Mission Statement: Our mission is to manage the delivery of healthcare to Montana Medicaid and Healthy Montana Kids 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
  • Health Improvement Program (HIP)
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; managing and coordinating the member’s services.
✓ The Passport provider acts as the front door to Medicaid services for their members.
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.
How Is Patient Care Managed?

Primary Care Provider’s (PCP) Office

- Passport to Health
- Nurse First

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

* This is not an all inclusive list.
Passport Provider Changes/Terminations

✓ Providers are required to notify Conduent 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.

✓ 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 provider 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 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
Providing Passport Referrals

In most cases, care should start with and be coordinated by the 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

Referrals should be for medically necessary services and given when:

- If 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.
Receiving Passport Referrals

✓ Referrals should be requested prior to providing the service(s).
  • It’s OK for the Passport provider to deny a service if it is not emergent and the member is able to see their Passport provider.

✓ Passport referrals and prior authorization are different and some services require both; and
  • Not all services require Passport referral
  • 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

✓ 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.
Referral Tips

✔ You must 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.
✔ 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 or specialist, the Passport provider must still provide all referrals.
Member Enrollment And Education

✓ A member’s enrollment in Passport is driven mainly by their eligibility;
  • Approximately 75% of members are enrolled in Passport.

✓ 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, 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 provider/patient 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 Conduent.

✓ 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
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.
  ✓ To link the two forms, complete the form found at: https://medicaidprovider.mt.gov/Portals/68/docs/forms/mathwebportallinkrequest122018.pdf.

✓ Users will need to be granted access e!SOR reports.
✓ The Passport number will be an option in your drop down menu.
Member Care Management Contacts

Passport to Health/Team Care/Health Improvement Program
Amber Sark
444-0991
asark@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/