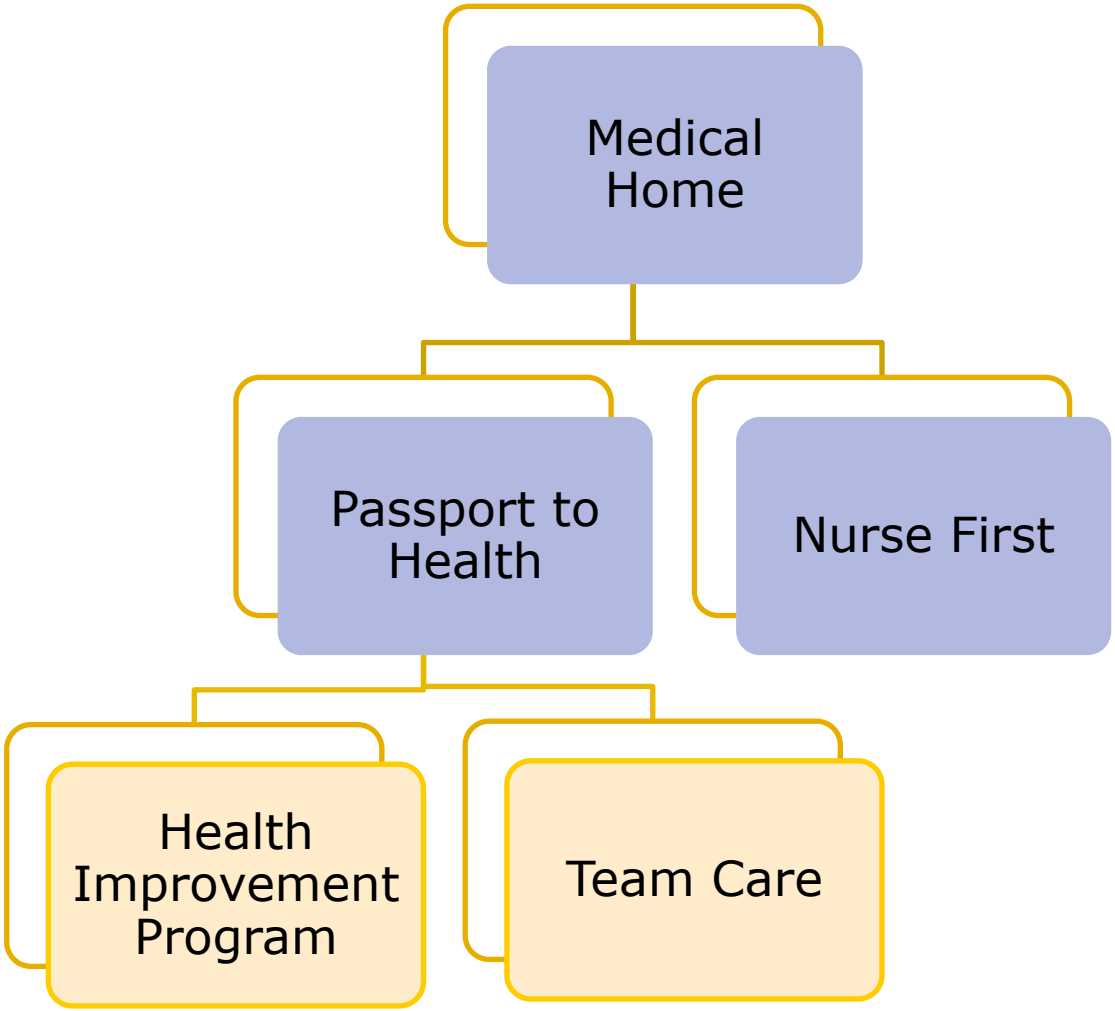
Passport
to Health
"Your journey to better health."

What is Passport to Health?

Passport to Health is the Montana Medicaid/HMK *Plus* patient-centered medical home program.

- **Mission Statement**: Our mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* in order to improve quality and access while minimizing the use of health care resources.

How do we manage patient care?



Tools to Establish a Medical Home

- ✓ Clients choose one provider
- ✓ $3 per member per month case management fee
- ✓ Monthly client lists
- ✓ Provider helpline: (800) 624-3958
- ✓ Passport Provider Handbook
- ✓ Provider website www.mtmedicaid.org
- ✓ Faxed triage report from Nurse First

Establishing a Medical Home

- ✓ The Passport to Health program assists providers in establishing a medical home for their clients.
- ✓ A medical home is established when one provider serves as the central coordinator of care for the client's health care.

A medical home is:

- Accessible
- Continuous
- Comprehensive
- Coordinated

Passport Provider Responsibilities

- ✓ Provide primary health care
- ✓ Refer to specialists
- ✓ Document all referrals
- ✓ Instruct clients how to get the care they need 24/7
- ✓ Provide and educate about preventive health care
- ✓ Coordinate with Health Improvement Program care managers
- ✓ Educate about the Nurse First Advice Line

Making a Referral

- ✓ Refer when the Passport provider cannot give care.
- ✓ Referrals are not required for all specialty care: http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml
- ✓ Passport referrals are not prior authorization, and both may be required
- ✓ Document the referral whether given or received

Establishing Care and Referrals

- ✓ Establishing care with a Passport provider is the basis of the medical home: ***we want clients to see you before ending up at ER or UC.***
- ✓ Passport providers do not have to provide referrals:
  - when their client is seeking primary care elsewhere
  - seeking specialty care without first seeing their PCP.
- ✓ However, it not the intent of the Passport Program to limit access to appropriate care.....

Establishing Care and Referrals

- ✓ Some examples – provider's referral policy should accommodate even if care hasn't been established:
  - Client has moved far away and chose a new provider
  - Foster care: child moved to another city and in need of medical/psychiatric evaluation
  - Follow-up care with doctor seen initially through emergency admittance and surgery
  - Inpatient psychiatric

Receiving a Referral

- ✓ When a Medicaid client arrives at your clinic:
  - verify eligibility prior to treatment
  - verify Passport Provider
  - call Passport Provider to get the referral
- ✓ If you cannot get a referral, consider a private pay agreement
- ✓ You can seek a referral after you provide care
- ✓ You can deny care if non-emergent
- ✓ You can ask client if they want you as their PCP
- ✓ Document the referral

Providers & Referrals

- ✓ You must get or provide a Passport provider referral for a specific client, service(s), and date(s).
- ✓ If you do not get the referral, you may not get paid.
- ✓ Using the Passport referral number without authorization may constitute fraud.
- ✓ A referral can cover a span of services.

Eligibility & Provider Verification

MT Access to Health
Web Portal
www.mtmedicaid.org

Medifax EDI
1-800-444-4336

Provider Help Line
1-800-624-3958

FaxBack/Automated
Voice Response
1-800-714-0075
1-800-714-0060

Private Pay Agreement

The agreement to pay privately must be based upon definite and specific information given by the provider to the client indicating that the service will not be paid by Medicaid. The provider may not bill the recipient under this exception when the provider has informed the recipient only that Medicaid may not pay or where the agreement is contained in a form that the provider routinely requires recipients to sign. (ARM 37.85.406(11)(I)

Disenrolling a Passport client

- ✓ The client has not established care
- ✓ The provider/patient relationship is mutually unacceptable
- ✓ The client fails to follow the treatment plan
- ✓ The client is abusive

A provider may not disenroll a client when

- ✓ Disenrollment is due to discrimination
- ✓ Client's health status has declined, and provider is avoiding additional costs
- ✓ Client's diminished mental capacity
- ✓ Client's disruptive or uncooperative behavior is due to special needs

Disenrollment Process

- ✓ If you disenroll a client, you must per the signed Passport agreement:
  - continue to provide patient treatment and/or Passport referrals for up to 30 days
  - send a letter to the client
  - copy that letter to Passport to Health:
    - Passport To Health
    - PO BOX 254
    - Helena, MT 59624-0254
    - FAX: 406-442-2328

American Indians & Passport

- ✓ American Indian clients may choose the IHS as a Passport provider, or not.
- ✓ American Indian clients may visit any IHS provider without a Passport referral.
- ✓ If IHS refers your client to a specialist, Medicaid still requires your referral.

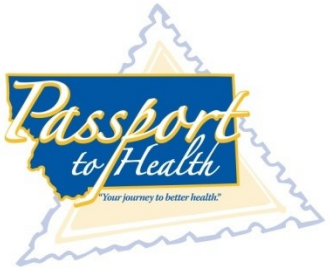
Client Self Enrollment

- ✓ Clients choose their Passport provider.
- ✓ Passport to Health auto-assigns clients if they do not choose.
- ✓ Clients may change their Passport provider every month.

Client Auto Assignment Process

In order:

1) Prior Passport enrollment
2) Most recent claims history
3) Family case history (child/adult)
4) American Indians assigned to IHS/tribal health if one is within 50 miles of address
5) Random



Nurse Advice Line

- ✓ Nurse advice line: available 24/7/365
- ✓ Medical Home component
- ✓ No cost
- ✓ Callers are triaged for illness or injury; receive health, disease, and medical advice
- ✓ Passport Providers are faxed a triage report after a client calls the Nurse First line
- ✓ Encourage your patients to call Nurse First before seeking treatment: 1-800-330-7847

NURSE FIRST MAGNET

Health Improvement Program

MONTANA MEDICAID HEALTH IMPROVEMENT PROGRAM

A team-oriented approach to disease management and prevention

HEALTH IMPROVEMENT PROGRAM
Introduction

- What is the Health Improvement Program
- Who is eligible and how are patients identified
- Who provides the services
- What services are provided
- How is primary care integrated into the program

DISEASE MANAGEMENT VS. CARE MANAGEMENT

- Disease Management deals with specific diseases with the idea that if we control the specific disease in a patient, we can control costs, complications, and have better outcomes

- Care Management deals with the specific patient with the idea that patients who incur high costs and complications do so because of multiple medical, social and environmental factors which require attention

Health Improvement Model

- Combines disease management services with a more holistic approach to health and well-being for high/risk high/cost patients

And

- Prevention efforts for patients at risk of developing chronic health conditions

Intervention for High Risk/High Cost Patients

- Patients are identified through predictive modeling software.
- Predictive modeling uses claims history and demographic information such as age and gender to calculate a risk score.

Prevention for At-Risk Patients

- Patients may be identified and referred by primary care providers
- May include patients who have no claims that generate a high risk score or have not yet been diagnosed with an illness

MONTANA
Department of Public Health & Human Services

Health Improvement Program

MEDICAID AND HMK PLUS HEALTH IMPROVEMENT PROGRAM PROVIDER REFERRAL FORM

Montana has a new Health Improvement Program for Medicaid and HMK Plus patients with chronic illnesses or risks of developing serious health conditions. The Health Improvement Program will be operated through a regional network of Community and Tribal Health Centers. Medicaid and HMK Plus patients eligible for the Passport Program are enrolled and assigned to a health center for possible care management. ***Your current Passport patients will stay with you for primary care, but are eligible for case management through one of the participating health centers.*** Nurses and health coaches certified in Professional Chronic Care will conduct health assessments; work with you to develop care plans; educate patients in self management and prevention; provide pre and post hospital discharge planning; help with local resources; and remind patients about scheduling needed screening and medical visits.

Montana uses predictive modeling software to identify chronically ill patients. This software uses medical claims, pharmacy and demographic information to generate a risk score for each patient. Although the software will provide a great deal of information for interventions, it will not identify patients who have not received a diagnosis or generated claims. If you have ***Passport*** patients at high risk for chronic health conditions that would benefit from case management, please complete the following form and ***fax*** it to:

Wendy Sturn, Program Officer
Health Improvement Program
Fax # (406) 444-1861

PCP Name:

Address:

Telephone Number:

Passport Number:

Signature of referring provider:

Date:

Patient Name:

Address:

Telephone Number:

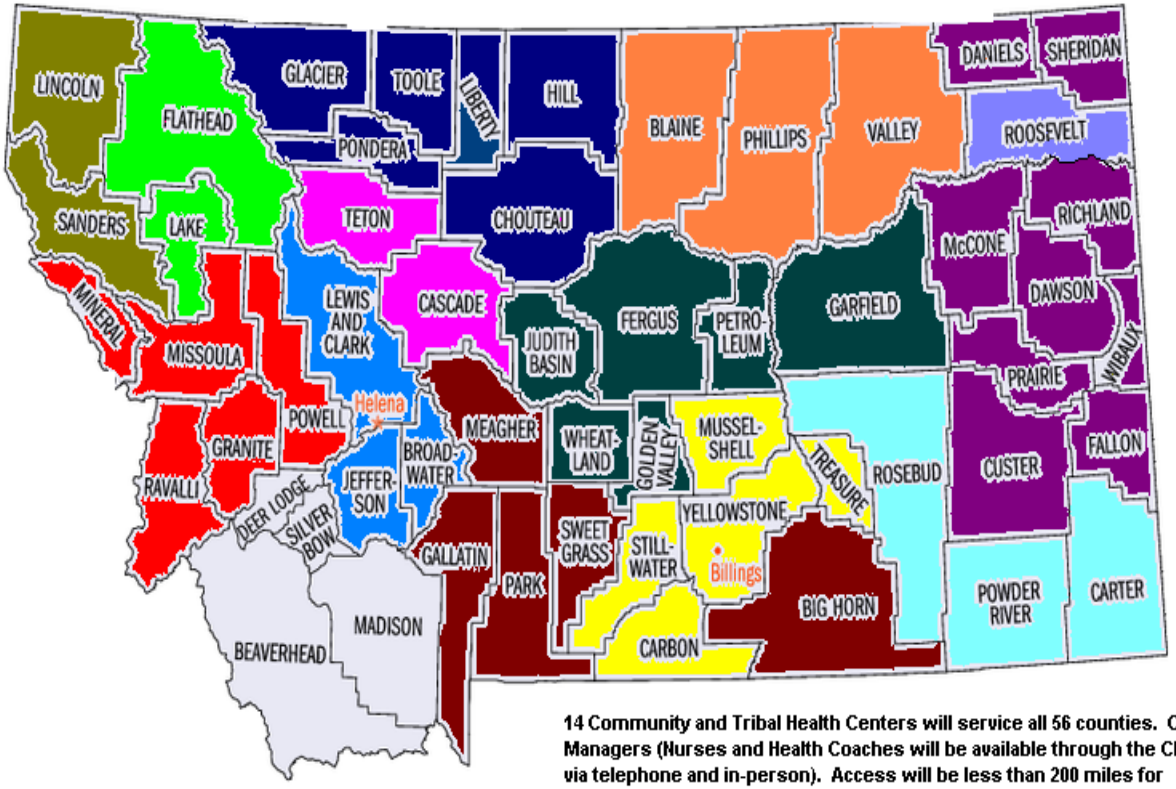
Patient Medicaid or HMK *Plus* number:

Chronic Disease(s) for which the patient is at risk:

Service Providers for Program

- Cornerstone of the program is the enhancement of community-based comprehensive primary and preventative health care.
- Nurses and health coaches employed by community and tribal health centers
- There are 14 participating centers covering 56 counties.

MONTANA HEALTH IMPROVEMENT PROGRAM - SERVICE NETWORK



14 Community and Tribal Health Centers will service all 56 counties. Care Managers (Nurses and Health Coaches will be available through the CHCs via telephone and in-person). Access will be less than 200 miles for every eligible client. Nurses and Health Coaches will also travel to clients as needed and as weather and road conditions permit.

- Northwest CHC Libby
- Flathead CHC Kalispell
- Partnership CHC Missoula
- Cooperative Health Center Helena
- Cascade CHC Great Falls
- Bullhook CHC Havre
- Butte CHC
- Community Health Partners – Livingston
- Sweet Medical Center Chinook
- Central Montana CHC Lewistown
- RiverStone CHC Billings
- Ashland CHC
- Custer Co. CHC Miles City
- Fort Peck Tribal Health Center Poplar

HEALTH IMPROVEMENT PROGRAM SERVICES

- Health Assessment (initial and periodic)
- Ongoing clinical assessment (in person and telephonic)
- Individualized care plan
- Hospital pre-discharge planning and post-discharge visits

Services Continued...

- Self-management education
- Group appointments
- Tracking and documenting progress
- Care Support Pages for patient education
- Assistance with and referral to local resources such as social services, housing and other life issues

SUMMARY

- Focus is on the entire patient rather than just specific diseases
- Patients are identified for intervention using predictive modeling
- Prevention is a component of the program through encouragement of primary care provider referrals
- State partners with community-based health centers to bring services closer to home for patients
- Information is collected from health centers to evaluate program

Team CARE

Helping people with Montana Medicaid get the right care at the right time at the right place.

Team Care Basics

- Restricted services program
- All Passport rules apply
- A team coordinates care

The Team

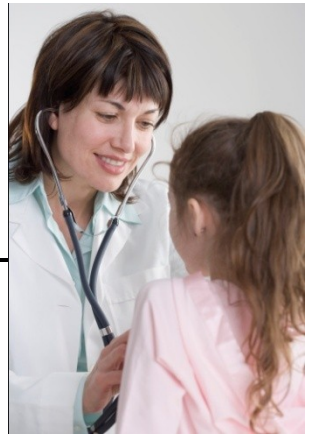
- One lock-in Passport provider
- One lock-in pharmacy
- Nurse First advice line
- MT Medicaid/HMK *Plus*

Clients

- Restricted to one provider and one pharmacy
- Must show good cause to change provider or pharmacy
- Remain in Team Care for a minimum of 24 months
- Receive self care guides

Team CARE

Providers



- Receive doubled case management fees
- Receive faxed triage reports when patients call Nurse First
- Receive monthly client lists
- May use pharmacy case management clinicians to help develop treatment plans

Providers

- Provide referrals per Passport rules
- May add or remove their patients from Team Care
- Encouraged to write Rxs only to a patient's lock-in pharmacy
- Download a referral form at this web site http://medicaidprovider.hhs.mt.gov/providerpages/nursefirstteamcare.shtml

Pharmacists

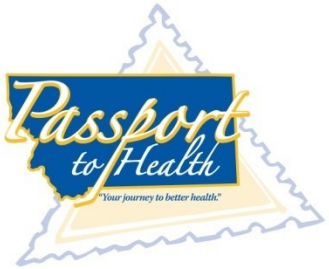
- Coordinate with pharmacy case management clinicians
- Keep record of most Medicaid Rx claims in one pharmacy

American Indians & Team Care

- May be assigned to IHS or non-IHS provider
- May visit any IHS provider without Passport referral
- May receive medications from any IHS pharmacy when locked into a different pharmacy

Enrollment Criteria

- Drug utilization review
- Claims data mining
  - ✓ 20+ physician
  - ✓ 12+ ER visits in a year
- Provider referrals



Managed Care Contacts

Passport to Health
John Hoffland 444-0991
jhoffland@mt.gov

Team Care/Nurse First
Michael Huntly 444-9673
mhuntly@mt.gov

Health Improvement Program
Wendy Sturn 444-1292
wsturn@mt.gov

Nurse First Advice Line
1-800-330-7847

Medicaid Help Line
1-800-362-8312

Provider Relations Help Line
1-800-624-3958

Drug Prior Authorization Unit
1-800-395-7961

Visit our website at
www.mtmedicaid.org