



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Passport to Health

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

What is Passport to Health?

- ✓ Passport to Health (Passport) is the primary care case management (PCCM) program for Montana Medicaid and HMK *Plus* members;
- ✓ The Passport program provides case management related services that include locating, coordinating, and monitoring primary healthcare services; and
- ✓ The Passport program works closely with the Department's other care coordination programs:
 - Nurse Advice Line (Nurse First);
 - Team Care; and
 - Health Improvement Program (HIP).

Who can Participate?

- ✓ The following provider types are eligible to participate in the Passport program:
 - ✓ General Practice;
 - ✓ Family Practice;
 - ✓ Pediatrics;
 - ✓ Certified Nurse Specialist;
 - ✓ Physician Assistant;
 - ✓ Group/Clinic;
 - ✓ Indian Health Service (IHS); and
 - ✓ FQHC/RHC.
- ✓ All other provider types interested in participating must agree to provide primary care services and/or referrals for members and be approved by the Department.



WE WANT YOU

Passport Enrollment

- ✓ To enroll in the Passport program, providers must meet the following criteria:
 - ✓ Enroll or be enrolled as a Medicaid provider;
 - ✓ Provide primary care services;
 - ✓ Sign a Passport provider agreement; and
 - ✓ Agree to keep a paper or electronic log, spreadsheet, or other record of all Passport referrals given and received.
- ✓ The Passport agreement and other Passport information are available at <http://medicaidprovider.mt.gov/passport>.

Solo vs. Group Passport Provider

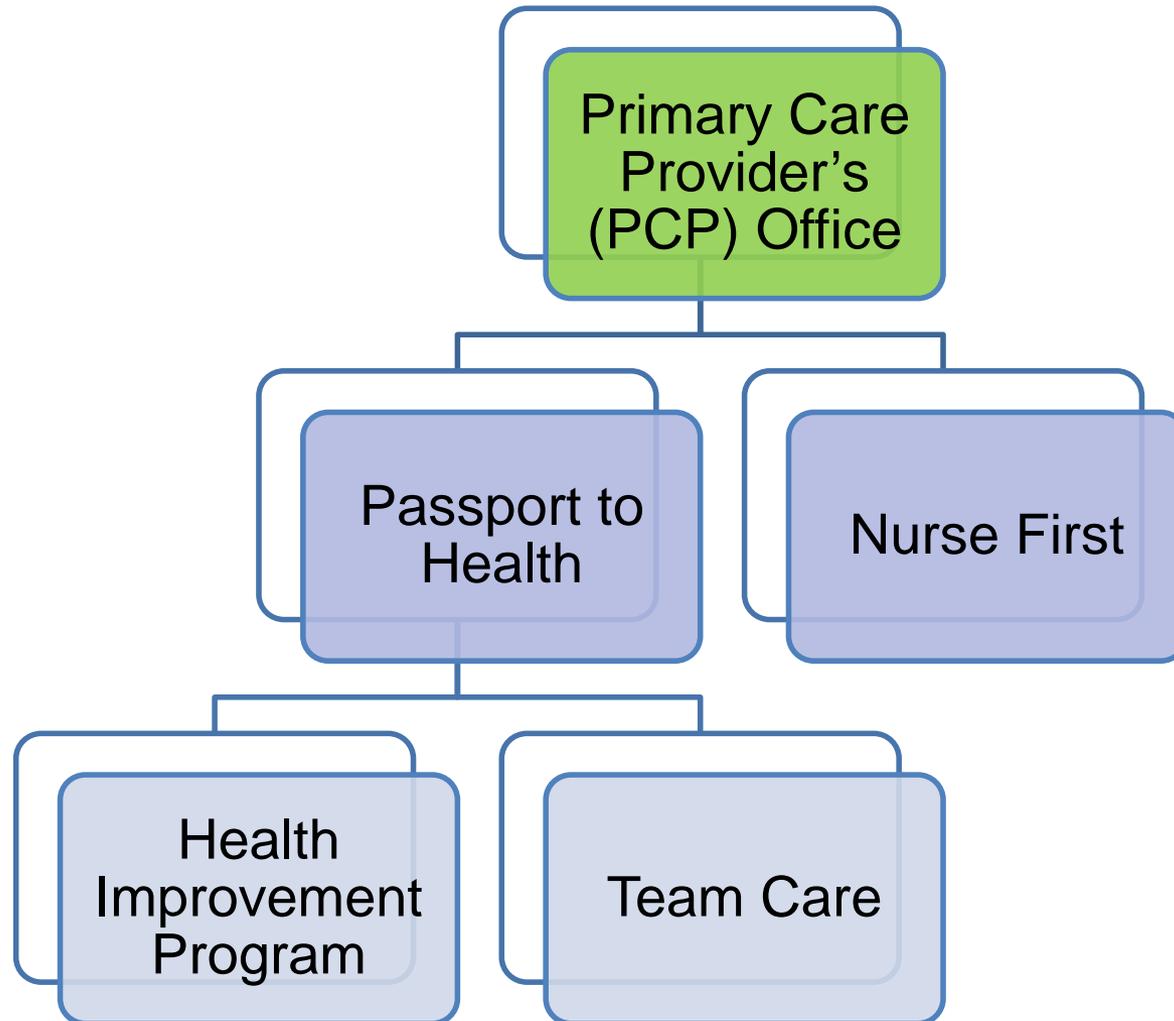
- ✓ Providers may enroll as a group or solo Passport provider.
 - ✓ A solo Passport provider is enrolled in the program as an individual provider with one Passport number. The individual is listed as the member's Passport provider and is responsible for managing their own caseloads. The solo provider is who the member will see for services.
 - ✓ A group Passport provider is enrolled in the program as having more than one Medicaid provider practicing under one Passport number. The group name is listed as the member's Passport provider. All providers within the group are responsible for managing the caseload. Members may visit any provider within the group without a Passport referral.

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; and managing and coordinating the member's services.
- ✓ The Passport provider acts as the front door to Medicaid services for their members.



How is Patient Care Managed?



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); and
- ✓ **Reduce and control healthcare costs.**

Member Elements to a Medical Home

- ✓ Members choose one designated provider (e.g., physician, mid-level, IHS, or clinic) to coordinate care;
- ✓ Access to the Member Help Line available 8-5 M-F at (800) 362-8312;
- ✓ Member outreach and education;
- ✓ Member guide; and
- ✓ Member website

[http://dphhs.mt.gov/MontanaHealthcarePrograms.](http://dphhs.mt.gov/MontanaHealthcarePrograms)



Provider Elements to a Medical Home

- ✓ Provide members access to necessary care or referrals;
- ✓ \$3 per member per month case management fee;
- ✓ Monthly member lists (enrollment/disenrollment);
- ✓ Receive faxed triage reports from Nurse First;
- ✓ Access to the Provider Help Line: (800) 624-3958;
- ✓ Access to the Xerox Passport Provider Lead: (406) 457-9558;
- ✓ Passport provider manual;
- ✓ Provider website www.medicaprovider.mt.gov; and
- ✓ Claims history via Montana Access to Health (MATH) web portal.

An Effective PCP 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 the need for preventive care or identifying gaps in 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 including programs offered through Public Health?

Suitable Coverage and Emergency Care

- ✓ Passport providers must provide or arrange for suitable coverage for needed services, consultation, and approval or denial of referrals during posted normal business hours; and
 - Coverage can be provided by a physician, mid-level, or registered nurse.
 - A covering provider must have the authority to give the Passport provider's number.
 - During periods of absence providers must arrange for coverage during posted normal business hours.
- ✓ Passport providers must also provide direction to members in need of emergency care 24/7/365.
 - Answering service, call forwarding, on-call coverage, or answering machine message.

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;
- ✓ Educate about appropriate use of the ER; and
- ✓ Work with Health Improvement Program (HIP) care managers.
- ✓ Provide an appropriate and confidential exchange of information among providers, including the HIP program.

* This is not an all inclusive list.

Passport Provider Changes

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

Passport to Health Program

PO Box 254

Helena, MT 59624-0254

Fax: 406-442-2328



Provider Caseloads

- ✓ Providers are encouraged to contact new members to set up an appointment to establish care;
- ✓ 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 to them, but they cannot require it;
- ✓ Once capacity is reached providers have the 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 caseload capacity send a written request to:

Passport to Health Program

PO Box 254

Helena, MT 59624-0254

Fax: 406-442-2328



Passport Referrals

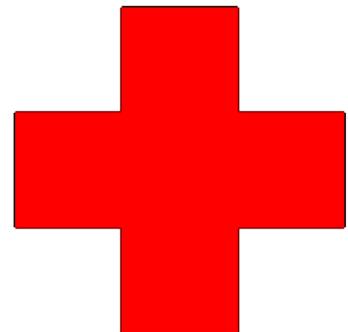
- ✓ Referrals should be given when the Passport provider cannot give care;
 - Referrals should be requested prior to providing the service(s).
- ✓ Referrals are not required for all services;
 - ***Mental health, dental, family planning , Obstetrics (OB), Durable Medical Equipment (DME), and more.***
- ✓ Passport referrals and prior authorization are different and some services require both; and
 - See the current fee schedule for your provider type.
- ✓ 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 whether it is reasonable for the Passport provider to provide the care; and
- ✓ If further testing or treatment is needed, the services should be provided without delay.
 - If the service cannot be provided by the Passport provider, a referral must be made.

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; and
 - Follow-up care with doctor seen initially through an emergency admittance and surgery.



Services Exempt From Passport Referral

- ✓ Ambulance
- ✓ Anesthesiology
- ✓ Audiology
- ✓ Blood testing
- ✓ Case management
- ✓ Dental
- ✓ Dialysis
- ✓ DME
- ✓ Emergency
- ✓ Eye exams and glasses
- ✓ Family planning
- ✓ Hearing aids and exams
- ✓ Home and Community Based Services (HCBS)
- ✓ Home infusion therapy
- ✓ Home support and therapeutic foster care
- ✓ Hospice
- ✓ Hospital swing bed
- ✓ Immunizations
- ✓ Inpatient lab and x-ray
- ✓ Inpatient professional
- ✓ Intermediate care facility
- ✓ Institution for mental disease
- ✓ Lab/Pathology tests
- ✓ Mental health (Social worker, professional counselor, psychologist, psychiatrist)
- ✓ Mental health center
- ✓ Nursing facilities
- ✓ OB (inpatient and outpatient)
- ✓ Optometrist or ophthalmologist
- ✓ Personal assistance
- ✓ Pharmacy
- ✓ PRTF
- ✓ Radiology
- ✓ School-based
- ✓ STD testing and treatment
- ✓ Substance dependency treatment
- ✓ Transportation

Referral Tips



- ✓ You must receive 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.
 - Referrals may be provided by the Passport provider or designated office staff.
 - Referrals that require medical judgement must be initiated by a medical professional.
- ✓ If you do not receive 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; and
- ✓ 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; and
- ✓ 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;
 - Services received when the member is not accepted as a Medicaid member; and
 - Copayments.
- ✓ 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;
 - Approximately 75% of members are enrolled in Passport.
- ✓ 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; and
- ✓ 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; and
 - 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;
 - Foster care children;
 - Members eligible for Medicaid adoption assistance or guardianship;
 - Members with retroactive eligibility;
 - Members who receive HCBS;
 - Members residing out of state;
 - Members who are eligible for a non-Medicaid plan (Plan First, HMK/CHIP, HELP TPA); and
 - 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 patient/provider 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; and
 - Member consistently fails to show up for appointments.

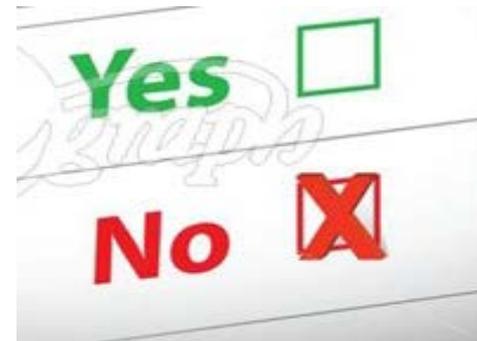
A Provider may not Disenroll a Member due to:

- ✓ An adverse change in the member's health status;
- ✓ Member's utilization of medical services;
- ✓ Member's 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; 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 letter to the member at least 30 days prior to disenrollment;
 - Verbal notification to the member does not constitute disenrollment.
 - Letters 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; and
 - 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 care management and chronic disease 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?

What is the Health Improvement Program?

- ✓ Provides care management to high risk and high cost members;
- ✓ Care management services for members in addition to the care they receive from their Passport provider; and
- ✓ Program designed to reduce complications do to multiple medical, social, and environmental factors.

What is the Health Improvement Program?

- ✓ HIP is in addition to Passport and is not intended to replace the Passport provider;
- ✓ Passport providers are encouraged to work with HIP care managers and the member in order to produce better health outcomes; and
- ✓ Care managers will ask for updated information from PCPs regarding members who have chosen to be part of HIP.
 - ✓ Including: demographic information, updated contact information, and recent health records.

Who is Eligible and how are Members Identified?

- ✓ All members in Passport are eligible for HIP;
- ✓ Members are identified through predictive modeling software; and
- ✓ Predictive modeling uses claims history and demographic information, such as age and gender, to calculate a risk score.

Who is Eligible and how are Members Identified?

- ✓ Members may be identified and referred by Passport providers or other healthcare providers; and
- ✓ May include members who have no Medicaid claims history to generate a high risk score or have not yet been diagnosed with a chronic condition or illness.

HIP Provider Referral Form at

<http://dphhs.mt.gov/Portals/85/hrd/documents/HIP%20Provider%20referral%20form%2002-19-2015.docx>



MEDICAID AND HEALTHY MONTANA KIDS (HMK) PLUS HEALTH IMPROVEMENT PROGRAM (HIP) PROVIDER REFERRAL FORM

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

- Conduct health assessments;
- Work with you to develop care plans;
- Educate members on self-management and prevention;
- Provide pre and post hospital discharge planning;
- Help with local resources; and
- 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 member. Although the software will provide a great deal of information for interventions, it will not identify members who have not received a diagnosis or generated claims. If you have a Passport to Health member at high risk for chronic health conditions who would benefit from care management, complete the following form and fax to:

Health Improvement Program Officer
406-444-1861 (fax)

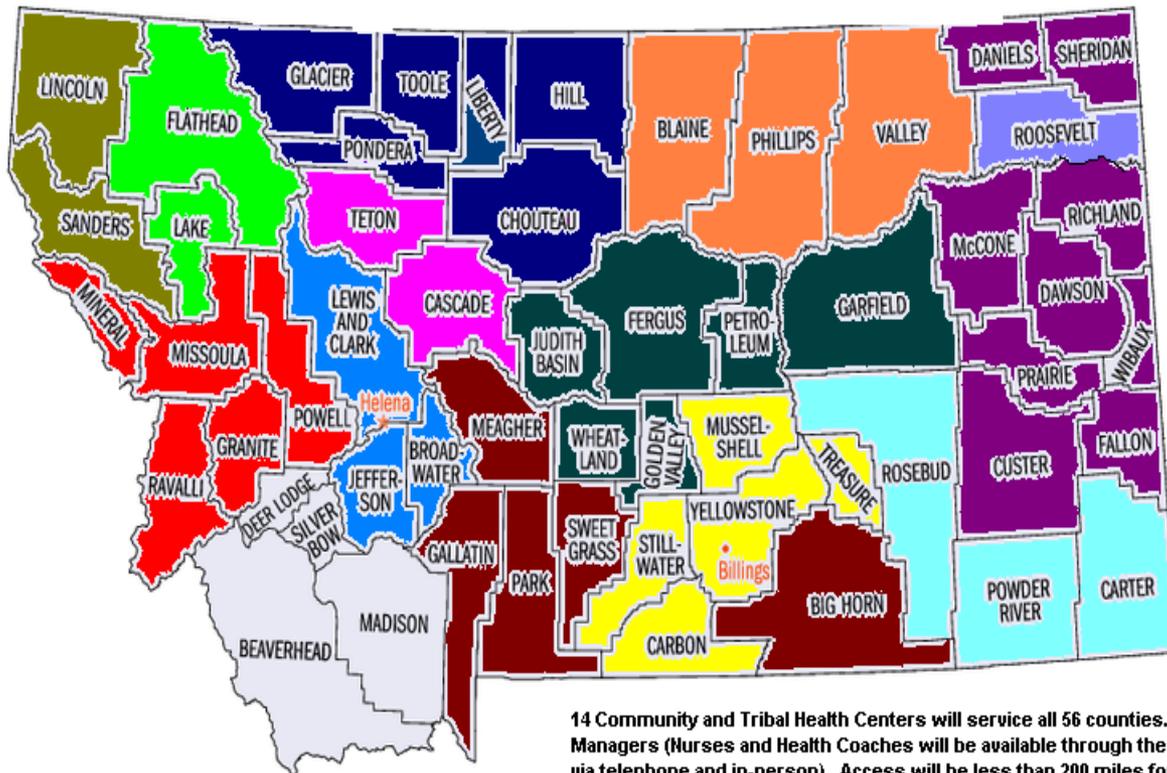
Today's date	<input type="text"/>
Referring provider name	<input type="text"/>
Referring provider address	<input type="text"/>
Referring provider telephone number	<input type="text"/>
Member name	<input type="text"/>
Member date of birth	<input type="text"/>
Member address	<input type="text"/>
Member telephone number	<input type="text"/>
Medicaid/HMK <i>Plus</i> member ID number	<input type="text"/>
Member parent/guardian (if applicable)	<input type="text"/>
Chronic disease(s) for which member is at risk	<input type="text"/>
Referring provider care goals for member	<input type="text"/>
Referring provider signature	<input type="text"/>

Who Provides HIP Services?

- ✓ Care managers employed by community and tribal health centers throughout the state;
- ✓ There are 14 participating centers to service all 56 counties; and
- ✓ Care managers serve all members eligible for HIP, regardless of Passport assignment.

HIP Provider Location

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

PureView Health Center - Helena

Cascade CHC - Great Falls

Bullhook CHC - Havre

Southwest Montana CHC – Butte, Dillon

Community Health Partners –

Livingston, Bozeman, Hardin

Sweet Medical Center - Chinook

Central Montana CHC - Lewistown

RiverStone Health - Billings

Bighorn Valley CHC - Ashland

Custer Co. CHC - Miles City

Fort Peck Tribal Health Center - Poplar

What Services are Provided?

- ✓ Initial and periodic health assessments;
- ✓ Ongoing clinical assessments;
- ✓ Care plans established with member and Passport provider;
- ✓ Pre-discharge planning and coordination; and
- ✓ Post-discharge visits, in-person and over the phone.

What Services are Provided?

- ✓ Education for member self-management;
- ✓ Optional group appointments (cooking classes, grocery shopping, etc.);
- ✓ Tracking and documenting progress;
- ✓ Care support pages for unified member education; and
- ✓ Referral to local resources such as social services, food, housing, and other life issues.

Health Improvement Program – Summary

- ✓ Care management for the entire member, rather than just the chronic condition or illness;
- ✓ Members are identified using predictive modeling and provider referrals;
- ✓ Prevention is strongly encouraged;
- ✓ Community-based health centers bring services closer to home for members; and
- ✓ Passport providers are encouraged to work closely with HIP care managers on a regular basis.

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; and
- ✓ Encourage your members to call before seeking treatment: **1-800-330-7847**.

For online health and wellness information, go to dphhs.mt.gov/MontanaHealthcarePrograms.aspx

The screenshot shows the top navigation bar with the Nurse First logo and a breadcrumb trail: Krames Online Home > HealthSheets™ > Medications > Montana Medicaid. Below this is a purple search bar with a 'GO' button and an 'Advanced Search' link. A 'ESPAÑOL (INICIO)' button is also present. The main content area is titled 'Krames Online' and includes a welcome message. Below the message are two side-by-side panels: 'SEARCH the Library' and 'BROWSE the Library'. The 'SEARCH' panel contains a search input field, a 'GO' button, and radio button options for search criteria. The 'BROWSE' panel features two sections: 'HealthSheets™' with a photo of a woman and a list of letters, and 'Medications' with a photo of a mortar and pestle and another list of letters.

Nurse First

› Krames Online Home › HealthSheets™ › Medications › Montana Medicaid

Library Search Advanced Search

Krames Online

Welcome to Krames Online, the most up-to-date place to find information about your health. At Nurse First, we believe your well-being is above all else. We know that sometimes questions slip your mind when talking with your health care professionals. That's why we make sure you can search for answers 24 hours a day, every day. Here you'll find more than 4,000 topics on health and medication provided by Nurse First and Krames Online. You and your family can get answers to most questions, both big and small. Simply use the Search box to begin. We want to make sure you get the care you need, the answers you deserve, and the resources to make it happen.

SEARCH the Library

Search for:

To search for an exact phrase, use quotation marks.

Look for the search terms within the:

TEXT of each page

KEYWORDS of each page

Partial keyword?

TITLE of each page

My results should match:

ANY of my search terms

ALL of my search terms

BROWSE the Library

 **HealthSheets™**
HealthSheets are written for you and your family. You'll find a lot of information on diseases and conditions. You can learn how they are diagnosed and how they are treated. Surgeries, procedures, wellness, and safety information are also included.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Click a letter to see a list of conditions beginning with that letter.

 **Medications**
Here's where you can find out more information about medications. You can search through thousands of medicines on the list. You can look up prescription and over-the-counter medicines. The list also has information on vitamins, minerals, and herbal products.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Click a letter to see a list of medications beginning with that letter.

Select [Additional Health and Wellness information](#) where you can search for medication and health information on more than 4,000 topics.

Nurse First Magnet



MONTANA
DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Nurse First

1-800-330-7847

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

Montana Medicaid and Healthy Montana Kids



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Team Care

Team Care Basics

- Team Care is the restricted services program.
 - ✓ With Passport, member is restricted to one provider or provider group and Team Care adds the restriction to one pharmacy.
- All Passport Rules apply.
 - ✓ Some additional rules apply to Team Care enrolled members.
 - ✓ When a provider or pharmacy change is requested, per Team Care rules, it must be in writing and the Department determines if it is for a good reason.
- A team coordinates care.

Team Care – The Team

- One lock-in Passport provider;
- One lock-in pharmacy;
- HIP care manager;
- Nurse First Advice Line;
- Montana Medicaid/HMK *Plus*; and
- 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; and
- Are encouraged to use the Nurse First Advice Line available 24/7/365.

Team Care – Providers

- Receive double case management fees;
- Receive faxed triage reports when members call Nurse First Advice Line;
- Receive monthly member lists; and
- May use pharmacy case management clinicians and HIP care managers to help develop treatment plans.

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 – Providers

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

Team Care – Pharmacists

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

Team Care and American Indians

- May be assigned to IHS or non-IHS provider;
- May visit any IHS provider without Passport/Team Care referral; and
- May receive medications from any IHS pharmacy when locked into a different pharmacy.

Team Care – Referrals

- Drug utilization review;
- Claims data mining;
- Provider referrals;
- Fraud/Abuse referrals;
- HIP care management referrals; and
- Claims analysis for overutilization of Emergency Room visits, for non-emergent visits.

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 Help Line

1-800-362-8312

Provider Help Line

1-800-624-3958

Drug Prior Authorization Unit

1-800-395-7961

Visit our website at:

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

