



# ***PASSPORT To Health Provider Handbook***



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March 2008

*This publication supersedes all previous PASSPORT To Health Provider Handbooks. Published by the Montana Department of Public Health & Human Services, December 2003.*

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*“Manage the delivery of health care to Montana Medicaid clients in order to improve or maintain access and quality while minimizing the use of health care resources.”*

PASSPORT Program Mission Statement

**PASSPORT**  
**To**   
**Health**



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# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana. The numbers designated “TDD” have a telecommunication device for the deaf (TDD) and hard of hearing. Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in Medicaid, should contact the Montana Department of Public Health and Human Services through the PASSPORT To Health Program (see *PASSPORT Client Information* below for phone number and address).

## Provider Relations

Contact Provider Relations for questions about Medicaid, MHSP, and CHIP eyeglass and dental. Provider Relations can answer questions regarding payments, denials, eligibility, general claims questions, and Medicaid enrollment questions:

**(800) 624-3958** In- and out-of-state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit  
P.O. Box 4936  
Helena, MT 59604

Send e-mail inquiries to:

MTPRHelpdesk@ACS-inc.com

For PASSPORT enrollment or caseload questions:

(800) 362-8312

Send PASSPORT correspondence to:

PASSPORT To Health  
P.O. Box 254  
Helena, MT 59624

## PASSPORT Client Information

Clients who have general Medicaid questions may call the **Montana Medicaid Help Line** or write to:

**(800) 362-8312** In and out-of-state  
**(406) 442-2328** Fax

PASSPORT To Health Program  
P.O. Box 254  
Helena, MT 59624-0254

## Client Eligibility

For client eligibility, see the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual.

## PASSPORT Program Officer

PASSPORT providers can contact the program officer with policy or program questions, to report errors, omission, or discrepancies in enrollee utilization and cost reports, and to submit inpatient stay documentation.

**(406) 444-4540**

PASSPORT Program Officer  
DPHHS  
Medicaid Services Bureau  
P.O. Box 202951  
Helena, MT 59620-2951

## Medicaid Policy Questions

Providers who have Medicaid policy questions may contact the appropriate division of the Department of Public Health and Human Services; see the *Introduction* chapter in the *General Information For Providers* manual.

## Secretary of State

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

**(406) 444-2055** Phone

Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

## CHIP Program

For questions about the Children's Health Insurance Plan:

**(877) 543-7669** Phone toll-free  
**(406) 444-6971** Phone in Helena  
**(406) 444-4533** Fax In Helena  
**(877) 418-4533** Fax Toll-free

**chip@mt.gov** E-mail

CHIP Program Officer  
P.O. Box 202951  
Helena, MT 59620-2951

## Administrative Review Request

To request an administrative review, deliver or mail the request, objections, and supporting document to the following address. The document should be addressed or directed to the division that issued the contested determination.

DPHHS  
111 N. Sanders  
P.O. Box 4210  
Helena, MT 59604-4210

## Office for Civil Rights

For complaints about alleged discrimination because of race, color, national origin, age or disability. Hours are 8:00 a.m. to 4:00 p.m. Mountain time.

DPHHS, Office of Human Resources  
Client Complaint Coordinator  
P.O. Box 4210  
Helena, MT 59604

**(406) 444-3136** In and out-of-state

Office for Civil Rights  
U.S. Department of Health and Human Services  
Federal Office Building  
1961 Stout Street, Room 1426  
Denver, CO 80294-3528

**(303) 844-2024** In and out-of-state

**(303) 844-3439** TDD

## Montana Relay Services

Telecommunications assistance for the hearing impaired.

**(800) 253-4093** Voice  
**(800) 253-4091** TDD

## Fair Hearing Request

To request a fair hearing, deliver or mail the request to the following address. A copy must also be delivered or mailed to the division that issued the contested determination.

DPHHS  
Quality Assurance Division, Office of Fair Hearings  
P.O. Box 202953  
Helena, MT 59620-2953

## Emergency Services Review

Send emergency department review documentation to:

Mountain-Pacific Quality  
Health Foundation  
3404 Cooney Drive  
Helena, MT 59602

Phone:

**(800) 262-1545 X150** In state  
**(406) 443-4020 X150** Out of state and  
Helena

Fax:

**(800) 497-8235** In state  
**(406) 443-4585** Out of state and Helena

## Team Care Program Officer

For questions regarding the Team Care Program:

**(406) 444-4540** Phone  
**(406) 444-1861** Fax

Team Care Program Officer  
DPHHS  
Managed Care Bureau  
P.O. Box 202951  
Helena, MT 59620-2951

<b>Key Web Sites</b>	
<b>Web Address</b>	<b>Information Available</b>
<p><b>Provider Information Web Portal</b>  <a href="http://www.mtmedicaid.org">www.mtmedicaid.org</a></p>	<ul style="list-style-type: none"> <li>• Medicaid information</li> <li>• Medicaid news</li> <li>• Provider manuals</li> <li>• Notices and manual replacement pages</li> <li>• Fee schedules</li> <li>• Remittance advice notices</li> <li>• Forms</li> <li>• Provider enrollment</li> <li>• Frequently asked questions (FAQs)</li> <li>• Upcoming events</li> <li>• Electronic billing information</li> <li>• Newsletters</li> <li>• Key contacts</li> <li>• Links to other websites and more</li> <li>• Montana Access to Health: Eligibility, provider summary information, claim status and payment amounts, X12 transactions, remittance advices, enrollment, and medical claims history for hospitals, physicians, and mid-level practitioners</li> </ul>
<p><b>Client Information Website</b>  <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></p>	<ul style="list-style-type: none"> <li>• Medicaid program information</li> <li>• Client newsletters</li> <li>• Who to call if you have questions</li> <li>• Client Notices &amp; Information</li> </ul>
<p><b>Children’s Health Insurance Plan (CHIP) Website</b>  <a href="http://www.chip.mt.gov">www.chip.mt.gov</a></p>	<ul style="list-style-type: none"> <li>• Information on the Children’s Health Insurance Plan (CHIP)</li> </ul>
<p><b>Centers for Disease Control and Prevention (CDC) website</b>  <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a></p>	<p>Immunization and other health information</p>
<p><b>Medicaid Mental Health and Mental Health Services Plan</b>  <a href="http://www.dphhs.mt.gov/mentalhealth/index.shtml">http://www.dphhs.mt.gov/mentalhealth/index.shtml</a></p>	<p>Mental Health Services information for Medicaid and MHSP</p>

# PASSPORT To Health Overview

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## PASSPORT To Health Program

PASSPORT To Health is Montana's Primary Care Case Management Program (PCCM) in which the 70% of Medicaid clients who are eligible must enroll. Each enrollee has a designated PASSPORT provider who is typically a physician, mid-level practitioner, or primary care clinic. The PASSPORT provider provides and coordinates most of the client's care and makes referrals to other Montana Medicaid providers when necessary. With some exceptions, all services to PASSPORT clients must be provided or approved by the client's PASSPORT provider or Medicaid will not reimburse for those services. The client's PASSPORT provider is also referred to as the Primary Care Provider or PCP.

## Program Goals

PASSPORT To Health is designed to build a strong relationship between the client and his or her primary care provider to achieve the following goals:

- Assure adequate access to primary care
- Foster a 'medical home' between the provider and client
- Improve the continuity of care
- Encourage preventive health care for children and adults
- Promote Early Periodic Screening Diagnosis and Treatment (EPSDT) services for children
- Reduce the inappropriate use of medical services
- Decrease non-emergent care in the Emergency Department (ED)
- Reduce and control health care costs

## Rule References

Providers must be familiar with all current rules and regulations governing the Montana Medicaid program. Provider manuals are to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. In the event that a manual conflicts with a rule, the rule prevails. Links to rules are available on the Provider Information website (see *Key Contacts*). Paper copies of rules are available through Provider Relations and the Secretary of State's office (see *Key Contacts*). In addition to the general Medicaid rules outlined in the *General Infor-*

*mation For Providers* manual and the rules outlined in each program manual, the following rules and regulations are also applicable to the PASSPORT To Health program:

- Code of Federal Regulations (CFR)
  - 42 CFR 438 Managed Care
- Montana Codes Annotated (MCA)
  - MCA 53-6-116 - 53-6-117 Medicaid Managed Care - Capitated Health Care, Participation Requirements
  - MCA 53-6-701 - 53-6-706 Medicaid Managed Care
- Administrative Rules of Montana (ARM)
  - ARM 37.86.5101 - 37.86.5120 PASSPORT To Health Program

## Getting Questions Answered

The Medicaid Managed Health Care section, under the Department of Public Health and Human Services (DPHHS), administers the PASSPORT To Health Program and determines services and policy. For program policy information, see the *Program Policy Information* table in the *Introduction* chapter of the *General Information For Providers* manual. Manuals and other information are available on the Provider Information website (see *Key Contacts*).

The Montana Medicaid Help Line assists clients with PASSPORT To Health enrollment and answers their Medicaid and PASSPORT questions.

Provider Relations answers providers' questions about Medicaid services, the PASSPORT Program, claims, eligibility, and addresses provider concerns. Providers may also call Provider Relations to obtain materials for display in the office, discuss problems or questions regarding PASSPORT clients, or enroll in PASSPORT. Providers can keep up with changes and updates to the PASSPORT program by reading the PASSPORT provider newsletters. Providers should also visit the Provider Information website for PASSPORT and Medicaid information. See the *Key Contacts* section in this manual for phone numbers, addresses, and website information.

# Client Enrollment and Education

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## Client Enrollment (ARM 37.86.5103 - 5104)

Most clients are required to enroll in PASSPORT To Health. Clients that are not required to enroll in PASSPORT are considered either exempt or ineligible as follows. If participation in PASSPORT causes a medical hardship, clients may petition the state for an exempt status. The Department has determined the following clients are ineligible for PASSPORT enrollment:

- Clients living in a nursing home or other institution
- Clients with both Medicare and Medicaid coverage
- Clients classified as medically needy and have an incurment
- Clients who will receive Medicaid benefits for only three months or less
- Clients who live in a non-PASSPORT county
- Clients who are in subsidized adoption
- Clients who have only retroactive eligibility
- Clients who are receiving Home and Community Based Waiver Program Services

When a client applies for Medicaid, they are given a Medicaid general handbook introducing the client to Medicaid, *Your New Handbook; What You Need to Know*. The County Office of Public Assistance determines Medicaid eligibility, and if the client is mandated to participate in PASSPORT, the client's eligibility information is sent to PASSPORT To Health. PASSPORT then begins client enrollment and education. New clients receive an enrollment packet containing the following information:

- A letter instructing the client to select a PASSPORT provider
- A list of participating PASSPORT providers by county
- A PASSPORT enrollment form
- *Getting Started with Your Medicaid Health Services*, a brochure with PASSPORT and Medicaid information

After the client chooses a PASSPORT provider, the client is sent a *PASSPORT To Health Handbook for Clients*. Clients are allowed at least 30 days to select a PASSPORT provider. Some clients are allowed up to 45 days to select a provider, depending on what time of month they became eligible for Medicaid. Each family member may select the same or a different PASSPORT provider. If a client does not choose a PASSPORT provider, PASSPORT To Health will automatically assign a provider appropriate to the client's age, sex, and location based on the following criteria:

- County of residence
- Family PASSPORT enrollment
- A history of claims with a PASSPORT provider who is accepting new clients
- Native American clients who have declared a tribal enrollment who live in a county where there is an Indian Health Services PASSPORT provider
- Randomly, to a provider accepting new clients

Clients who are assigned a PASSPORT provider are notified at least ten days in advance of the effective assignment. This allows clients to notify PASSPORT To Health if they would like to select their own PASSPORT provider.


Clients may change their PASSPORT provider up to once per month, but the change may not be effective until the following month, depending on the date the choice is made.

### Client Outreach and Education

In addition to the enrollment packet, all families with an active telephone number receive at least three phone attempts to verbally explain the PASSPORT Program, answer questions, and take enrollment information over the phone. An education script is followed during these outreach calls to ensure that all clients receive the same information about PASSPORT To Health and Medicaid. Clients also have additional resources to help them use their Medicaid services and understand the PASSPORT To Health Program. See the following table, *Client Education Resources*.



Over 75% of PASSPORT clients choose their own PASSPORT provider.



Less than 4% of PASSPORT clients change providers more than three times a year.

<b>Client Education Resources</b>		
<b>Resource</b>	<b>Description</b>	<b>Where to Get</b>
<b>General Medicaid Handbook</b>	All potentially eligible Medicaid clients are given a general Medicaid handbook entitled, <i>Your New handbook, What You Need to Know</i> . This handbook is an excellent resource for Medicaid information for all clients enrolled in Montana Medicaid.	<ul style="list-style-type: none"> <li>• Client Information Website</li> <li>• Montana Medicaid Help Line</li> </ul>
<b>PASSPORT Client Handbook</b>	The <i>PASSPORT To Health Handbook for Clients</i> is mailed to the client once he or she is enrolled with a PASSPORT provider. This handbook provides information about PASSPORT policy, the use of the emergency department, Well Child Check Ups, pregnancy care, preventive care, the complaint and grievance process, and more.	<ul style="list-style-type: none"> <li>• Client Information Website</li> <li>• Montana Medicaid Help Line</li> </ul>
<b>Montana Medicaid Help Line</b>	A toll-free Montana Medicaid Help Line is available to answer client's questions or take their PASSPORT enrollment. The Montana Medicaid Help Line may also direct clients to other Medicaid-related entities.	1-800-362-8312
<b>Preventive Materials</b>	Preventive health care letters are mailed out yearly to different Medicaid client age groups just before their birthday. An immunization schedule is available on the website.	<ul style="list-style-type: none"> <li>• Client Information Website</li> <li>• Montana Medicaid Help Line</li> </ul>
<b>PASSPORT Need to Choose Letter</b>	If a client moves to a different county in Montana, PASSPORT To Health attempts to contact the client to select a new PASSPORT provider. If contact with the client is unsuccessful, this letter is sent requesting the client to select a new PASSPORT provider in their new county. Enclosed with the letter is a list of PASSPORT providers available in their new county and a PASSPORT change of provider form.	<ul style="list-style-type: none"> <li>• Montana Medicaid Help Line</li> </ul>
<b>PASSPORT Client Newsletters</b>	All households enrolled in PASSPORT are mailed a quarterly <i>PASSPORT To Health Client Newsletter</i> . The newsletters provide new information on PASSPORT, reminders regarding their Medicaid use, and health notices.	<ul style="list-style-type: none"> <li>• Client Information Website</li> <li>• Montana Medicaid Help Line</li> </ul>
<b>Client Information Website</b>	On the Client Information website clients will find Medicaid program information, client newsletters, who to call if you have questions, and client notices and information.	<a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>



# Role of the PASSPORT Provider

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## Becoming a PASSPORT Provider (ARM 37.86.5112)

A primary care provider (PCP) can be a physician or a mid-level practitioner, other than a certified registered nurse anesthetist, who is responsible for providing primary care case management by agreement with the Department. The Department allows any provider who has primary care within his or her professional scope of practice to be a PCP. The Department does, however, recognize that certain specialties are more likely to practice primary care. The Department actively recruits these providers.

## PASSPORT Provider Enrollment

To enroll in PASSPORT, Medicaid providers must complete a PASSPORT provider agreement. The PASSPORT provider agreement and the *PASSPORT To Health Provider Handbook* are available on the Provider Information website (see *Key Contacts*). Providers may also call Provider Relations (see *Key Contacts*) for information on becoming a PASSPORT provider and to get the PASSPORT provider agreement.

### ***Solo PASSPORT provider***

A Solo PASSPORT provider is enrolled in the program as an individual provider with one PASSPORT number. The Solo provider is listed as the client's PASSPORT provider. The Solo provider is responsible for managing his or her individual PASSPORT caseload. For details on referral documentation, see *PASSPORT Referral and Approval* in the *PASSPORT Referral* chapter of this manual. Case management fees are paid to the individual provider under the Solo provider's PASSPORT number separate from the fee-for-service reimbursement.

### ***Group PASSPORT provider***

A Group PASSPORT provider is enrolled in the program as having one or more Medicaid providers practicing under one PASSPORT number. The Group name will be listed as the client's PASSPORT provider and could be a private group clinic, Rural Health Clinic, Federally Qualified Health Center, or Indian Health Services (IHS). All participating providers sign the PASSPORT agreement group signature page and are responsible for managing the caseload. As a Group provider, clients may visit any provider within the group practice without PASSPORT approval. For details on referral documentation,



Providers may enroll in PASSPORT as a Solo PASSPORT provider or as a Group PASSPORT provider.

see *PASSPORT Referral and Approval* in the *PASSPORT Referral* chapter of this manual. Case management fees are paid as a group under the group's PASSPORT number separate from the fee-for-service reimbursement.

## Suitable Coverage

PASSPORT providers must provide or arrange for suitable coverage for needed services, consultation, and approval of referrals during normal business hours. PASSPORT providers must also provide 24-hour availability of information regarding how to seek emergency services.

### ***Normal office hours***

Normal office hours are the reasonable and adequate hours of operation for all clients, including those who are not enrolled in Medicaid or the PASSPORT To Health Program. Providers cannot be open for services for non-PASSPORT clients unless they are also open for services for PASSPORT clients.

### ***Normal office hour coverage sources***

Suitable coverage for normal office hours may consist of an answering service, call forwarding, provider on-call coverage, or other appropriate methods that provide ready access to someone who can reach the PCP or render a clinical decision. The coverage must ensure the client need make no more than two phone calls to reach the person who can render the decision. If another provider is covering, the covering provider need not be enrolled as a PASSPORT provider but must be a Medicaid provider. Coverage can be provided by a physician, mid-level practitioner, or registered nurse. The covering provider for clients in a hospital or an office can be any Medicaid provider, but he or she must have the authority to give the PASSPORT provider's number for claims.

### ***Vacation, illness, and other absences***

During periods of absence, providers must arrange for coverage for normal office hours as specified above. Since PASSPORT clients are required to either see their PASSPORT PCP or get referrals for much of their medical care, it is unacceptable to leave them without access to this while the provider is absent.

### ***Incapacitation***

In the instance where a Solo PASSPORT provider is incapacitated and unable to make decisions for coverage arrangements, the Department requires verification that confirms the provider's situation. The provider's clients are disenrolled retroactive to the beginning of the month in which the provider became incapacitated. If the provider's office provides documentation that coverage arrangements were made in advance, his or her clients will not be disenrolled for a reasonable time. In such instances, the Department will work closely

with the provider's office to determine if the condition will be long term and will require disenrollment. Clients will not be disenrolled from a Group PASSPORT provider if one provider becomes incapacitated.

### ***Direction and education for emergency care***

PASSPORT providers must provide direction to clients in need of emergency care 24 hours each day, seven days a week. Acceptable direction includes an answering service, call forwarding, provider on-call coverage, or answering machine message. When a message is used, it should state at a minimum, "If this is an emergency, hang up and either call 911 or go to the emergency department."

PASSPORT providers are expected to provide education to their clients regarding the appropriate/inappropriate use of the emergency department (ED). This education can be verbal or in writing. If a client has recently been to the ED for a non-emergent situation, the provider should educate or remind the client about appropriate use of the ED.

## **Role of the PASSPORT Provider**

The PASSPORT provider manages a client's health care in several ways. PASSPORT providers:

- Must be enrolled as Montana Medicaid providers. Providers may download the provider enrollment information from the Provider Information website or contact Medicaid Provider Relations (see *Key Contacts*).
- Sign and agree to the terms of the PASSPORT provider agreement.
- Must meet the requirements listed in the *Provider Requirements* and *PASSPORT To Health* chapters of the *General Information For Providers* manual.
- Accept enrollees in the order in which clients are enrolled if accepting assignment. Providers that accept assignment are automatically assigned PASSPORT enrollees as long as they have openings and the enrollees meet the PCP-defined caseload limit and restrictions.
- Provide primary care, preventive care, health maintenance, treatment of illness and injury, and coordination of client's access to medically necessary specialty care by providing referral, authorization, and follow-up.
- Provide an appropriate and confidential exchange of information among providers.
- Educate and assist clients in finding self-referral services (e.g., family planning, mental health services, immunizations and other services).
- Authorize inpatient admissions when appropriate.
- Educate clients about appropriate use of the emergency department (ED).

- Provide or arrange for Well Child Check Ups, EPSDT services, and immunizations according to the periodicity schedule in the *Physician Related Services* manual (available on the Provider Information website, see *Key Contacts*).
- Provide direction to patients in need of emergency care 24 hours a day, seven days a week. Acceptable direction includes an answering service, call forwarding, provider on-call coverage, or answering machine message. When a message is used, it should state at a minimum, “If this is an emergency, hang up and either call 911 or go to the emergency department.”
- Maintain a unified patient medical record for each PASSPORT enrollee. This must include a record of all approved referrals to other providers. Providers must transfer a copy of the client’s medical record to a new primary care provider if requested in writing and authorized by the client.
- Review enrollee utilization and cost reports provided by Medicaid, and advise the PASSPORT program officer (see *Key Contacts*) of any errors, omissions, or discrepancies.
- Provide all documentation requested by the Department (or its designee). The Department may review provider records to assure services provided to Medicaid clients are quality, appropriate, timely, and reasonably priced.
- May not discriminate against protected classes or in the selection of PASSPORT clients (see the *Complaints, Administrative Reviews, and Fair Hearings* chapter in this manual). For example, providers may not assign separate waiting rooms or appointment days to Medicaid clients. A provider may not terminate or refuse to accept or renew PASSPORT clients in order to avoid costs associated with a client’s deteriorating health. Providers must treat Medicaid clients the same as private pay clients.
- Must, by federal regulation, provide interpreter services when necessary.


### Caseload Limits

PASSPORT providers may serve as few as one Medicaid client or as many as 1,000 per full time physician or mid-level practitioner. Clinics or private group practices may have as many as 1,000 clients per full-time provider. PASSPORT providers may also encourage Medicaid clients to enroll with them under the PASSPORT Program.

### Reporting Changes

Providers must notify Provider Relations of changes that include (but are not limited to) the following:

- Number of PASSPORT clients the provider is accepting
- Address changes
- Phone number changes



If a provider's Medicaid ID number changes, the provider must complete a new PASSPORT agreement.

- Ownership changes
- Change of providers who are participating under a group PASSPORT agreement

## **PASSPORT Provider Termination**

When a provider wishes to terminate his or her PASSPORT To Health enrollment, the Department requires a written notification at least 30 days before the termination date. Written notification is sent to Provider Relations (see *Key Contacts*). It is important to also give clients at least 30 days notice before termination to allow them enough time to choose another PASSPORT provider. To ensure continuity of care during these 30 days, the provider must continue to treat or refer the client to another provider.

## **Utilization Review (ARM 37.86.5112)**

PASSPORT providers' utilization patterns are analyzed on a regular basis. When a provider's average rates for service utilization are consistently high or low, the provider may be asked to furnish information regarding unusual practice patterns.



# PASSPORT Referral

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## Primary Care Case Management (PCCM)

Primary care case management means promoting the access to, coordination of, quality of, and appropriate use of medical care by having an enrollee obtain certain medical care from and through a primary care provider (PCP).

## PASSPORT Referral and Approval (ARM 37.86.5110)

PASSPORT referral and approval is needed for most medically necessary services that the client's PASSPORT provider does not provide. Referrals can be made to any other provider who accepts Montana Medicaid. Referrals can be verbal or in writing, and must be accompanied by the PASSPORT provider's PASSPORT approval number. PASSPORT providers are required to document PASSPORT referrals in the client's records or in a telephone log book. The PASSPORT provider establishes the parameters of referrals, which may be for a one-time visit, a time specific period, or the duration of an illness or pregnancy. An optional referral form is available in this chapter and on the Provider Information website (see *Key Contacts*).

It is best to get PASSPORT approval in advance, in writing, and specific to service(s) and date(s). If a provider accepts a client as a Medicaid client and provides a service (that requires PASSPORT provider approval) without the client's PASSPORT provider's approval, Medicaid will deny the claim. If a provider tries unsuccessfully to get approval from the PCP, the provider cannot bill the client. The provider can bill the client if the client agreed to pay privately before services were rendered (ARM 37.85.406). For details on when providers can bill Medicaid clients, see the *Billing Procedures* chapter in the Medicaid billing manual for your provider type.

Solo PASSPORT providers no longer have to document referrals to clients that have a PCP within the same clinic as long as the same client file is used for that client.

PASSPORT approval and prior authorization are different, and both may be required for a service. See the *Additional Medicaid Requirements for PASSPORT Clients* chapter in this manual, and the Medicaid billing manual for your specific provider type for more information on prior authorization and PASSPORT. The *Medicaid Covered Services* table in *Appendix A* of the *General Information For Providers* manual is an overview of services with prior authorization and PASSPORT indicators.



Always verify client eligibility and PASSPORT information before services are rendered (see the *Client Eligibility* chapter in the *General Information For Providers* manual).



PASSPORT approval and prior authorization are different, and both may be required for a service.

## PASSPORT Approval Number

The PASSPORT approval number is the number the PCP gives to providers when approving services. This is a number issued to the PASSPORT provider and must be on the claim or Medicaid will deny the service if it requires PASSPORT approval.

Please refer to the Medicaid billing manual for your provider type for more information on completing a claim and where to record the PASSPORT approval number. The provider can choose to approve a referral if the services are medically necessary and appropriate even if the PCP hasn't seen the client. Encourage the client to establish a patient-provider relationship with you for future services.

## Indian Health Services


All Native Americans are entitled to health services through Indian Health Services (IHS). Some Native Americans may also be eligible for Medicaid, and in those cases, Medicaid pays for services provided through an IHS as well as other Medicaid providers.

A Native American Medicaid client who is enrolled in PASSPORT To Health may choose an IHS to be the primary care provider, as long as that IHS is a PASSPORT provider. The client may alternatively choose a PASSPORT provider other than an IHS.


If the client chooses a PASSPORT provider other than an IHS, he or she may go to an IHS as well without a referral from the PASSPORT provider. However, if an IHS refers the client to another provider, the PASSPORT provider must first approve that IHS referral, or Medicaid will not pay for the services.

## PASSPORT Referral Tips

- Before referring a PASSPORT client to another provider, verify that the provider accepts Medicaid.
- The PASSPORT provider's office must check their PASSPORT number each month and give the correct number for the correct date of service when approving PASSPORT services.
- PASSPORT approvals may be provided by the PASSPORT provider or a medical professional covering for him or her. PASSPORT approval may not be determined by office staff, but office staff may communicate the referral approval or denial.
- The PASSPORT provider's approval may be verbal or written but must be documented and maintained in the client's file or in a log.



All referrals by an IHS must be approved by the client's PASSPORT provider, unless the IHS is the PASSPORT provider.



Do not use a PASSPORT provider's approval number for services that the provider did not authorize. This is considered fraud.

- Do not “piggy back” referrals. If a client is referred to you by a PASSPORT provider, you cannot refer him or her to someone else without the PASSPORT provider’s approval.
- PASSPORT providers should not give their PASSPORT approval number for “blanket” referrals, such as a referral for any client for any service.
- A facility or non-PASSPORT provider is not authorized to pass on a PASSPORT approval number. This may be considered fraud.
- If a provider suspects that his or her PASSPORT number is being used without approval, providers are encouraged to contact the Department. Providers may also request a change in their PASSPORT number by contacting Provider Relations (see *Key Contacts*).

# MONTANA MEDICAID PASSPORT To HEALTH REFERRAL FORM

●Please Do Not Attach This Form To Claim; Retain With Patient Records To Document Referral

**PASSPORT Provider's Name & Phone**

**Patient's Name:** \_\_\_\_\_

Patient's ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Referred to:**

Name of provider \_\_\_\_\_

Specialty \_\_\_\_\_ Phone Number \_\_\_\_\_

**Diagnosis/problem:** \_\_\_\_\_

**Services Requested:**

(Please check all that apply)

1. \_\_\_\_\_ Evaluate and recommend treatment (1 visit)
2. \_\_\_\_\_ Initiate treatment and refer back to me (2-3 visits)
3. \_\_\_\_\_ Continued Supervision (Circle number of visits: 4 5 6 )
4. \_\_\_\_\_ Length of Referral  
\_\_\_\_\_ 15 days \_\_\_\_\_ 30 days \_\_\_\_\_ 45 days \_\_\_\_\_ other (please specify)
5. \_\_\_\_\_ Specific Procedures \_\_\_\_\_
6. \_\_\_\_\_ Surgery (Please Specify) \_\_\_\_\_
7. \_\_\_\_\_ Other \_\_\_\_\_

**Limitations (Please Specify):** \_\_\_\_\_

**Follow-up Instructions:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_  
PASSPORT PROVIDER SIGNATURE

\_\_\_\_\_  
AUTHORIZATION #

\_\_\_\_\_  
DATE REFERRAL AUTHORIZED

**NOTE:** ● IN ALL CASES, COMMUNICATE YOUR ASSESSMENT AND RECOMMENDATION BACK TO THE PASSPORT PROVIDER

● IF SERVICES BEYOND THOSE AUTHORIZED ARE NEEDED, CALL PASSPORT PROVIDER

# Additional Medicaid Requirements for PASSPORT Clients

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## Prior Authorization

PASSPORT approval and prior authorization are different. While PASSPORT approval is a referral to visit another provider, prior authorization refers to a list of services that require Department authorization before they are performed. Some services may require both PASSPORT approval and prior authorization. Prior authorization is usually obtained through the Department or a prior authorization contractor. Different codes are issued for PASSPORT approval and prior authorization, and both codes must be recorded on the claim. For more information on prior authorization, see the *PASSPORT and Prior Authorization* chapter in the Medicaid billing manual for your provider type.

## Team Care

Team Care is a utilization control and management program designed to educate clients on how to effectively use the Medicaid system. Clients with a history of using services at an amount or frequency that is not medically necessary are enrolled in Team Care. Clients enrolled in Team Care are also enrolled in PASSPORT. Team Care follows the same PASSPORT rules and guidelines for referrals, enrollment/disenrollment, prior authorization, and billing processes. For more Team Care information, see the *General Information For Providers* manual, *PASSPORT and Prior Authorization* chapter.

## Client Cost Sharing

Cost sharing rules are the same for PASSPORT clients and non-PASSPORT clients. For more information on client cost sharing, see the Medicaid billing manual for your provider type.

## Service Limits

Service limits are the same for PASSPORT clients and non-PASSPORT clients. For more information on service limits, see the Medicaid billing manual for your provider type and the *General Information For Providers* manual, which are both available on the Provider Information website (see *Key Contacts*).



The same cost sharing, service limits, prior authorization and provider payment rules apply to PASSPORT and non-PASSPORT clients and services.



# Managing Your PASSPORT Caseload

## Enrollee List

A monthly PASSPORT enrollee list will be mailed to each PASSPORT provider by the first day of each month to assist PASSPORT providers in managing their PASSPORT clients. For each person on the list, there are two rows of information. Row one contains the client's name, Medicaid ID number, birth date, address, phone number, and BASIC or FULL Medicaid information. Row two indicates if the client is a new enrollee, currently has Medicaid, and is due for a Well Child Check Up. Below is a sample enrollee list.

DR PASSPORT		PROVIDER ENROLLEE LIST				JANUARY 2003	
Client Name	Medicaid #	Birthdate	Address	City, ST zip	Phone	Basic	
	New Enrollee	Current Medicaid		Well Child Visit			
Row one → Sally Doe	000-00-0000	02/23/70	3400 PASSPORT RD	Helena, MT 59601	406-000-0000	Y	
Row two →		??					
Row one → John Doe	000-00-0000	09/11/96	3404 PASSPORT RD	Helena, MT 59601	406-999-9999	N	
Row two →	New Client	Yes		6 yrs			

- If a new client is on the list, it will say “New Client” under his or her name. Please take this opportunity to introduce the client to your practice, office policies and your staff. If a client has been on your list before but is shown as a new client, he or she may have lost eligibility for a period of time.
- If a client is on BASIC Medicaid a “Y” is shown in the “Basic” column. If an “N” is shown in the Basic column, that means the client has FULL Medicaid. For a list of covered services, see the *General Information For Providers* manual, *Appendix A: Medicaid Covered Services*.
- If question marks (??) are shown in the Current Medicaid column, this means that at the time the list was created, the Eligibility Case Manager didn't know if the person would be eligible for Medicaid. If the person does become eligible later on in the month, you will be responsible for managing their care, and you will receive case management fees for them.



Clients may not be eligible for Medicaid every month, so a client who has been on your list before may be indicated as a “New Client” if they lose eligibility for a period of time.

## Team Care

A monthly Team Care enrollee list will accompany your PASSPORT enrollee list as applicable.



# Disenrolling a PASSPORT Client

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## Disenrollment

A provider may disenroll a PASSPORT client for the following reasons:

- The provider-patient relationship is mutually unacceptable
- The client fails to follow prescribed treatment
- The client is abusive
- The client could be better treated by a different type of provider, and a referral process is not feasible

A provider cannot disenroll a PASSPORT client for the following reasons:

- Because of an adverse change in the enrollee's health status
- Client's utilization of medical services
- Client's diminished mental capacity
- Disruptive behavior as a result of the client's special needs. The exception is if enrollment seriously impairs the PCP's ability to furnish care to the client or other clients. If this is the case, disenrollment must be approved by the PASSPORT program officer (see *Key Contacts*).
- Any reason that may be considered discrimination (see the *Complaints, Administrative Reviews and Fair Hearings* chapter in this manual)

## Client Notification

A written disenrollment notification must be sent to the client at least 30 days prior to disenrollment. A copy of the client's disenrollment notification must be mailed or faxed to the PASSPORT To Health Program (see *Key Contacts*). During these 30 days, the provider must continue to treat the client or refer the client to another provider. The Department makes exceptions to this rule only under extreme circumstances. Providers may call Provider Relations with any questions about the disenrollment process.

The PASSPORT Program will not disenroll clients from a PCP without written notification from the provider. PASSPORT To Health will assist the client in selecting a new PCP.



# Emergency Services

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PASSPORT providers must provide **direction** to clients in need of emergency care 24 hours each day, seven days a week. For more information on direction, education, and suitable coverage for emergency care, see the *Role of the PASSPORT Provider* chapter in this manual.

## Emergency Services Provided in the Emergency Department

PASSPORT provider approval is not required for emergency services. Emergency medical services are those services required to treat and stabilize an emergency medical condition. Non-emergencies in the ED will not be reimbursed, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. For more information, see *Emergency Services* on the Provider Information website or in the Medicaid billing manual for your provider type (see *Key Contacts*).

## Post Stabilization and PASSPORT

If inpatient hospitalization is recommended as post stabilization treatment, the hospital must get a referral from the client's PASSPORT provider. If the hospital attempts to contact the PASSPORT provider and does not receive a response within 60 minutes, authorization is assumed. To be paid for these services, documentation must be sent to the PASSPORT program officer (see *Key Contacts*) for review. The documentation must include the time an attempt was made to reach the provider and the time the inpatient hospitalization began. There must be a 60 minute time lapse between these two events.



# Early Periodic Screening, Diagnosis and Treatment (EPSDT)

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Early Periodic Screening, Diagnosis and Treatment (EPSDT) services are targeted at all Medicaid clients age 20 and under. In effect, EPSDT is a partnership between the provider and the Medicaid program. The provider is encouraged to actively screen for specific pediatric problems, to order diagnostic requests as indicated, and then to treat problems found or to refer clients elsewhere for treatment. Medicaid offers a wider range of services to people under age 21 than it does to adults. Examples of additional services for pediatric clients include chiropractic, nutrition, private duty nursing, residential treatment centers, respiratory therapy, school based services, and substance dependency inpatient and day treatment. For a list of services, see the *General Information For Providers* manual, *Appendix A Covered Services*.

## The Well Child Check Up

The PASSPORT Program encourages providers to conduct Well Child Check Ups according to a periodicity schedule established by medical, dental and other health care experts, including the American Academy of Pediatrics. See the *Recommended Childhood Screening and Immunization Schedule* at the end of this chapter. These screens should begin as early as possible in a child's life or as soon as the child is enrolled in Medicaid. Whenever possible, the Well Child Check Up should be incorporated into a symptomatic visit. This will increase the number of children receiving Well Child Check Ups. See the *Managing Your PASSPORT Caseload* chapter in this manual regarding the Well Child Check Up indicator on the PCP enrollee list.

The PASSPORT Program sends reminders to PASSPORT clients advising them that they are due for a Well Child Check Up. PASSPORT clients also receive quarterly newsletters which contain health care articles for adults and children.

Well Child Check Ups include four types of screens:

- Vision
- Hearing
- Dental
- Medical, which include the following:
  - A comprehensive health and developmental history, including assessment of both physical and mental health

- A comprehensive, unclothed physical examination
- Appropriate immunization
- Laboratory tests (including blood lead testing at 12 and 24 month and otherwise according to age and risk factors)
- Health education, including anticipatory guidance (thoughtful professional advice and information given to both parent and child about issues that can be expected to come up during the child’s future)

The *EPSDT* chapter of the *Physician Related Services* manual has more detail on each screening. A *Well Child Screen Recommendations* chart is also included for providers to track Well Child Screens. The manual and forms are available on the Provider Information website (see *Key Contacts*)

Recommended Childhood Screening and Immunization Schedule									
	WC*	HEP B	DTaP	HIB	IPV	MMR	Varicella	PVC	TD
Birth	✓	✓							
1 month	✓								
2 months	✓	✓	✓	✓	✓			✓	
4 months	✓		✓	✓	✓			✓	
6 months	✓		✓	✓				✓	
9 months	✓								
12 months	✓	✓			✓				
15 months	✓		✓	✓		✓	✓	✓	✓
18 months	✓			✓					
2 years	✓								
3 years	✓								
4 years	✓								
5 years	✓		✓		✓	✓			
6 years	✓								
8 years	✓								
10 years	✓								
12 years	✓	**				***	****		*****
14 years	✓	**				***	****		*****
16 years	✓	**				***	****		*****
18 years	✓	**				***	****		*****
20 years	✓	**				***	****		*****

- \* Well Child Check Up
- \*\* Catch up if haven’t had three since birth
- \*\*\* Catch up if haven’t had second MMR
- \*\*\*\* Need one or two vaccines based on age
- \*\*\*\*\* If it has been 5 years since last DTaP

# Billing and Reimbursement

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## Reimbursement (ARM 37.86.5112)

Reimbursement for PASSPORT client services is the same as Medicaid fee-for-service reimbursement. This allows providers the opportunity to become actively involved in cost containment and quality of care without financial risk. For more information on reimbursement, see the Department's fee schedule for your provider type and the *How Payment is Calculated* chapter in the Medicaid billing manual for your provider type (both available on the Provider Information website, see *Key Contacts*).

In addition to fee-for-service reimbursement, PASSPORT providers also receive a case management fee of \$3.00 per client per month, and an enhanced fee totaling \$6.00 per client per month for each enrolled Team Care client. This fee is in a separate check from the fee-for-service reimbursement, and is paid regardless of whether the client is seen during the month.

The monthly case management fee is paid to providers by their PASSPORT number. The fees are listed as a procedure code (G9008) for each PASSPORT enrollee on the provider's Remittance Advice (RA). The date of service for the code is shown as the first of the month for which the fee is being paid. PASSPORT providers do not bill for case management fees.

## PASSPORT Billing Tips

- Remember to verify client eligibility and PASSPORT provider at each visit before treating the client. See the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual for the methods available for checking client eligibility.
- Contact Provider Relations for information on Medicaid claims (see *Key Contacts*).
- Do not bill for case management fees; they are paid automatically to the provider each month.
- Team Care is a component of the PASSPORT Program; therefore, Team Care billing procedures mirror PASSPORT.
- For additional instructions on billing Medicaid, refer to the Medicaid billing manual for your provider type.



Do not bill for case management fees; they are automatically paid to the provider each month.



# Complaints, Administrative Reviews and Fair Hearings

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## Client Complaints

If a complaint is filed against a provider, the Department conducts an investigation. The investigation may include a phone call to the provider and/or a chart review. The provider will receive notice that a complaint has been filed against him or her and another notice when the complaint has been closed. Responses may include, but are not limited to:

- Clarification of PASSPORT policy to parties who have not acted in accordance with policy
- Advising clients how to change providers
- Advising providers how to disenroll clients

A written report is prepared and a response is sent to the involved parties. The person who reported the complaint is advised, in writing, about appeal rights through the Department. The final report is usually sent within 15 days of receipt of the complaint.

## Administrative Reviews and Fair Hearings (ARM 37.5.310 and 37.86.5120)

If a provider believes the Department has made a decision that fails to comply with applicable laws, regulations, rules or policies, the provider may request an administrative review. To request an administrative review, state in writing the objections to the Department's decision and include substantiating documentation for consideration in the review. The request must be addressed to the Division that issued the decision and delivered (or mailed) to the Department (see *Key Contacts*). The Department must receive the request within 30 days from the date the Department's determination was mailed. Providers may request extensions in writing within these 30 days.

If the provider is not satisfied with the Department's administrative review results, a fair hearing may be requested. Fair hearing requests must contain concise reasons the provider believes the Department's administrative review determination fails to comply with applicable laws, regulations, rules or policies. This document must be signed and received by the Fair Hearings Office (see *Key Contacts*) within 30 days from the date the Department mailed the administrative review determination. A copy must be delivered (or mailed) to the division that issued the determination within three working days of filing the request.

## **Non-Discrimination (ARM 37.85.402)**

The Department does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, handicap, political beliefs, religion or disability. This includes the admission to, participation in, or receipt of services or benefits of any of its programs, activities or employment, whether carried out by the Department or through a contractor or other entity. In case of questions or in the event that you wish to file a complaint alleging violations please contact DPHHS, Office of Human Resources (see *Key Contacts*).

If you wish to file a complaint with the Office of Civil Rights, contact them at the address or phone number shown in *Key Contacts*. A person does not have to go through the administrative review or fair hearing process to file a complaint with the Office for Civil Rights.

## Appendix A: Medicaid Covered Services

- This table contains general information about services by provider type. It is not a comprehensive list of services or prior authorization and PASSPORT requirements. For detailed information regarding prior authorization, PASSPORT approval, coverage, and cost sharing information, refer to the Medicaid billing manual for your provider type (e.g., *Physician Related Services*, *Hospital Outpatient Services*, etc.). Providers may verify PASSPORT and prior authorization requirements for specific services by contacting Provider Relations (see *Key Contacts*).
- Covered services are subject to change based on changes in funding, legislative action, and changes in administrative rules.
- When a client is enrolled in PASSPORT To Health, most services must be provided or approved by the PASSPORT provider. The following table shows whether clients need PASSPORT provider approval to visit a provider. Even though clients don't need PASSPORT approval to visit some providers, some of the services rendered by these providers may require PASSPORT approval.

<b>Medicaid Covered Services</b>					
<b>Services Provided by:</b>	<b>Covered Under Full Medicaid?</b>	<b>Covered Under Basic Medicaid?</b>	<b>Need PASSPORT Provider Approval?</b>	<b>Need Prior Authorization?</b>	<b>Age Restrictions</b>
Ambulances	Yes	Yes	No	Yes for scheduled transport (For emergencies, providers have 60 days following service to obtain authorization.)	No
Ambulatory surgical centers	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.
Audiologists	Yes	No*	No	No	No
Chiropractors	Yes (Under 21 and QMB only)	Yes (Under 21 and QMB only)	Yes	No	Under 21 and QMB only

<b>Medicaid Covered Services (continued)</b>					
<b>Services Provided by:</b>	<b>Covered Under Full Medicaid?</b>	<b>Covered Under Basic Medicaid?</b>	<b>Need PASSPORT Provider Approval?</b>	<b>Need Prior Authorization?</b>	<b>Age Restrictions</b>
Dentists and Orthodontists	Yes	No*	No Some services require authorization, such as dental surgery.	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.
Denturists	Yes	No*	No	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.
Dialysis – attendant in the home	Yes	Yes	No	Yes	No
Dialysis – freestanding centers	Yes	Yes	No	No	No
Durable medical equipment, medical supplies, and prosthetics providers	Yes	No* Except for items identified in the program’s fee schedule.	No	Some services require PA.	Some age restrictions apply. See the Medicaid billing manual for your provider type.
Eyeglass providers	Yes (Some limitations apply.)	No*	No	No	No
Federally qualified health centers (FQHC)	Yes	Yes (Except for dental services.)	Yes *** Except for some services listed at the end of this table.	No	No
Hearing aid providers	Yes	No*	No	Yes	No
Home and community based service providers (HCBS waiver) provided to qualifying clients in the client’s home	Yes, but must be screened and meet level of care requirements.	Yes, but must be screened and meet level of care requirements.	No	Yes	No
Home health care providers	Yes	Yes	Yes	Yes	No

<b>Medicaid Covered Services (continued)</b>					
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Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Home infusion therapy providers	Yes	No	No	Some services require PA.	No
Hospice providers	Yes	Yes	No	No	No
Hospitals (inpatient)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some in-state services require PA. All out-of state admissions and some services require PA.	No
Hospitals (outpatient)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	No Except for therapy services over 40 hours for children	No
Hospitals (emergency services)	Yes	Yes	No	No	No
Hospitals (swing bed)	Yes	Yes	No	Some services require PA.	No
Indian Health Services (IHS)	Yes	Yes	No	Some services require PA.	
Intermediate care facilities for the mentally retarded	Yes	Yes	No	Some services require PA.	No
Laboratory providers	Yes	Yes	No	No	No
Licensed clinical professional counselors	Yes	Yes	No	Some services require PA.	No
Mental health case management providers	Yes	Yes	No	Some services require PA.	No
Mental health centers	Yes	Yes	No	Some services require PA.	No
Mid-level practitioners (includes advanced practice nurses and physician assistants )	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.

<b>Medicaid Covered Services (continued)</b>					
<b>Services Provided by:</b>	<b>Covered Under Full Medicaid?</b>	<b>Covered Under Basic Medicaid?</b>	<b>Need PASSPORT Provider Approval?</b>	<b>Need Prior Authorization?</b>	<b>Age Restrictions</b>
Nursing facilities	Yes	Yes	No	Some services require PA.	No
Nursing facilities for the aged mentally retarded	Yes	Yes	No	Some services require PA.	No
Nutritionists	Yes	N/A	Yes	No	Under 21 only**
Occupational therapists	Yes	Yes	Yes	No	No
Optometrists and Ophthalmologists (medical treatment of eye disease)	Yes Some limitations apply.	No*	No	No	No
Personal care services in a client's home	Yes	No	No	Yes	No
Pharmacies	Yes	Yes	No	Some services require PA.	No
Physical therapists	Yes	Yes	Yes	No	No
Physicians	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.
Podiatrists	Yes	Yes	No	No	No
Private duty nursing providers in non-institutional settings	Yes	N/A	Yes	Yes	Under 21 only**
Psychiatrists	Yes	Yes	No	No	Some procedures and diagnosis codes have age restrictions.
Psychologists	Yes	Yes	No	Some services require PA.	No

<b>Medicaid Covered Services (continued)</b>
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Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Public health clinics	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services may require PA.	Some procedures and diagnosis codes have age restrictions.
Residential treatment centers	Yes	N/A	No	Yes	Under 21 only
Respiratory therapy providers	Yes	N/A	Yes	No	Under 21 only**
Rural health clinics (RHC)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	No	No
School based services providers	Yes	N/A	Yes Except immunizations and mental health services.	No Except private duty nursing services.	Under 21 only
Speech therapists	Yes	Yes	Yes	No	No
Social workers (licensed)	Yes	Yes	No	Some services require PA.	No
Substance Dependency, inpatient and day treatment providers (state approved programs)	Yes	N/A	No	Yes	Under 21 only
Substance Dependency, outpatient providers (state approved programs)	Yes	Yes	No	No	No
Targeted case management providers	Yes	Yes	No	No	Some procedures and diagnosis codes have different age restrictions.

<b>Medicaid Covered Services (continued)</b>					
<b>Services Provided by:</b>	<b>Covered Under Full Medicaid?</b>	<b>Covered Under Basic Medicaid?</b>	<b>Need PASSPORT Provider Approval?</b>	<b>Need Prior Authorization?</b>	<b>Age Restrictions</b>
Therapeutic family care	Yes	N/A	No	Yes	Under 21 only
Therapeutic group home care	Yes	N/A	No	Yes	Under 21 only
Transportation (commercial)	Yes	Yes	No	Yes (Call 1-800-292-7114 for PA)	No
Transportation (specialized non-emergency)	Yes	Yes	No	Yes (Call 1-800-292-7114 for PA)	No
X-ray providers	Yes	Yes	No Some services may require authorization.	No	No

- \* This service may be covered if it is “essential for employment” or an emergency. See the Medicaid billing manual for your provider type for details.
- \*\* This service is covered for all ages under the Home and Community Based Services program.
- \*\*\* These services do not require PASSPORT approval:
  - Pregnancy related services
  - Immunizations
  - Anesthesiology services
  - Pathology services
  - Testing and treatment for sexually transmitted diseases
  - Family planning services
  - Mental health services
  - Ophthalmology services
  - Testing for blood lead levels

# Definitions and Acronyms

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**This section contains definitions, abbreviations, and acronyms used in this manual.**

## **Administrative Review**

Administrative reviews are the Department's effort to resolve a grievance about a Department decision in order to avoid a hearing. The review includes an informal conference with the Department to review facts, legal authority, and circumstances involved in the adverse action by the Department.

## **Administrative Rules of Montana (ARM)**

The rules published by the executive departments and agencies of the state government.

## **Authorization**

An official approval for action taken for, or on behalf of, a Medicaid client. This approval is only valid if the client is eligible on the date of service.

## **Basic Medicaid**

Patients with Basic Medicaid have limited Medicaid services. See *Appendix A: Medicaid Covered Services*.

## **Centers for Medicare and Medicaid Services (CMS)**

Administers the Medicare program and oversees the state Medicaid program. Formerly the Health Care Financing Administration (HCFA).

## **Children's Health Insurance Program (CHIP)**

This plan covers some children whose family incomes make them ineligible for Medicaid. DPHHS sponsors the program, which is administered by BlueCross BlueShield of Montana.

## **Client**

An individual enrolled in a Department medical assistance program.

## **Cosmetic**

Serving to modify or improve the appearance of a physical feature, defect, or irregularity.

## **Cost sharing**

The client's financial responsibility for a medical bill, usually in the form of a flat fee.

## **DPHHS, State Agency**

The Montana Department of Public Health and Human Services (DPHHS or Department) is the designated State Agency that administers the Medicaid program. The Department's legal authority is contained in Title 53, Chapter 6 MCA. At the Federal level, the legal basis for the program is contained in Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR). The program is administered in accordance with the Administrative Rules of Montana (ARM), Title 37, Chapter 86.

## **Early Periodic Screening Diagnosis and Treatment (EPSDT)**

This program provides Medicaid-covered children with comprehensive health screenings, diagnostic services, and treatment of health problems.

## **Emergency Services**

Emergency medical services are those services required to treat and stabilize an emergency medical condition.

## Fair Hearing

Providers may request a fair hearing when the provider believes the Department's administrative review determination fails to comply with applicable laws, regulations, rules or policies. Fair hearings include a hearing officer, and can include attorneys, and witnesses for both parties.

## Full Medicaid

Patients with Full Medicaid have a full scope of Medicaid benefits. See *Appendix A: Medicaid Covered Services*.

## Group PASSPORT Provider

A Group PASSPORT To Health provider is enrolled in the program as having one or more Medicaid providers practicing under one PASSPORT number.

## Indian Health Services (IHS)

IHS provides federal health services to American Indians and Alaska Natives.

## Montana Access to Health Web Portal

A secure website on which providers may view clients' medical history, verify client eligibility, submit claims to Medicaid, check the status of a claim, verify the status of a warrant, and download remittance advice reports.

## Medicaid

A program that provides health care coverage to specific populations, especially low-income families with children, pregnant women, disabled people and the elderly. Medicaid is administered by state governments under broad federal guidelines.

## Medically Necessary

A term describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client. These conditions must be classified as one of the following: endanger life, cause suffering or pain, result in an illness

or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There must be no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this definition, "course of treatment" may include mere observation or, when appropriate, no treatment at all.

## Medicare

The federal health insurance program for certain aged or disabled clients.

## PASSPORT Approval Number

This is the number the PASSPORT provider gives to other providers when approving services. This is a seven digit number issued to the PASSPORT provider and must be on the claim or Medicaid will deny the service.

## Prior Authorization (PA)

The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

## Provider or Provider of Service

An institution, agency, or person:

- Having a signed agreement with the Department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department.

## Retroactive Eligibility

When a client is determined to be eligible for Medicaid effective prior to the current date.

## Sanction

The penalty for noncompliance with laws, rules, and policies regarding Medicaid. A sanction may include withholding payment from a provider or terminating Medicaid enrollment.

**Solo PASSPORT Provider**

A Solo PASSPORT To Health provider is enrolled in the program as an individual provider with one PASSPORT number.

**Team Care**

A utilization control program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a “team” consisting of a PASSPORT PCP, one pharmacy, the Nurse First Advice Line, and Montana Medicaid.

**Well Child Check Up**

Regularly scheduled check ups to screen for and treat specific pediatric problems. The check ups include immunizations as defined in the EPSDT chapter of this manual.



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