

February 1, 2010

Montana Healthcare Programs Notice

Physician, Mid-Level Practitioner, Inpatient Hospital, Outpatient Hospital, RHC, FQHC, Indian Health Services, Pharmacists

Medicaid Health Improvement Program

Montana has a new Health Improvement Program for Medicaid and HMK Plus patients with chronic illnesses or risks of developing serious health conditions. The Health Improvement Program is operated statewide through a regional network of 14 Community and Tribal Health Centers. Medicaid and HMK Plus patients eligible for the Passport Program are enrolled and assigned to a health center for case management. *Your current Passport patients will stay with you for primary care, but are eligible for case management.* Nurses and health coaches certified in Professional Chronic Care will conduct health assessments; work with you to develop care plans; educate patients in self management and prevention; provide pre- and post-hospital discharge planning; help with local resources; and remind patients about scheduling needed screening and medical visits.

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

Wendy Sturn, Program Officer
wsturn@mt.gov
Health Improvement Program
Fax (406) 444-1861

PROVIDER REFERRAL FORM — PASSPORT TO HEALTH —
HEALTH IMPROVEMENT PROGRAM

FAX TO: Wendy Sturn, Program Officer, (406) 444-1861

PCP Name: Address: Telephone Number:	
Passport Number	
Patient Name: Address: Telephone Number:	
Patient Medicaid or HMK Plus ID Number	
Chronic Condition(s) for Which Patient Is at Risk:	

Signature of Referring Provider: _____
Date: _____

Contact Information

For claims questions or additional information, contact Provider Relations:
Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837
E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:
<http://www.mtmedicaid.org>