



# Primary Care Case Management Program Enrollment for Passport to Health and Team Care

## Section 1. Legal Authority

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 Montana Health Care 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.

## Section 2. General Statement of Purpose and Program Goals

The purpose of this addendum is to obtain Primary Care Case Management (PCCM) services for designated members enrolled in Montana Health Care Programs from the contracting provider to deliver, coordinate, and make referrals to other Montana Health Care Programs providers as necessary. The goal of the Passport to Health program is to 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), as well as decrease or reduce non-emergent care in the emergency department or inappropriate use of medical services and medications.

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 how to effectively use the Montana Health Care Program system. All Passport providers are also Team Care providers. Members appropriate for Team Care can be identified through Drug Utilization Review (DUR), claims data, fraud and abuse referrals, or referrals from a Montana Medicaid provider. Team Care members are managed by a team consisting of the Passport Primary Care Provider (PCP), one pharmacy (all prescriptions for Team Care members must be written to the assigned pharmacy), the nurse advice line, and Montana Medicaid.

The nurse advice line is a nurse triage line provided by the Department, available to all Montana Health Care Program 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 the nurse advice line, and is triaged for illness or injury, a triage report is faxed to the member's Passport provider (to the fax number provided in this agreement). Passport providers are encouraged to inform members about the benefits of using the nurse advice line, especially if unsure whether they need to seek medical care. The toll-free number for the nurse advice line is 1-800-330-7847.

A PCP may be an individual physician or mid-level provider (General Practice, Family Practice, Internal Medicine, Pediatrics, Geriatrics, Clinical Nurse Specialist, Nurse Practitioner, or Physician Assistant), a Federally Qualified Health Care Center (FQHC), a Rural Health Clinic (RHC), or Indian Health Services (IHS).

**Term:** This agreement shall become effective upon signature of the provider or facility and shall remain in effect until otherwise amended or terminated pursuant to the terms of this agreement.

### **Section 3. Requirements to Provide Primary Care Case Management Services (General Terms and Conditions)**

1. Must enroll or be enrolled as a Montana Medicaid provider.
2. Must comply with all applicable Federal and State laws and regulations.
3. Must agree to practice the provisions in, and sign the agreement for participation as a PCP in the program, which includes policy, information, and meeting the general requirements outlined in the *Montana Medicaid Passport to Health Provider Manual*.
4. Must accept members, including voluntary and auto-assignments, in the order in which they are enrolled.
5. Must develop an ongoing relationship with Passport members for the purpose of providing continuity of care.
6. Must provide primary and preventive care, health maintenance, treatment of illness and injury, and coordination of members' access to medically necessary care, by providing referrals and follow-up.
7. Must provide preventive services including, well child checkups, EPSDT services, lead screenings, annual wellness visits and immunizations to members on the PCP's caseload unless the member has moved.
8. Must educate members about the appropriate use of office visits, urgent care clinics, and the emergency department (ED).
9. Must not discriminate on the basis of health status or need for health care services.
10. Must not discriminate against members enrolled on the basis of race, color, or national origin, and will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability.
11. Must provide for arrangements with, or referrals to, physicians and other practitioners to ensure that services can be furnished to members promptly and without compromising quality of care.
12. Must maintain a patient medical record for each Passport member and provide appropriate HIPAA compliant exchange of information among providers. Upon a members written request, providers must transfer the members medical records to the members new PCP.
13. Must maintain a written record of all referrals given and received for every Passport member assigned to the PCP.
14. Must provide or arrange for suitable coverage for needed services, consultation, and approval of referrals promptly during normal business hours including 24-hour availability of information, referral, and treatment for emergency medical conditions. This includes coverage during vacations, illnesses and all other absences.
15. Must not distribute any marketing material for the purpose of enrollment without first obtaining approval from the Department.
16. Must not, directly or indirectly, engage in door-to-door, telephone, e-mail, texting, or other cold-call marketing activities.
17. Must not conduct direct or indirect marketing activities specifically intended to influence members to enroll with the PCP or disenroll from another PCP.
18. Must make available reasonable appointment availability based on routine, preventive, urgent, or emergent care needs.
19. Must respond to requests from the Department for verification that specific services paid were authorized by the PCP.
20. Refer members to the Team Care program whose utilization of services is excessive or inappropriate with respect to medical need.
21. Offer interpreter services for all members with limited English proficiency. Interpreter services are covered by Medicaid. For forms and information contact Montana Health Care Programs at (406) 444-4540.

22. Must notify the Department and/or the Department's Fiscal Agent, in writing of any changes in practice (i.e. no longer providing PCP services, change location).

#### **Section 4. Enrollment, Disenrollment and Reenrollment of Members**

1. Enrollment in the Passport to Health program is as follows:
  - a. Montana Medicaid members eligible (see the *Montana Medicaid Passport to Health Provider Manual* for a list of ineligible groups) for the program are sent information explaining the program and encouraging them to choose a Passport provider. The letter includes a list of possible PCP's. The list is generated to suggest the best possible provider for the member.
  - b. If the member fails to choose a Passport provider, the Department will assign a provider. The assignment is based on previous Passport enrollment, claims history, family Passport enrollment, tribal affiliation, and providers with open slots on their caseload within close proximity to the member's home.
  - c. A member who loses Montana Medicaid eligibility for two months or less will be automatically re-enrolled to the last provider chosen or assigned.
2. Members may request a change in PCP without cause in writing, with the Medicaid Member Help Line or at the [website http://mtpassport.com](http://mtpassport.com) once a month. In most cases, the change will not be effective until the following month.
3. The PCP may disenroll a member by providing 30 days written notice to the member and to the Department. The PCP is required to provide the member with services or referrals for 30 days post disenrollment, to ensure access to continuous care. A PCP may not disenroll a member due to a change in the member's health status or utilization of medical services, diminished mental capacity or uncooperative behavior resulting from special needs, except when such behavior disrupts or seriously impairs the ability to furnish services to the member or other members, or for failure to pay co-pays or other bills. A PCP may disenroll a member for any of the following reasons:
  - a. the provider/member relationship is mutually unacceptable;
  - b. the member has not established care, after outreach attempts have been made by the provider;
  - c. the member is seeking primary care elsewhere;
  - d. the member fails to follow prescribed treatment;
  - e. the member is physically/verbally abusive or uncooperative;
  - f. the member could be better treated by a different type of provider, and a referral process is not feasible; or
  - g. the member consistently fails to show up for appointments.

#### **Section 5. Passport Enrollee Lists**

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

#### **Section 6. Provider Clinic Requirements**

Providers of health care services that are either created by, or acquired by, a main provider for the purpose of furnishing health care services of a different type from those of the main provider under the ownership and administrative and financial control of the main provider are required to participate in the Passport and Team Care programs. Further, they must:

1. accept auto-assignment;
2. not limit or restrict Montana Health Care Programs members unless the same limits or restrictions apply to non-Medicaid members;

3. accept new Montana Health Care Program members at the same rates as non-Medicaid members are accepted; and
4. only disenroll members from his or her caseload per this agreement and subject to the approval by the Department.

### **Section 7. Written Materials and Oral Interpretation Services**

1. The PCP will make available all written information regarding the practice in easily understood language and format as well as in the prevalent non-English languages spoken in the practices service area.
2. The PCP will provide oral interpretation services for any language at no cost to the member. Interpreter services are covered by Medicaid. For forms and information contact the Montana Health Care Program at (406) 444-4540.

### **Section 8. Provider Fees and Payments**

1. In addition to fee-for-service reimbursement, Passport providers receive a per member, per month (PMPM) fee to provide a medical home for the Passport members assigned to their caseload. The PMPM fee is paid whether or not the provider sees the member that month. The PMPM fee is paid with the expectation that the items listed in this agreement are completed as needed for member's coordination of care.
2. Passport providers receive \$3 PMPM for individuals determined categorically eligible for Aged, Blind, Disabled and Medically Frail Medicaid and \$1 PMPM for all other members eligible for Passport.
3. The PMPM fee is generated by the Department and is paid to the providers under the Passport number. The Passport provider does not need to bill the Department for these services.

### **Section 9. Inspection and Audit of Records and Access to Facilities**

The Department, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the PCP, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the agreement period or from the date of completion of any audit, whichever is later.

### **Section 10. Prohibitions**

PCP's are prohibited from knowingly having a relationship with an individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or an individual or entity who is an affiliate of a person described above.

The relationships described in this section include:

1. a director, officer, or partner of a PCP;
2. a subcontractor of the PCP;
3. a person with beneficial ownership of five percent or more of the PCP's equity; or
4. a network provider or person with an employment, consulting or other arrangement with the PCP for the provision of items and services that is significant and material to the PCP's obligations under its contract with the Department.

If the Department finds that a PCP is not in compliance with the above:

1. the Department must notify the Secretary of the noncompliance;

2. may continue an existing agreement with the PCP unless the Secretary directs otherwise;
3. may not renew or otherwise extend the duration of an existing agreement with the PCP unless the Secretary provides to the State and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement.

## **Section 11. Sanctions**

Pursuant to 42 CFR 438.700 and other authority, the Department may impose sanctions if it determines a PCP acts or fails to act as follows:

1. Fails substantially to provide medically necessary services that the PCP is required to provide, under law or under its agreement with the Department, to a member covered under the agreement.
2. Acts to discriminate among members on the basis of their health status or need for health care services. This includes termination of enrollment or refusal to re-enroll a member, except as permitted under the program, or any practice that would reasonably be expected to discourage enrollment by members whose medical condition or history indicates probable need for substantial future medical services.
3. Misrepresents or falsifies information that it furnishes to CMS or the Department.
4. Misrepresents or falsifies information that it furnishes to a member or other health care provider.
5. The Department determines that a PCP has distributed directly or indirectly through any agent or independent contractor, marketing materials that have not been approved by the Department or that contain false or materially misleading information.
6. A PCP has violated any of the other applicable requirements of sections 1903(m), 1932 or 1905(t)(3) of the Act, or any implementing regulations.
7. Fails to comply with applicable laws, rules and written policies, including, but not limited to, Title XIX of the Social Security Act, the Code of Federal Regulations, Montana Code Annotated, Administrative Rules of Montana, written Department of Public Health and Human Services policies, including policies contained in provider manuals, and the terms of this contract.

Pursuant to 42 CFR 438.702, for any violations of this section, the Department may impose the following sanctions:

1. Civil money penalties of the following amounts.
  - a. A maximum of \$25,000 for each determination of failure to provide medically necessary services, misrepresentation or false statements members or other health care providers, or marketing violations.
  - b. A maximum of \$100,000 for each determination of member discrimination or misrepresentation or false statement to CMS or the Department.
  - c. A maximum of \$15,000 for each member the Department determines was not enrolled because of a discriminatory practice (subject to the overall limit of \$100,000 listed above).
2. Grant members the right to terminate enrollment without cause and notify the affected members of their right to disenroll.
3. Suspend all new enrollment, including auto-assignments, after the date the Secretary or the Department notifies the PCP of a determination of a violation of any requirement under sections 1903(m) or 1932 of the Act.
4. Suspension of payment for members enrolled after the effective date of the sanction and until CMS or the Department is satisfied that the reason for imposition of the sanction no longer exists and is not likely to recur.

Before imposing any of the sanctions above, the Department must give the PCP timely written notice that explains the basis and nature of the sanction, and any other appeal rights the Department elects to provide.

Nothing in this section precludes the Department from imposing additional sanctions under state law.

**Section 12. Termination**

1. The Department has the authority to terminate a Passport agreement and enroll the PCP's members with another participating PCP if the Department determines the PCP has failed to:
  - a. Carry out the substantive terms of this agreement; or
  - b. Meet applicable requirements in sections 1932, 1903(m) and 1905(t) of the Act.Before terminating a Passport agreement, the Department must provide the PCP a pre-termination hearing. The Department must give the PCP written notice of its intent to terminate, the reason for termination, and the time and place of the hearing. After the hearing, the Department must give the PCP written notice of the decision affirming or reversing the proposed termination of the agreement and, for an affirming decision, the effective date of the termination.
2. In the case of voluntary termination by a PCP including termination of one provider in a group practice, the PCP must provide written notification to the Department 30 days prior to the termination date. If a provider leaves your practice, and you have a group Passport number, the provider must be unlinked from the Passport number. Written notification must be sent to Passport Provider Lead, P.O. Box 254, Helena, MT 59624.

**Section 13. Attachments**

The following attachments must be completed and submitted with this agreement to indicate the enrolling PCP understands the terms and conditions that regulate the Passport to Health Program:

1. Attachment A- Passport Provider Enrollment Information
2. Attachment B- Passport Provider Caseload Management Information

I agree to comply with the participation requirements of the Passport to Health program, as cited in this agreement. I certify that all information provided in this agreement is true, accurate, and complete.

Primary Care Provider Signature

Date

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Form Completed by:

Title

Date

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**Return forms to:**

Passport to Health  
PO Box 254  
Helena, MT 59624

Fax: (406) 442-2328

## Attachment A Passport Provider Enrollment Information



\_\_\_\_\_ **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 and will be responsible for managing his or her individual caseload. PMPM fees will be paid to the individual provider under the solo provider's Passport number, separate from fee-for-service reimbursement.

<b>Individual Provider NPI:</b>	<b>Tax Id:</b>
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\_\_\_\_\_ **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 groups caseload. PMPM fees will be paid under the group's Passport number, separate from fee-for-service reimbursement.

<b>Group/Clinic Provider NPI:</b>	<b>Tax Id:</b>
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### Passport Provider Enrollment Information

<b>Passport Individual/Group Provider Name:</b>	
<b>Physical Address (Street, City, State, Zip Code):</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>Contact E-mail Address:</b>	



## Attachment B Passport Provider Caseload Management Information

The following information will be used to manage your Passport caseload. The information you provide below is not part of the Passport to Health Agreement and can be changed at any time in writing. 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.

Passport providers will not have a caseload limit unless one is specified below.

**Maximum Caseload:** \_\_\_\_\_ Passport members

**Ages Seen:**

\_\_\_\_\_ All ages  
 \_\_\_\_\_ Minimum age  
 \_\_\_\_\_ Maximum age

**Gender:**

\_\_\_\_\_ Both  
 \_\_\_\_\_ Male  
 \_\_\_\_\_ Female

**Office Hours:**

\_\_\_\_\_ to \_\_\_\_\_ Monday  
 \_\_\_\_\_ to \_\_\_\_\_ Tuesday  
 \_\_\_\_\_ to \_\_\_\_\_ Wednesday  
 \_\_\_\_\_ to \_\_\_\_\_ Thursday  
 \_\_\_\_\_ to \_\_\_\_\_ Friday  
 \_\_\_\_\_ to \_\_\_\_\_ Saturday  
 \_\_\_\_\_ to \_\_\_\_\_ Sunday

Please list languages (other than English) that are spoken in your office:

**24-Hour Coverage:**

- Answering service
- Call forwarding
- On-call provider coverage
- Answering machine
- Other (specify):

Please list any scheduling information not listed above:

