



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.

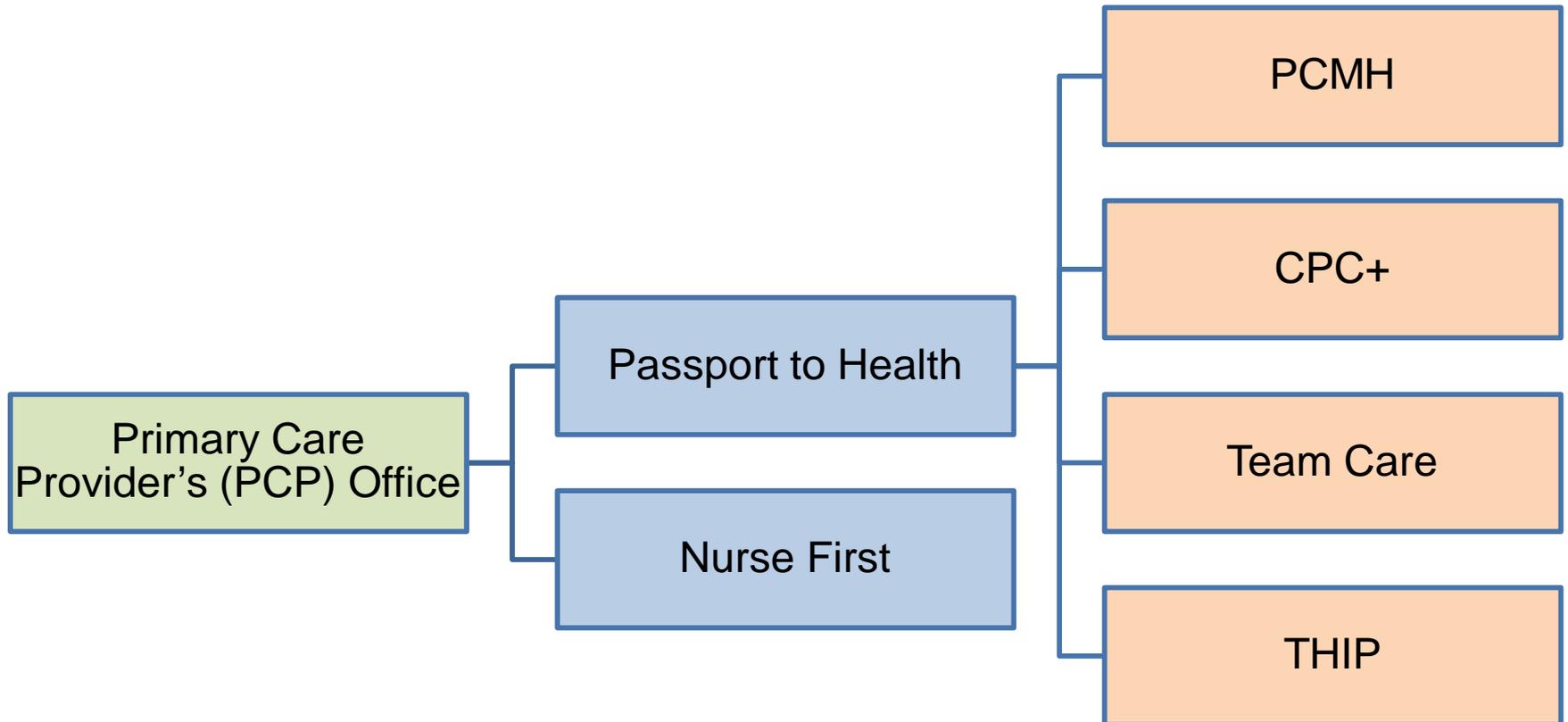
What is Passport to Health?

- ✓ The Passport program provides primary care case management related services that include locating, coordinating, and monitoring primary healthcare services.
- ✓ Most services must be provided or approved by the member's Passport provider.
- ✓ Passport providers provide primary care, preventive care, health maintenance, treatment of illness and injury, and coordinate members access to medically necessary services (including specialists) by providing referrals.

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?



Who can Participate?

- ✓ The following provider types are eligible to participate in the Passport program:
 - ✓ General Practice;
 - ✓ Family Practice;
 - ✓ Internal Medicine;
 - ✓ Pediatrics;
 - ✓ Geriatrics;
 - ✓ Clinical Nurse Specialist;
 - ✓ Nurse Practitioner;
 - ✓ Physician Assistant;
 - ✓ Group/Clinic;
 - ✓ Indian Health Service (IHS); and
 - ✓ FQHC/RHC.



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; and
 - ✓ Sign a Passport provider agreement;
- ✓ The Passport agreement and other Passport information are available at <http://medicaidprovider.mt.gov/passport>.
- ✓ 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.

Member Elements to a Medical Home

- ✓ Members choose one designated primary care 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>.



Provider Elements to a Medical Home

- ✓ \$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 Passport Provider Lead: (406) 457-9558;
- ✓ Passport provider manual;
- ✓ Provider website www.medicicaidprovider.mt.gov; and
- ✓ Claims history via Montana Access to Health (MATH) web portal.

Passport Provider Requirements

- ✓ Accept members, including voluntary and auto-assignment, in the order in which they are enrolled;
- ✓ Provide primary healthcare, preventive care, health maintenance, and treatment of illness and injury, and coordination of members' access to medically necessary care, by providing referrals and follow-up;
- ✓ 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;
- ✓ Provide or arrange for suitable coverage for needed services, consultation, and approval of referrals promptly during normal business hours including 24-hour availability for treatment of emergency medical conditions. This includes coverage during vacations, illnesses and all other absences.
- ✓ Develop an ongoing relationship with Passport members for the purpose of providing continuity of care;
- ✓ Provide for arrangements with or referrals to physicians or other specialists to ensure that services can be furnished to members promptly and without compromising quality of care or provider preference;
- ✓ Educate members about appropriate use of office visits, urgent care clinics and the ER;
- ✓ 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.
- ✓ Maintain a written record of all referrals given and received for every Passport member assigned to the PCP.

* 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 provide 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 establish care;
- ✓ 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; and
- ✓ Providers at capacity may have members auto-assigned to them but members will not be able to voluntarily choose them until there are open slots.
- ✓ To increase caseload capacity send a written request to:

Passport to Health Program

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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**;
- ✓ Referrals should be for medically necessary services and given when:
 - There is an urgency that the Passport provider cannot meet;
 - There is a need for services to be performed by someone other than the Passport provider; or
 - Further testing or treatment is needed.

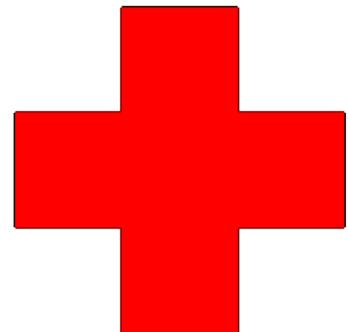
Receiving Passport Referrals

- ✓ 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 to determine what services require Passport referral.
- ✓ 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 medically necessary care even if care hasn't been established:
 - Member has moved;
 - Member is sick or hurt and far from home;
 - Member is sick or injured and the 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 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. Passport providers may not give their Passport number for “blanket” referrals (any member for any service).
 - 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 or store a Passport referral number.
 - If a provider suspects their Passport number is being used without authorization they are encouraged to contact the Program Officer.

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
- ✓ Psychiatrist
- ✓ Radiology
- ✓ School-based
- ✓ STD testing and treatment
- ✓ Substance dependency treatment
- ✓ Transportation

Passport and American Indians

- ✓ American Indian members may choose an IHS to be the PCP, or they may choose a PCP other than an IHS;
- ✓ American Indian members may visit any IHS provider without a Passport referral; and
- ✓ If a member goes to an IHS and is referred to a third provider, the Passport provider must still provide a referral.

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 medical 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 to an appropriate provider after 45 days, if they do not choose a provider themselves.
 - Algorithm (in order):
 - Previous Passport enrollment;
 - 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 has open slots on their caseload.
- ✓ 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;
 - Members eligible for Medicaid adoption assistance or guardianship;
 - **Members eligible for Pregnancy Medicaid;**
 - **Members enrolled in the Breast and Cervical Cancer Program;**
 - 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); and
 - Members with presumptive eligibility.

Disenrolling a Passport Member

- ✓ Providers **may** disenroll members for the following reasons:
 - The member has not established care, **after outreach attempts have been made by the provider**;
 - The member is seeking primary care from other providers;
 - The patient/provider relationship is mutually unacceptable;
 - The member fails to follow prescribed treatment;
 - The member is physically/verbally abusive or **uncooperative**;
 - 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 or uncooperative behavior resulting from 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 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

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Recent and Upcoming Program Changes

- Effective April 1, 2018 the reimbursement amount for all Passport eligible populations other than members determined categorically eligible for Aged, Blind, Disabled and Medically Frail Medicaid changed from \$3 to \$1.
- Provider re-enrollment for the Passport program will begin in the coming months.
 - Beginning with groups than moving to small practices.
 - All providers will receive new Passport numbers.
 - If new agreements are not received the current Passport number will be terminated.

Member Care Management Contacts

Passport to Health

Amber Sark
444-0991

asark@mt.gov

Team Care

444-0991

asark@mt.gov

Nurse First

444-4455

PCMH/CPC+

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/>

