



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 *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

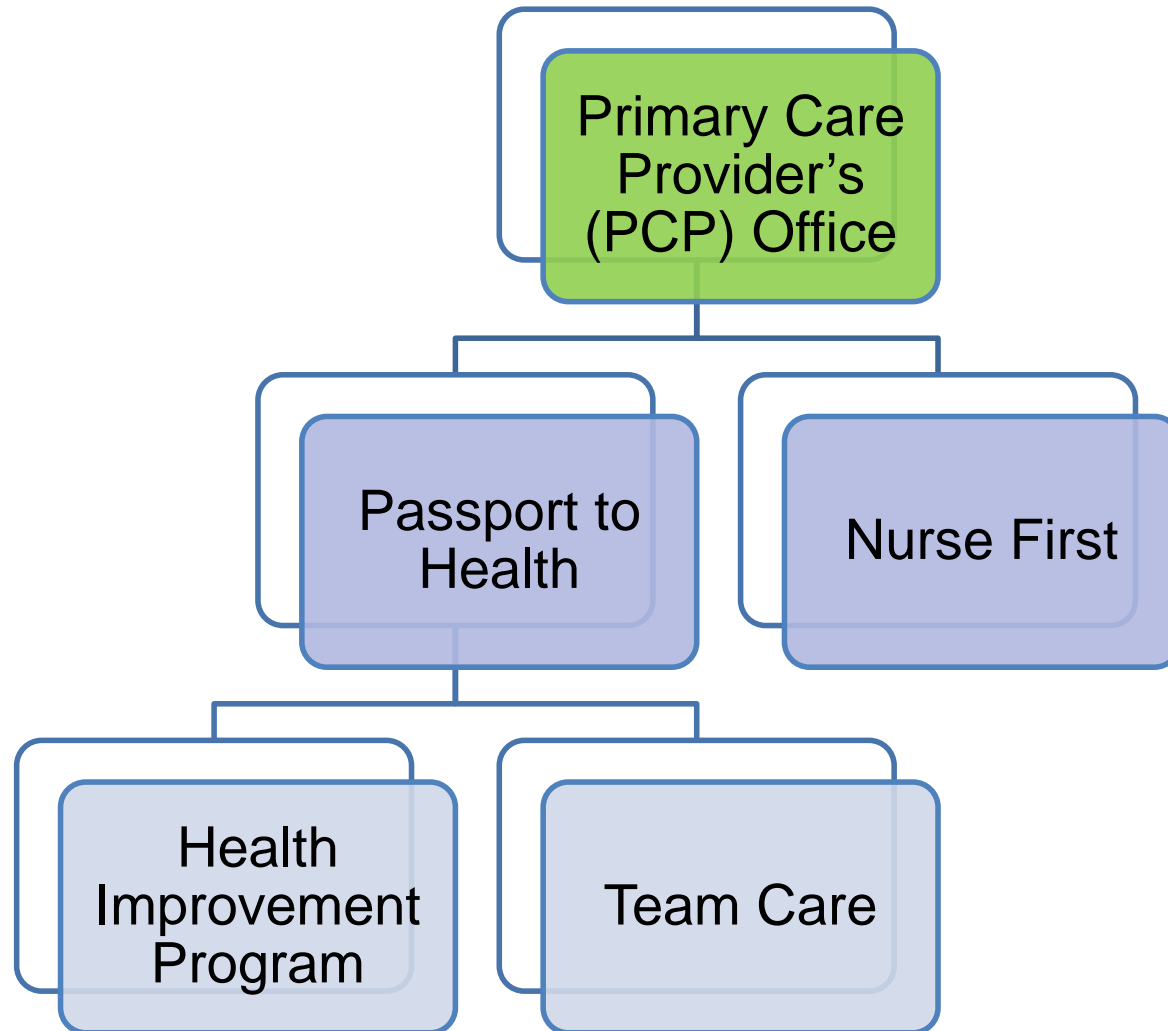
- ✓ Passport providers provide or coordinate the member's care and make referrals to other providers as necessary.
- ✓ Most services must be provided or approved by the member's Passport provider.
- ✓ The Passport program facilitates a strong patient provider relationship by providing primary, preventive, 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?



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 given 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

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Helena, MT 59624-0254

Fax: 406-442-2328

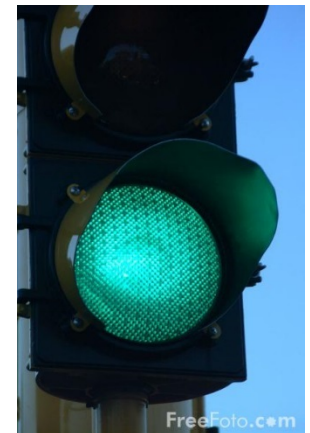


Providing Passport Referrals

- ✓ 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.

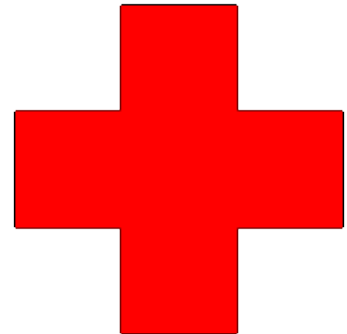
Receiving Passport Referrals

- ✓ 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
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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](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

**Nurse First Advice Line
1-800-330-7847**

**Passport to Health/Team
Care/Health Improvement**

Program

Amber Sark

444-0991

asark@mt.gov

**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/>

