORM

The Health Improvement Program (HIP) serves Medicaid and HMK *Plus* members with chronic illnesses or those at risk of developing serious health conditions. HIP service providers are Community and Tribal Health Centers. Members who are eligible for the Passport Program are enrolled and assigned to a health center for possible care management. **Your current Passport members will stay with you for primary care, but are eligible for care management through one of the participating health centers.** Nurses and health coaches certified in Professional Chronic Care may:

- conduct health assessments
- work with you to develop care plans
- educate members in self-management and prevention
- provide pre and post hospital discharge planning
- help with local resources
- remind members about scheduling needed screening and medical visits.

Montana uses predictive modeling software to identify chronically ill members. This software uses medical claims, pharmacy claims and demographic information to generate a risk score for each person. Although the software will provide a great deal of information for interventions, it will not identify people who have not received a diagnosis or generated claims. If you have **Passport** members at high risk for chronic health conditions that would benefit from care management, please complete the form and **fax** to:

Health Improvement Program Officer
Fax # (406) 444-1861

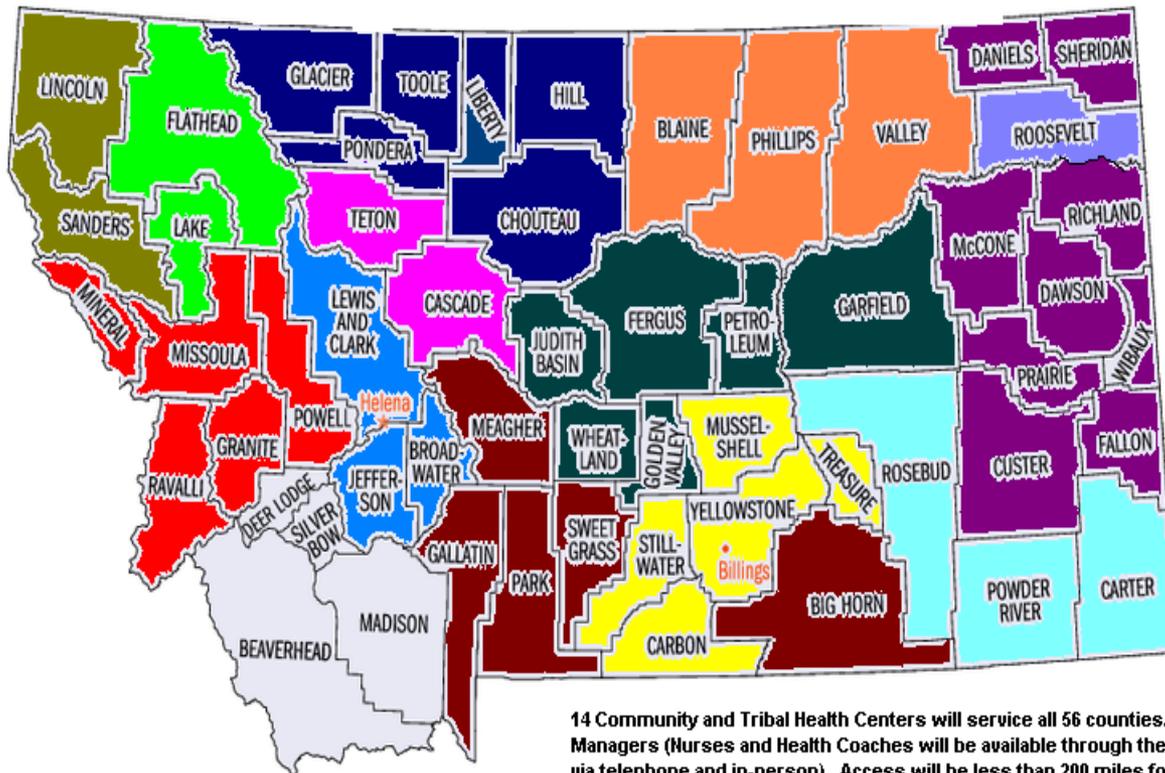
Provider Name:	
Provider Address:	
Provider Telephone:	
Patient Name:	
Patient Address:	
Patient Telephone:	
Patient Medicaid/HMK <i>Plus</i> ID#:	
Chronic Disease(s) for which Patient is at Risk:	
Signature of Referring Provider: Date:	_____ _____

HIP – Service Providers

- Cornerstone of the program is the enhancement of community-based comprehensive primary and preventative health care
- Nurses and health coaches employed by community and tribal health centers
- There are 14 participating centers service all 56 counties

HIP – Providers Across the State

MONTANA HEALTH IMPROVEMENT PROGRAM - SERVICE NETWORK



14 Community and Tribal Health Centers will service all 56 counties. Care Managers (Nurses and Health Coaches) will be available through the CHCs via telephone and in-person). Access will be less than 200 miles for every eligible client. Nurses and Health Coaches will also travel to clients as needed and as weather and road conditions permit.

Northwest CHC Libby

Flathead CHC Kalispell

Partnership CHC Missoula

Cooperative Health Center Helena

Cascade CHC Great Falls

Bullhook CHC Havre

Butte CHC

Community Health Partners – Livingston

Sweet Medical Center Chinook

Central Montana CHC Lewistown

RiverStone CHC Billings

Ashland CHC

Custer Co. CHC Miles City

Fort Peck Tribal Health Center Poplar

Health Improvement Program Services

- Health assessment– initial and periodic
- Ongoing clinical assessment– in person and over the phone
- Individualized care plan
- Hospital pre-discharge planning and post-discharge visits

Health Improvement Program Services

- Self-management education
- Group appointments
- Tracking and documenting progress
- Care support pages for unified patient education
- Assistance with and referral to local resources such as social services, housing and other life issues

Health Improvement Program – Summary

- Focus is on the entire member rather than just their specific diseases
- Members are identified for intervention using predictive modeling
- Prevention is a component of the program through encouragement of primary care provider referrals
- The State partners with community-based health centers to bring services closer to home for members
- Information is collected from health centers to evaluate the program

Nurse Advice Line

- Nurse First Advice Line is available 24/7/365
- No cost to Montana Medicaid Members
- Callers are triaged for illness or injury, receive health, disease, and medical advice
- Passport providers are faxed a triage report after a member calls the Nurse First Advice Line
- Encourage your members to call before seeking treatment: **1-800-330-7847**

Nurse First Magnet



Nurse First

1-800-330-7847

**Free, confidential health advice,
24 hours a day, 7 days a week.**

For Montana Medicaid and Healthy Montana Kids



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Team Care

Team Care Basics

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

Team Care – The Team

- One lock-in Passport provider
- One lock-in pharmacy
- Nurse First Advice Line
- Montana Medicaid/HMK *Plus*
- Member

Team Care – Members

- Restricted to one provider and one pharmacy
- Members may be added for overutilization of services (e.g. multiple ER visits for non-emergent services)
- Member must show good cause to change provider or pharmacy
 - Change request must be in writing
- The member will remain in Team Care for a minimum of 12 months
- Receive self-care guides
- Access to Nurse First Advice Line 24/7/365

Team Care – Providers

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

Team Care – Providers

- Provide referrals per Passport to Health and Team Care rules
- May add or remove their members from Team Care
- Encouraged to write prescriptions to a member's lock-in pharmacy
- Download a referral form or PCP/Pharmacy change request form under the Team Care section at:
<http://medicaidprovider.mt.gov/>

Team Care Referral Form



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	Montana Health Care Programs, Member Help Line
	Fax: (406)442-2328	PO Box 254
	or	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

Team Care Provider/ Pharmacy Change Form

*Must be signed by
Montana Medicaid
member



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

For more information about Team Care, contact the Montana Health Care Programs, Member Helpline at 1-800-362-8312 or log on to our website at www.mtmedicaid.org

Team Care – Pharmacists

- 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

Team Care and American Indians

- May be assigned to Indian Health Services (IHS) or non-IHS provider
- May visit any IHS provider without Passport/Team Care referral
- May receive medications from any IHS pharmacy when locked into a different pharmacy

Team Care – Referrals

- Drug utilization review
- Claims data mining
 - 20+ physicians
 - 12+ ER visits in a year or 4 per quarter
- Provider referrals
- Fraud/Abuse referrals
- HIP care management referrals

Member Care Management Contacts

Passport to Health

Amber Sark

444-0991

asark@mt.gov

Team Care/Nurse First

Connie Olson

444-5926

colson2@mt.gov

Health Improvement Program

Kelley Gobbs

444-1292

kgobbs@mt.gov

Nurse First Advice Line

1-800-330-7847

Medicaid Member Helpline

1-800-362-8312

Provider Helpline

1-800-624-3958

Drug Prior Authorization Unit

1-800-395-7961

Visit our website at:

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

