



# Passport to Health Providers

## Requirements for a Disenrollment Letter from a Passport Provider to Their Member

### A disenrollment letter must contain at a minimum:

- 1) Identify member as your Passport patient
- 2) Disenrollment Reason.  
Disenrolling due to one or more of the following reasons:
  - The provider-patient relationship is mutually unacceptable
  - Member has not established care
  - Member seeking primary care elsewhere
  - Member fails to follow prescribed treatment
  - 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
- 3) Notification of Continuing Care.  
Provider will continue to provide care, whether direct care or referrals for 30 days from letter date.

### Letter Template:

Dear Medicaid member,

This is a letter to notify you that we are disenrolling you as our Passport patient due to consistently seeking primary care elsewhere. We will continue to provide you care or referrals to care for the next 30 days as you transition to a new provider.

Sincerely,

Primary Care Clinic

### Disenrollment Process

- 1) Written letter or notification to member.
- 2) Copy of member's letter mailed or faxed to Provider Relations - Passport to Health. Provider's 30-day care obligation does not start until copy of letter is received by Provider Relations - Passport to Health.

### Mailing address:

Passport to Health Program

P.O. Box 254

Helena MT 59624-0254

Fax: (406) 442-2328

### Questions

If you have any questions please contact the Passport Provider Lead at (406)457-9542.