

# Passport to Health Training

January 18, 2024



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PUBLIC HEALTH &  
HUMAN SERVICES

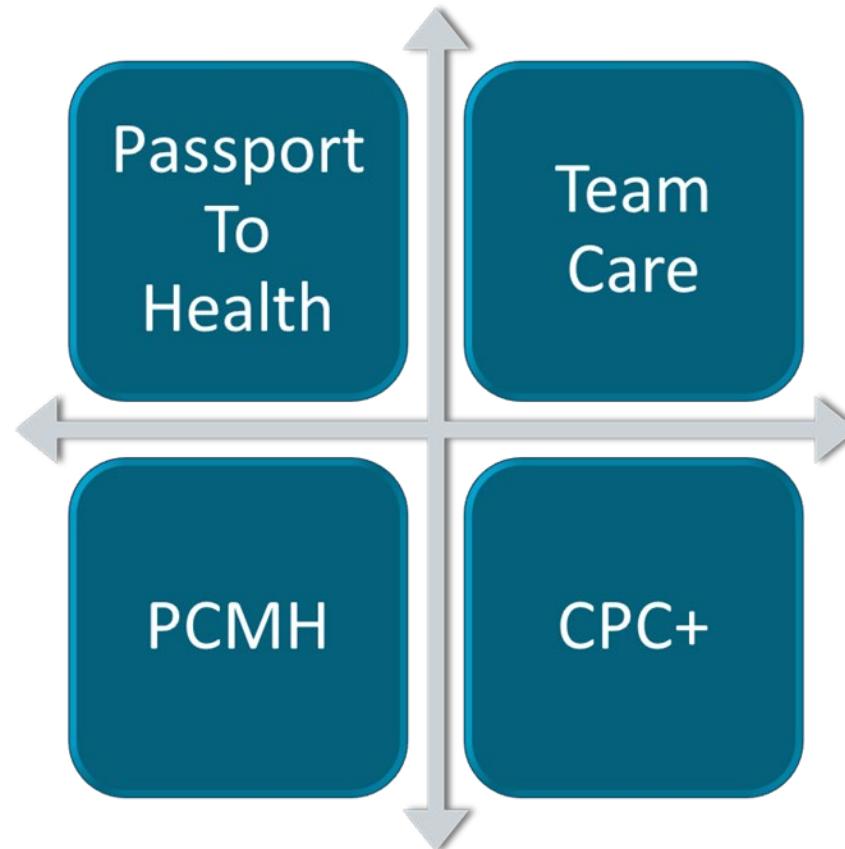


# What is Primary Care Case Management

- States contract directly with primary care providers for care management services to Medicaid enrollees.
- Primary care case management (PCCM) programs ensure Medicaid members have a designated healthcare provider for coordinated care.
- Members voluntarily select their primary care provider; if not, one is assigned within 45 days of eligibility.
- Primary care providers receive a monthly case management fee per enrollee, in addition to fee-for-service payment.
- Most services must be provided or approved by the member's primary care provider.



# Current Montana Medicaid PCCM Programs



# Passport to Health Program

- Passport providers provide or coordinate the member's care and make referrals to other healthcare 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 and by managing and coordinating the member's healthcare services.
- The Passport provider acts as the front door to Medicaid services for their members.



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# Passport Program Goals

- Ensure access to primary care;
- Establish partnership with the member ;
- Provide continuous and coordinated care to maximize health outcomes;
- Improve 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.



# Team Care Basics

- Team care is a restrictive services program for members require additional supervision and guidance.
- All Passport rules apply.
- Team Care members are locked into one pharmacy for a minimum of 12 months.
- Members must show good cause to request a change in their pharmacy.
- Pharmacy Case Management Clinician are available upon request to help providers develop member treatment plans.



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# CPC+ and PCMH

- Comprehensive Primary Care Plus (CPC+) and Patient Centered Medical Home (PCMH) are enhanced care programs that build upon the Passport foundation.
- Providers have certification requirements and receive an additional contract.
- CPC+ and PCMH providers receive an enhanced per member per month payment.
- Providers in CPC+ can also qualify to receive a quality bonus.
- Participating providers have reporting requirements.



# Program Administration



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# Passport Provider Changes/Terminations

- Providers are required to notify Conduent of changes to:
  - Member enrollment restrictions (age, gender, caseload);
  - Address;
  - Phone/fax number;
  - Ownership; or
  - Business hours.
- 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 Caseload Lists

- Providers only enrolled in the Passport to Health Program receive a mailed list from the Enrollment Broker each month.
- Providers enrolled in CPC+ or PCMH download their attribution lists from HealtheRegistries.



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# Provider Caseload

- 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 provider to them, but they can not require it;
- Once capacity is reached providers have an 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 capacity, send a written request to: Passport to Health Program, PO Box 254, Helena, MT 59624-0254, fax: 406-442-2328, or contact Provider Relations.



# Providing Passport Referrals

- In most cases, care should start with and be coordinated by the Passport provider;
- Referral determinations should be based on whether it is reasonable for the Passport provider to provide the care; and
- Referrals should be made for medically necessary services and given when:
  - 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.



# Establishing Care and Referrals

There are times when referrals should be provided even if care has not been established:

- Member has moved and has not yet been set up with a new Passport provider;
- Member is sick or hurt and far from home;
- Member is sick or injured and their primary care provider is unable to see them promptly; and
- Follow-up care with a provider initially seen through an emergency admittance and/or surgery is needed.



# Services Exempt from Passport Referral

- Ambulance
- Anesthesia
- Audiology
- Blood Lead Testing
- Case Management
- Dental
- Dialysis
- Durable Medical Equipment
- Emergency Service
- EPSDT Screenings
- Eye Exams and Glasses
- Family Planning
- Hearing Exams and Aids
- Home and Community-Based Services



# Exempt Services Continued

- Home Infusion Therapy
- Home Support Services and Therapeutic Foster Care
- Hospice
- Hospital Swing Bed
- Immunizations
- Inpatient Lab and X-ray
- Inpatient Professional Services
- Intermediate Care Facility
- Institutions for Mental Disease
- Laboratory/Pathology Tests
- Outpatient Psychotherapy
- Mental Health Centers
- Nursing Facilities
- Obstetrical Services
- Optometrist or Ophthalmologist
- Personal Assistance



# Exempt Services Continued

- Pharmacy
- Prosthesis
- Psychiatric Residential Treatment Facility
- Radiology
- School-Based
- STD Testing and Treatment
- Substance Use Disorder
- Transportation



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# Referral Tips

- Passport referrals are specific to 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; and
  - 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.
  - Providers are encouraged to contact the Program Officer if they believe their number is being used without authorization.



# Members Ineligible for Passport

- The following member populations are ineligible for Passport:
  - Members in a nursing home or other institutional setting;
  - Dual eligible (Medicare/Medicaid) members;
  - Medically needy members (spend down);
  - Members receiving Medicaid for less than 3 months;
  - Members with retroactive eligibility;
  - Presumptively eligible members;
  - Members residing out of state; and
  - Members enrolled in a non-Medicaid plan (Plan First, Healthy Montana Kids/CHIP, or members receiving only home and community-based services).



# 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 would 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 disruptive or uncooperative behavior due to special needs;
- Member's inability to pay an outstanding bill; or
- Any reason that may be considered discrimination (race, age, sex, religion, etc.).



# Disenrollment Process

- If your clinic disenrolls a member, you must:
  - Send a notification letter to the member at least 30 days prior to disenrollment;
    - Verbal notification is not sufficient.
    - Letters must identify the member as your Passport member, 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 the Enrollment Broker.
- Send a copy of the letter to Passport to Health to Passport to Health Program, PO Box 254, 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.
- The form to link the numbers may be found at:  
<https://medicaidprovider.mt.gov/docs/forms/mathwebportallinkrequest122018.pdf>.



# Passport Numbers on Claims

- A provider other than a member's Passport provider needs to record the Passport number on field 17a on a CMS-1500 or in field 7 on a UB-04 to qualify for payment.
- The claims will now pay and report if the number is missing or incorrect on the claim. See Provider Notice dated December 22, 2023, at <https://medicaidprovider.mt.gov/docs/prividernotices/2023/PassportProviderReferralNumberonClaims.pdf>.
- Paid claims may be subject to audit.



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# Passport and American Indians

- American Indian members may choose an Indian Health Service (IHS), Tribal, or Urban Indian Organization (I/T/U) as their PCP, or they may choose a non-I/T/U provider as their PCP;
  - American Indian members may visit any I/T/U without a Passport referral; and
- If an I/T/U who is not a member's Passport provider refers the member to another provider or specialist, a Passport or Team Care referral is not needed. The provider referred by the I/T/U will need to have the I/T/U's NPI present in filed 17a on a CMS-1500 or in field 7 on a UB-04 to qualify for payment.

# Team Care and American Indians

- American Indian Team Care members may receive medications from any I/T/U pharmacy when locked into a different pharmacy; I/T/U providers may need to call the Provider Help Line if the claim is denied.



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# Member Care Management Contacts

## Passport Program Officer

Elizabeth LeLacheur

(406) 444-0991

[elelacheur@mt.gov](mailto:elelacheur@mt.gov)

## Team Care/EPSDT Program Officer

Miranda McCabe

(406) 444-4349

[Miranda.McCabe@mt.gov](mailto:Miranda.McCabe@mt.gov)

## Care Management Section Supervisor

Jacqueline Roberts

[Jacqueline.Roberts@mt.gov](mailto:Jacqueline.Roberts@mt.gov)

- **Medicaid Member Help Line**  
(800) 362-8312
- **Provider Help Line**  
(800) 624-3958
- Medicaid Provider Website  
<http://medicaidprovider.mt.gov>



# Questions



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