



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?

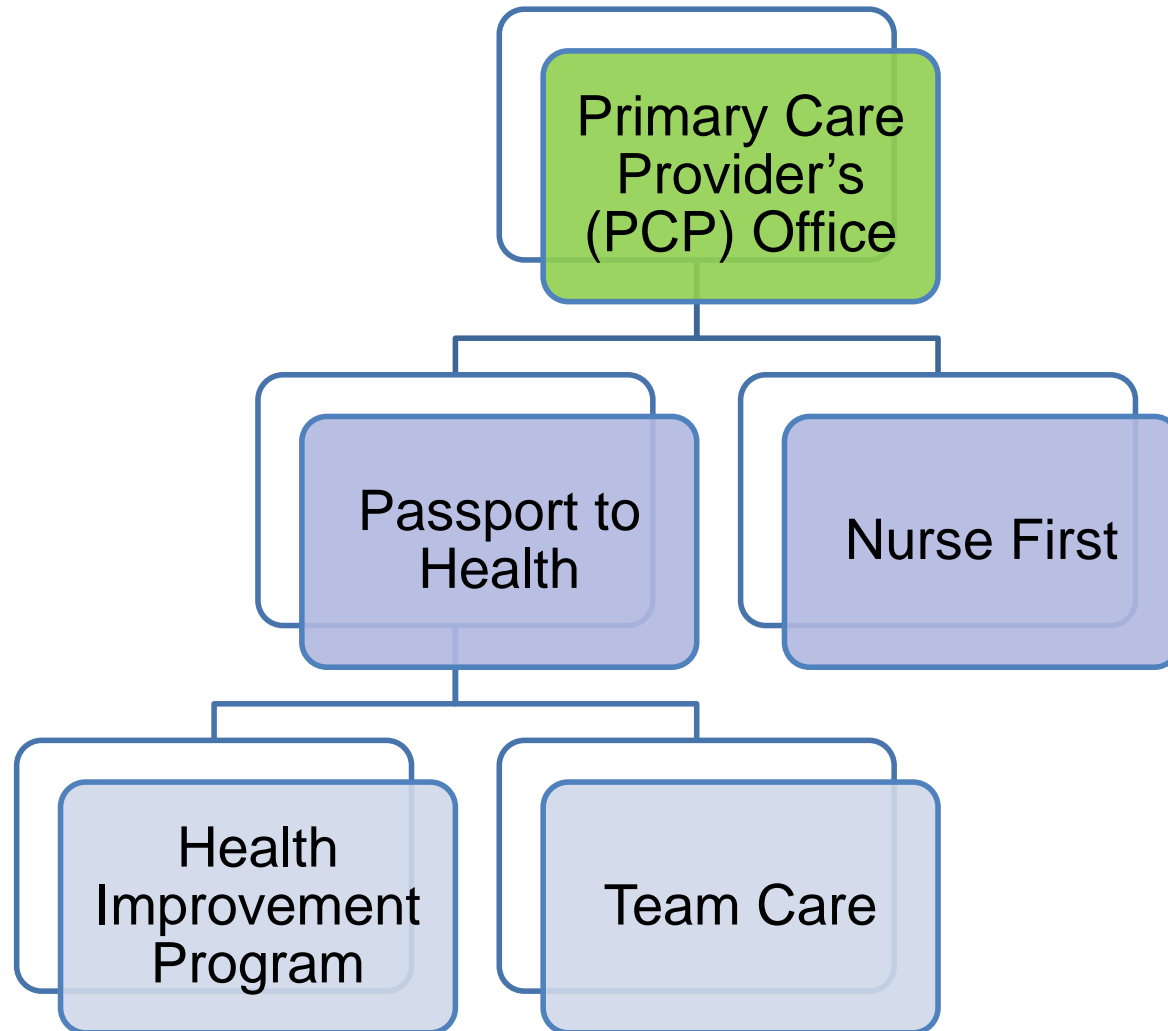
- ✓ Passport to Health (Passport) is the primary care case management (PCCM) program for Montana Medicaid and HMK *Plus* members;
- ✓ The Passport program provides case management related services that include locating, coordinating, and monitoring primary healthcare services; and
- ✓ The Passport program 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.



How Is Patient Care Managed?



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.**

An Effective PCP Is:

- ✓ **Accessible:** How long does it take members to get an appointment?
- ✓ **Continuous:** Do you watch your members grow?
- ✓ **Comprehensive:** Are as many services as possible offered in-house?
- ✓ **Coordinated:** Do you have effective methods to determine the need for preventive care or identifying gaps in care?
- ✓ **In the Context of Family and Community:** Do you encourage family health and support? Do you have knowledge of services and providers available in your service area including programs offered through Public Health?

Who Can Participate?

- ✓ The following provider types are eligible to participate in the Passport program:
 - ✓ General Practice,
 - ✓ Family Practice,
 - ✓ Pediatrics,
 - ✓ Certified Nurse Specialist,
 - ✓ Physician Assistant,
 - ✓ Group/Clinic,
 - ✓ IHS, and
 - ✓ FQHC/RHC.
- ✓ All other provider types interested in participating must agree to provide the necessary services or referrals for members and be approved by the Department.



WE WANT YOU

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;
 - ✓ Sign a Passport provider agreement; and
 - ✓ Agree to keep a paper or electronic log, spreadsheet, or other record of all Passport referrals given and received.
- ✓ 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.

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 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

- ✓ Providers are required to notify Xerox 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.

- ✓ Changes should be sent to:

Passport to Health Program
PO Box 254
Helena, MT 59624-0254
Fax: 406-442-2328



Provider Terminations

- ✓ 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; and
- ✓ Notice 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

PO Box 254

Helena, MT 59624-0254

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Passport Referrals

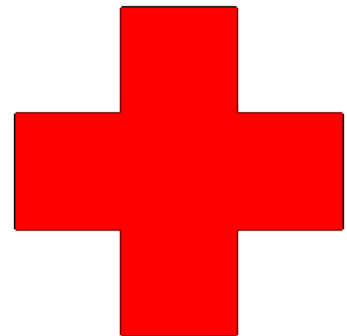
- ✓ Referrals should be given when the Passport provider cannot give care;
- ✓ Referrals are not required for all services;
 - ***Mental health, dental, family planning , Obstetrics (OB), Durable Medical Equipment (DME), and more.***
- ✓ Passport referrals and prior authorization are different and some services require both; and
 - 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

- ✓ In most cases, care should start with and be coordinated by the Passport provider;
 - It is OK to deny a service if it is not emergent and the member is able to see their 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
- ✓ If further testing or treatment is needed, the services should be provided without delay.
 - If the service cannot be provided by the Passport provider, a referral must be made.

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.



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

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 Indian Health Service (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, 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 member are enrolled in Passport.
- ✓ In most cases members choose their Passport provider;
 - 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 Xerox.
- ✓ Send a copy of the letter to Passport to Health:

Passport to Health Program
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Helena, MT 59624-0254
Fax: 406-442-2328



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 them complete the form found at <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

Passport to Health

Amber Sark

444-0991

asark@mt.gov

Team Care/Nurse First

Connie Olson

444-5926

colson2@mt.gov

Health Improvement Program

Kelley Gobbs

444-1292

kgobbs@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/>

