

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



Brian Schweitzer  
GOVERNOR

Anna Whiting Sorrell  
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO BOX 4210  
HELENA, MT 59604-4210  
(406) 444-5622  
FAX (406) 444-1970

January 20, 2011

Representative Don Roberts, Chair  
Appropriations Subcommittee for  
Health and Human Services  
State Capitol Building  
Helena, MT 59620

Dear Chairman Roberts:

The following responses are being provided to answer questions asked by subcommittee members during Department of Public Health and Human Services presentations by the Health Resource Division and Healthy Montana Kids.

**Request from Senator Caferro for Passport to Health program costs, savings, and reports related to program tracking and monitoring**

- In the 2008 waiver renewal, CMS required the state to project costs for the upcoming two-year waiver period. In order to be "cost-effective" the state would need to have expenditures equal to or less than the state's projected costs. CMS allows states to adjust their projections based upon changes in circumstances. Montana made such an adjustment in the 2010 waiver renewal report due to an increase in Medicaid case load and the inclusion of existing Medicaid eligibility groups that were not previously included in the Passport program. The state provided information to CMS to show the state could not have projected the increase in Medicaid case load or the addition of new eligibility groups when the waiver renewal was submitted in 2008.
- An excerpt from the 2010 Passport to Health 1915(b) waiver renewal explaining care management programs is attached.
- Tracking and monitoring reports for the following are attached:
  - Excerpt from 2010 Passport to Health 1915(b) waiver renewal describing monitoring activities
  - Passport to Health Client Survey report
  - Passport to Health Provider Survey report

**Question from Representative Burnett: What is Nurse First? What were the costs of the Nurse First contract and its related savings?**

A document explaining Nurse First and rationale for service is attached.

State Fiscal Year 2010 costs for Nurse First were \$80,532. Nurse First is a component of our overall 1915(b) waiver for managed care services (commonly referred to as the Passport waiver). This waiver has been judged to be cost-effective by our federal partners, CMS. We do not have an analysis of Nurse First as a stand-alone component of our overall waiver.

**Question from Representative Esp: How many state and university system children could be eligible for Healthy Montana Kids?**

We estimate that the following number of children may be eligible for Healthy Montana Kids. These estimates are based on very limited data because we do not know family income for state and university employees. We only have access to the income of the employee themselves. These estimates were provided to justify a request for match from the CHIP federal grant:  
State Fiscal Year 2011 Average: 274  
State Fiscal Year 2012 Average: 669  
State Fiscal Year 2013 Average: 863

**Questions from Senator Priest: What are the outreach costs on Healthy Montana Kids (HMK)?**

The CHIPRA Grant was awarded to the Healthy Montana Kids program for outreach efforts. This grant provided for fifteen coalition partners to enroll children in HMK. The grant expenditures in SFY 2010 were \$123,400 of 100% federal funds. Other outreach efforts costs for HMK were \$185,065.

**Questions from Senator Priest: How many were insured before they were on HMK?**

In state fiscal year 2010, 2354 children who were enrolled in the CHIP federally financed portion of the Healthy Montana Kids Program were previously insured. The majority of these children, or 1298 children, had one of the following life circumstances that allowed them to be enrolled immediately into Healthy Montana Kids:

- Insurance not accessible
- Insurer changed employers
- Insurer died
- Insurer disabled/no longer able to work
- Insurer laid off or fired from job
- No dependent coverage by employer
- Divorced & step parent ended insurance
- Client previously on Insure Montana
- Family Pd > 50% of insurance premium

The remaining 1,056 children served a wait period of one month prior to 10/01/2009 and three months after 10/1/2009. They were enrolled the subsequent month after their wait period.

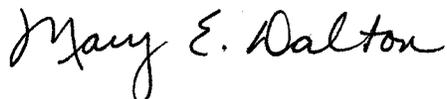
**Questions from Senator Priest: How many children in the Healthy Montana Kids Program also**

**have a parent on Medicaid?**

In October of 2010, there were 12,187 children on Healthy Montana Kids (in the Family Medicaid category of eligibility) and 7969 adults.

Please feel free to contact me at 444-4084 or [mdalton@mt.gov](mailto:mdalton@mt.gov) if you have any further questions.

Sincerely,



Mary E. Dalton, Branch Manager  
Medicaid and Health Services Branch

cc: Subcommittee Members  
Anna Whiting Sorrell  
Jon Ebel  
File 1.2

Terry Krantz  
Katherine Buckley Patton  
Beckie Beckert Graham

Attachments

The Nurse Advice Line (NAL) is Fee- for-Service  
is different than stipulated in the state plan (please describe)

f. X **Other:** (Please provide a brief narrative description of the model.)

***Passport to Health***

*Passport to Health is Montana Medicaid's PCCM program. With Passport, Medicaid clients who are eligible, choose a Primary Care Provider to see anytime they are sick, hurt, or need preventative, primary care. The Passport Program establishes a medical home for Medicaid clients and encourages a strong and continuous patient-provider relationship. Providers sign a Passport agreement in which they consent to: provide primary care, treatment of illness or injury and preventative care services to their Passport clients; educate clients about self-referrals and appropriate use of emergency services; provide direction for emergency care 24/7; maintain a unified patient record; and provide medically necessary, appropriate referrals for any services they cannot provide. For these additional services to Passport clients, providers are given a PMPM fee for each client on their Passport caseload. Clients also receive outreach materials from the state which include information about well-child exams, seasonal materials (e.g. flu) and immunization schedules.*

*With Passport, most specialty services require a referral from the PCP. Passport providers are assigned a unique referral number. When a provider refers a client for a specialty service who is on their Passport caseload, they relay their Passport number to the specialty provider. The Passport referral number must be present on the claim or the claim will deny. This ensures referrals are made by providers and they are aware of the services their Passport clients are receiving.*

***Health Improvement Program***

*In 2009, Montana designed a new statewide Health Improvement Program (HIP) as an enhancement to Passport to Health. This enhanced PCCM will be operated through a network of Passport providers who will receive an enhanced case management fee to work with Passport eligible clients who have been identified as high risk, high cost through predictive modeling, or have been referred by a primary care provider. In addition to location, coordination and monitoring of primary health care services, enhanced services include the following:*

- *Conduct patient health assessment within 30 days of State referral of patient to Provider, using an approved Health Survey. Patients who cannot be reached or who prefer not to participate in an assessment initially are placed in "on demand" status and additional contact attempts are made at least twice during the following 12 months.*

- *Provide initial and ongoing clinical assessment at pre-determined intervals such as 30, 60, 90 days and one year, depending on diseases and risks.*
- *Tailor a holistic treatment/action plan for each enrolled patient in consultation with patient's primary care provider.*
- *Manage patients as indicated—in person, telephonically, or other means suited to the individual.*
- *Provide group appointments for education and prevention when appropriate.*
- *Monitor and remind patients about routine testing; provide follow-up education regarding tests.*
- *Coordinate services with existing partners and form new partnerships (examples—hospitals, community primary care providers, specialists, social service and non-profit programs).*
- *Participate in multi-disciplinary hospital pre-discharge planning and counseling.*
- *Provide post hospital discharge visits, in-person and/or telephonic.*
- *Educate and support patients in self-management of health conditions.*
- *Be familiar with and refer patients to available local resources that can help patients with social services, housing, and other life problems that could prevent patients from paying attention to medical conditions.*
- *Track patient data—enrollment status, diseases, risks, interventions, and outcomes—and report to the State.*
- *In conjunction with the State, incorporate new methods such as remote disease monitoring or virtual video visits as technology is available and appropriate.*
- *Monitor patient progress and determine criteria for completion/graduation.*

**See Attachment B: HIP Provider Agreement**

***Nurse First***

*Nurse First is a Nurse Advice Line service offered free of charge to Montana Medicaid Clients. Clients can call 24/7 to be triaged by a registered nurse for illness or injury or ask general health questions. When a client calls who is enrolled in Passport to Health, their PCP is faxed a triage summary of the call from Nurse First. Nurse First is a FFS program.*

2. **Procurement.** The State selected the contractor in the following manner. Please complete for each type of managed care entity utilized (e.g. procurement for MCO; procurement for PIHP, etc):

X **Competitive** procurement process (e.g. Request for Proposal or Invitation for Bid that is formally advertised and targets a wide audience) **For**

Excerpt from 2010  
Passport waiver describing  
monitoring results

### Section C: Monitoring Results

Section 1915(b) of the Act and 42 CFR 431.55 require that the State must document and maintain data regarding the effect of the waiver on the accessibility and quality of services as well as the anticipated impact of the project on the State's Medicaid program. In Section B of this waiver preprint, the State describes how it will assure these requirements are met. For an initial waiver request, the State provides assurance in this Section C that it will report on the results of its monitoring plan when it submits its waiver renewal request. For a renewal request, the State provides evidence that waiver requirements were met for the most recent waiver period. Please use Section D to provide evidence of cost-effectiveness.

CMS uses a multi-pronged effort to monitor waiver programs, including rate and contract review, site visits, reviews of External Quality Review reports on MCOs/PIHPs, and reviews of Independent Assessments. CMS will use the results of these activities and reports along with this Section to evaluate whether the Program Impact, Access, and Quality requirements of the waiver were met.

This is an initial waiver request. The State assures that it will conduct the monitoring activities described in Section B, and will provide the results in Section C of its waiver renewal request.

This is a renewal request.

This is the first time the State is using this waiver format to renew an existing waiver. The State provides below the results of the monitoring activities conducted during the previous waiver period.

The State has used this format previously, and provides below the results of monitoring activities conducted during the previous waiver.

For each of the monitoring activities checked in Section B of the previous waiver request, the State should:

- **Confirm** it was conducted as described in Section B of the previous waiver preprint. If it was not done as described, please explain why.
- **Summarize the results** or findings of each activity. CMS may request detailed results as appropriate.
- **Identify problems** found, if any.
- **Describe plan/provider-level corrective action**, if any, that was taken. The State need not identify the provider/plan by name, but must provide the rest of the required information.
- **Describe system-level program changes**, if any, made as a result of monitoring findings.

Please replicate the template below for each activity identified in Section B:

Strategy:

Confirmation it was conducted as described:

Yes  
 No. Please explain:

Summary of results:

Problems identified:

Corrective action (plan/provider level)

Program change (system-wide level)

### Consumer Self-Report data

CAHPS (please identify which one(s))  
 State-developed survey  
 Disenrollment survey  
 Consumer/beneficiary focus groups

Strategy: *Survey client satisfaction of the Passport program and Passport providers.*

Confirmation it was conducted as described:

Yes  
 No. Please explain:

*Previously, a client survey was part of our enrollment broker contract. Our current EB contract does not require an annual client survey. The state has decided we will conduct a client survey independently using a client data survey tool (CDS) system developed by department IT staff. However, due to the efforts of state staff over-seeing the corrective action plan with our EB, and the fact that many Passport eligibles were not enrolled for some time, we were unable to complete a client survey during the previous waiver period. The state will complete a client survey in SFY 2010.*

**See Attachment I: Client Survey**

Summary of results:

Problems identified:

Corrective action (plan/provider level)

Program change (system-wide level)

### Data Analysis (non-claims)

Denials of referral requests  
 Disenrollment requests by enrollee  
     From plan  
     From PCP within plan  
 Grievances and appeals data  
 PCP termination rates and reasons  
 Other (please describe)

Strategy: *To monitor provider's client disenrollment, grievances and appeals and termination of PCPs from the Passport program.*

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *The High Level Report provided by our enrollment broker reflects client and provider disenrollment. We look for trends or areas of concern such as frequent, mass disenrollment of clients by a single provider. Since our enrollment broker has been fully functional we have not had any areas of major concern.*

*All grievances and appeals come directly to the State. We monitor grievances and appeals for trends and follow-up if necessary. There have been no major concerns or fluctuations in grievances during this waiver period.*

**See Attachment J: Enrollment Broker High Level Report**

Problems identified: None

Corrective action (plan/provider level)

Program change (system-wide level)

#### **Enrollee Hotlines operated by State**

Strategy: *Ensure that our Medicaid Client Help Line (operated by our enrollment broker, ACS) is effectively reaching performance standards set forth in our contract. The monthly High Level Report and EB Report Card include call volume, speed of answer, abandonment rate, voluntary enrollment rate and outreach rate. The report data is collected from the helpline call software. State staff also routinely listens to calls and perform a yearly audit of the helpline functionality.*

**See Attachment J: Enrollment Broker High Level Report**

**Attachment K: Enrollment Broker Report Card**

**Attachment L: 2009 State Enrollment Broker Audit Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *No major issues have been identified since our enrollment broker has been fully functional.*

Problems identified: None

Corrective action (plan/provider level)

Program change (system-wide level)

#### **Geographic mapping of provider network**

Strategy: *Ensure adequacy of provider network. Network Adequacy Report (NAR) attached- includes a client/provider ratio for each county.*

**See Attachment M: Network Adequacy Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *Two additional counties (McCone & Sanders) are now participating in Passport making the program statewide. There have been no major issues with our network adequacy during this waiver period.*

Problems identified:

Corrective action (plan/provider level)

Program change (system-wide level): *Program is now statewide*

**Measurement of any disparities by racial or ethnic groups**

Strategy: *Monitor for disparities between racial or ethnic groups and program enrollment and auto assignment versus voluntary program enrollment. Disparities are monitored through the High Level Report and the Monthly Managed Care Report prepared by the Managed Care Analyst.*

**See Attachments J: Enrollment Broker High Level Report**

**Attachment N: Monthly Managed Care Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *No racial or ethnic disparities have been identified in our managed care programs or enrollment.*

Problems identified: None

Corrective action (plan/provider level)

Program change (system-wide level)

**Network adequacy assurance submitted by plan**

Strategy: *Monitor provider network adequacy, specifically; provider to enrollee ratios by county, PCP caseload and limits by county, measurement of enrollee requests for disenrollment from a PCP due to capacity issues, open PCCM slots by county and provider type, tracking of complaints and grievances related to capacity. This data is monitored through the Network Adequacy Report.*

**See Attachment M: Network Adequacy Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *No major issues have been identified.*

Problems identified: None

Corrective action (plan/provider level)

Program change (system-wide level)

**Periodic comparison of number and types of Medicaid providers before and after waiver**

Strategy: *Ensure availability of a range of providers to populations covered under this waiver. The NAR tracks the ratio of providers to clients by county. The state closely monitors complaints about access to providers.*

**See Attachment M: Network Adequacy Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *No major issues have been identified regarding availability of providers.*

Problems identified:

Corrective action (plan/provider level)

Program change (system-wide level)

**Provider Self-report data**

Survey of providers  
We periodically survey providers.

Focus groups

Strategy: *Use CDS (state client data survey tool) system to survey provider satisfaction with the Passport program.*

Confirmation it was conducted as described:

Yes

No. Please explain: *During this waiver period the state did not perform a provider survey. State staff time was very focused on our new vendor, the corrective action plan and the implementation of enrollment broker after two years without full functionality. We are currently working with state IT staff to import provider data into the CDS system which would enable us to survey a random sample of Passport Providers. We will complete a survey in SFY 2010.*

Summary of results:

Problems identified:

Corrective action

Program change (system-wide level)

**Test 24 hours/7 day week PCP availability**

Strategy: *Test the 24/7 availability of Passport providers by calling their after-hours line to determine what course of action they advise their patients to take in order to receive care.*

**See Attachment O: Provider Line Availability Audit**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *The Passport Provider Lead at ACS frequently conducts test phone calls before and after regular business hours.*

Problems identified: *Problems have been identified with some providers not offering direction for after-hours care on their 24 hour line.*

Corrective action (plan/provider level) *Providers are educated about their obligation to offer direction for care 24/7 and their number is retested.*

Program change (system-wide level)

**Utilization review (e.g. ER, non-authorized specialist requests)**

Strategy: *Identify where Passport referral numbers have been used but not authorized. We randomly audit Passport referrals by looking at claims and contacting referring providers to confirm they have given the referral.*

**See Attachment P: Passport Referral Audit Report**

Confirmation it was conducted as described:

Yes

No. Please explain:

Summary of results: *Some providers are not keeping adequate records of referrals making it impossible to audit the use of their numbers. In several cases, we have found misuse of Passport numbers resulting in claims being paid that were not properly referred.*

Problems identified: *Lack of record keeping; misuse of Passport referral numbers Funds have been recouped in several cases. We have educated providers about the requirement that they keep documentation of every time they refer a Passport client.*

Corrective action (plan/provider level) *Providers who have not kept adequate records will be asked to provide lists of referrals 6 months after they have been educated about this requirement.*

Program change: (system-wide level)

**PASSPORT TO HEALTH CLIENT SURVEY**

Passport to Health is Montana Medicaid's Primary Care Case Management (PCCM) program. Under Passport, Medicaid/Healthy Montana Kids *Plus* (HMK *Plus*) clients choose one primary care provider (PCP) and develop an ongoing relationship that provides a medical home. The Passport mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* to improve or maintain access and quality while minimizing the use of health care resources.

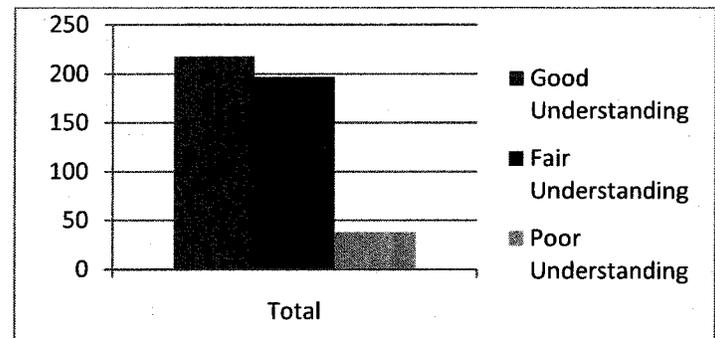
Montana Medicaid/HMK *Plus* surveyed a random sample of clients enrolled in Passport to Health. The survey focused on understanding medical benefits, appointment availability, office wait times, and communication with their PCP. At the time the survey was conducted, 63,949 clients were enrolled in Passport (April 2010). Surveys were sent to 3,285; 453 surveys were returned. The survey has a 90% confidence level and a margin of error of 3.9%.

1. How well do you understand your benefits with Montana Medicaid or Healthy Montana Kids *Plus*, such as the Nurse First Line, medical services, the Medicaid Help Line?

Good understanding	218	49%
Fair understanding	197	43%
Poor understanding	38	8%

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Total 453 clients 100%

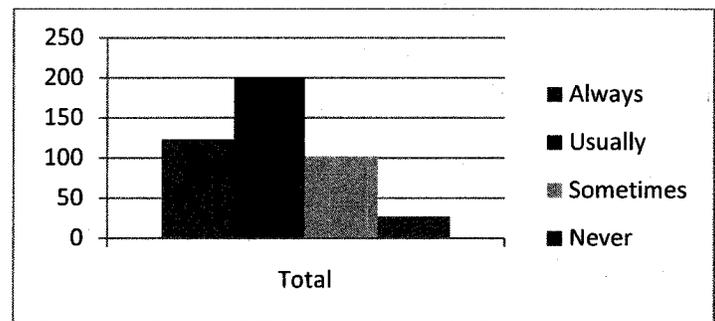


2. If you call your doctor's office to get an appointment when you are sick, can you get in the same day or early the next day?

Always	123	27%
Usually	201	44%
Sometimes	102	23%
Never	27	6%

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Total 453 clients 100%

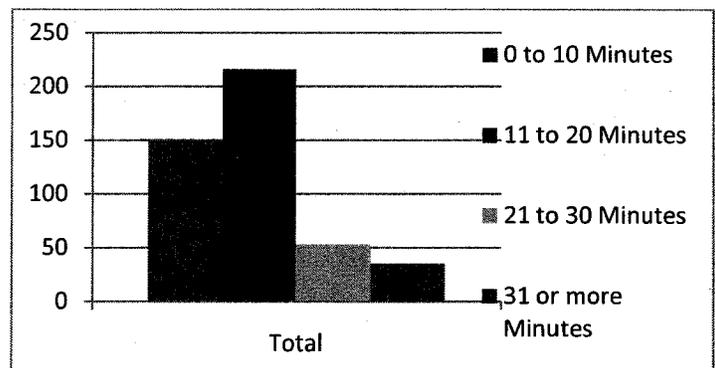


3. When you go to an appointment at your doctor's office, how long do you usually have to wait in the waiting room?

0 - 10 minutes	149	33%
11 - 20 minutes	216	48%
21 - 30 minutes	53	12%
31 minutes or more	35	7%

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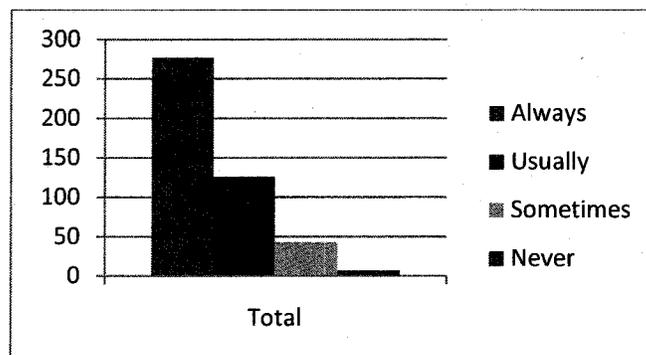
Total 453 clients 100%



Does your doctor spend enough time listening to your concerns and answering your questions?

Always	277	61%
Usually	126	28%
Sometimes	43	9%
Never	7	2%

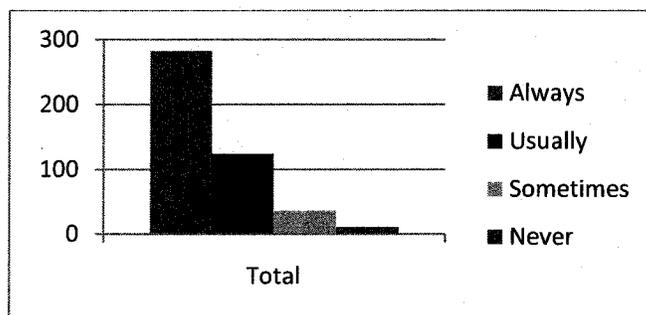
Total 453 clients 100%



5. Does your doctor spend enough time explaining your medical condition, treatment options, and medications with you?

Always	282	62%
Usually	124	27%
Sometimes	36	8%
Never	11	3%

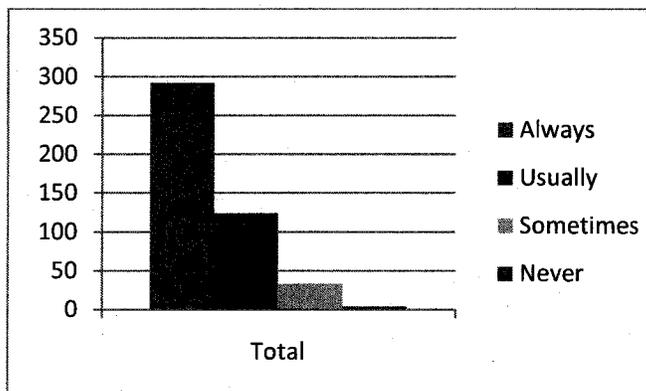
Total 453 clients 100%



When you leave your doctor's office and your doctor has given you directions for care, do you think you received enough information to take care of yourself or your child?

Always	292	65%
Usually	124	27%
Sometimes	33	7%
Never	4	<1%

Total 453 clients 100%



7. In general, how satisfied are you with your Passport provider?

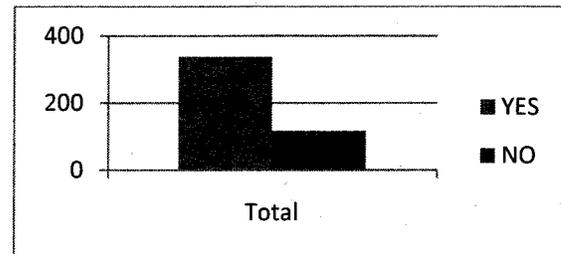
Very satisfied	269	60%
Satisfied	160	35%
Not at all satisfied	24	5%

Total 453 clients 100%



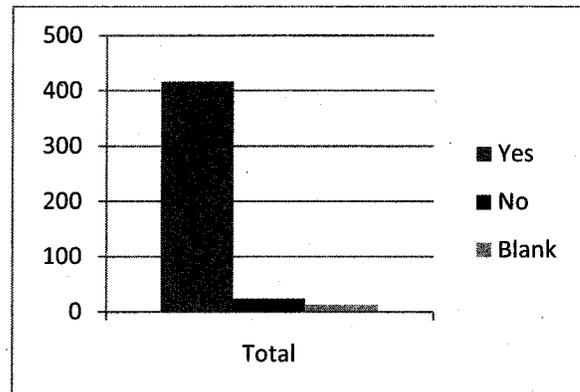
8. Are you aware of the Nurse First Line?

Yes	337	74%
No	116	26%
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Total	453 clients	100%



9. Who is your Passport Provider? (Respondents were asked to write down the name of their chosen/assigned PCP. Participants who wrote down the correct PCP are yes, incorrect are no and some left the question blank.)

Yes	416	92%
No	24	5%
Blank	13	3%
<hr/>		
Total	453 clients	100%



10. Please tell us anything else you would like us to know about your Passport Provider or your medical coverage: (examples of some responses received)

“You guys do a fantastic job. My son had a heart surgery last year for ASD and you had everything taken care of before I received any bills. For children with serious medical conditions (my son has Down’s syndrome) you have given me information and alleviated a large portion of stress that accompanies raising a child with medical needs. Thanks for everything you do for him. I am very grateful.”

“Dr. Wampler has always been very courteous and takes time to listen and explains clearly what tests/ exams, etc. he wishes to use for treatments. He has also been very helpful in leading us in the right direction for other community health providers and counselors for our son. He is a terrific doctor!”

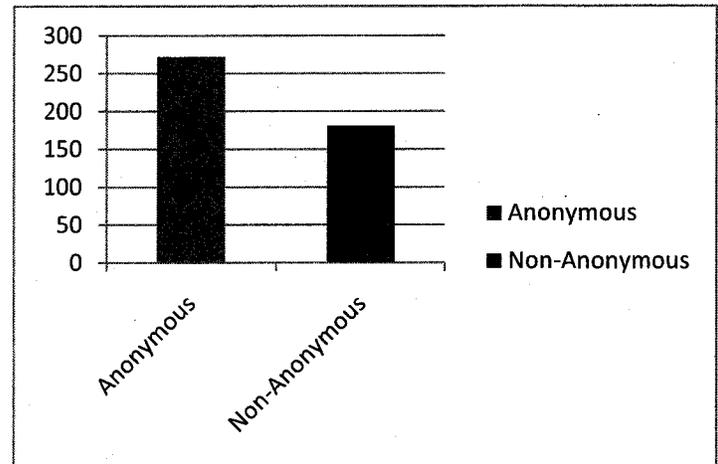
“Sometimes I feel I do not get enough time to voice my concerns; kind of in and out. I feel like I get less care because of my Medicaid status stamped on the front of my medical record/chart.”

“Some of the rules to keep son on all the time like getting some paperwork in that might not even be required for the Medicaid system are ridiculous. I have spent more time reapplying for him than anything when half of the time all the info provided is already on file- instead of just taking me off of Medicaid and keeping him on. So some of the government rules are crappy for busy, honest people. This gets annoying when redoing the SS# and birth certificate in the same year.”

The Passport to Health Client Survey was anonymous. Clients were asked to identify themselves if they wanted department staff to follow up with them regarding their responses or concerns. The Passport to Health Program Officer reviewed each returned survey and contacted all clients who requested to be reached. Comments included a range of issues and questions. The questions were regarding eligibility and benefits information. Most of the comments were about quality of care (both good and bad), clients being billed for services Medicaid should have paid for, and difficulties with eligibility determination.

Thank you again for taking the time to complete this survey. If you would like us to follow up with you regarding concerns you may have about your Passport Provider, please give us your name and contact information. Remember, this survey will not affect your Medicaid or HMK Plus benefits in any way. ***It is only necessary to put your name on this survey if you want us to contact you.***

Anonymous	272	60%
Non-Anonymous	181	40%
<hr/>		
	453 clients	100%



The Medicaid Managed Care staff wants to improve clients understanding of their Medicaid/Healthy Montana Kids PLUS benefits. Staff set a goal to increase by 10%, question #1 for the next survey and developed the following action items to help accomplish it:

- ❖ Update outreach script at client helpline
- ❖ Review and update web enrollment outreach
- ❖ Work with each public assistance office to insure all clients are receiving their client handbook

### Mail statistics of surveys sent

Total Population in Passport at time of survey	63,949
Total number of surveys sent	3,285
Number of surveys returned with bad/incorrect addresses	268
Number of returned surveys with corrected/new addresses	131
Number returned of the 131 surveys resent with new/corrected address	58
Total number of surveys received	453
Response rate	13.78%

### PASSPORT TO HEALTH PROVIDER SURVEY

Passport to Health is Montana Medicaid's Primary Care Case Management (PCCM) program. Under Passport, Medicaid/Healthy Montana Kids *Plus* (HMK *Plus*) clients choose one primary care provider (PCP) and develop an ongoing relationship that provides a medical home. The Passport mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* to improve or maintain access and quality while minimizing the use of health care resources. Montana Medicaid/HMK *Plus* surveyed all Passport to Health providers. The purpose of this survey was to understand how Montana Medicaid managed care programs are integrated into practices and how we can better support practices that serve our clients. The survey focused on referrals to other providers, appointment availability, communication with patients and provider understanding of other managed care programs.

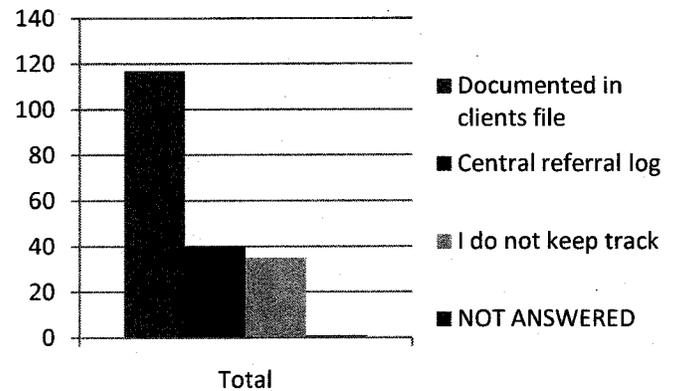
The survey was sent to every Passport Provider, whether they practice as a group or solo provider. There are 367 Passport contracts representing 953 individual providers. Of the 953 surveys sent, 193 or 20% were returned; the survey has a 90% confidence level and a margin of error of 5.3%.

Several areas of focused outreach were identified based on the data collected:

- Educate providers about the requirement that they keep a record of all referrals they give, either in a central referral log, or in the clients' file.
- Educate providers about the benefits of the Nurse Advise Line to their practice. And encourage providers to tell their clients to call Nurse First if they are unsure if they need an appointment.
- Continue to educate providers about the benefits of Health Improvement and Team Care Programs to their practices and clients.
- Make providers aware of the process by which they can refer clients to Health Improvement and Team Care Programs.

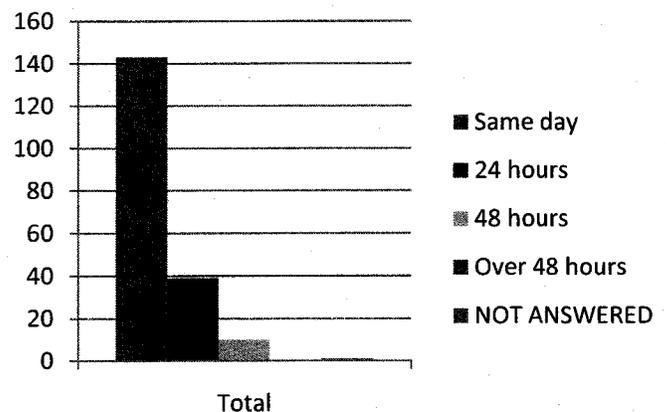
1. What is your method for recording the Passport referrals you give?

Documented in clients file	117	61%
Central referral log	40	21%
I do not keep track	35	18%
Not answered	1	<1%
<b>Total</b>	<b>193</b>	<b>100%</b>



2. If one of your Passport patients calls your office to get an appointment when they are acutely ill, how soon can the patient generally be seen?

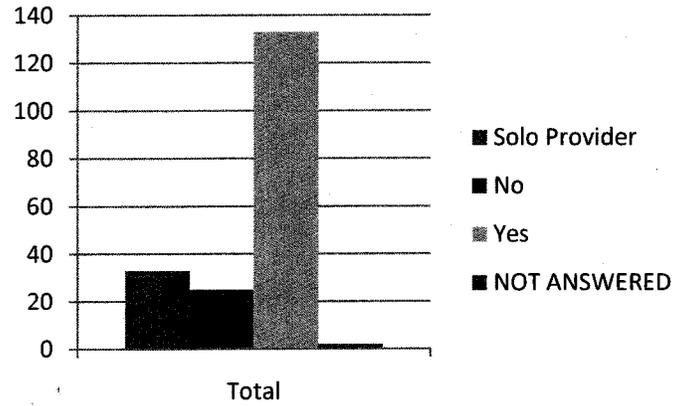
Same day	143	74%
Within 24 hours	39	20%
Within 48 hours	10	5%
Over 48 hours	0	0%
Not answered	1	<1%
<b>Total</b>	<b>193</b>	<b>100%</b>





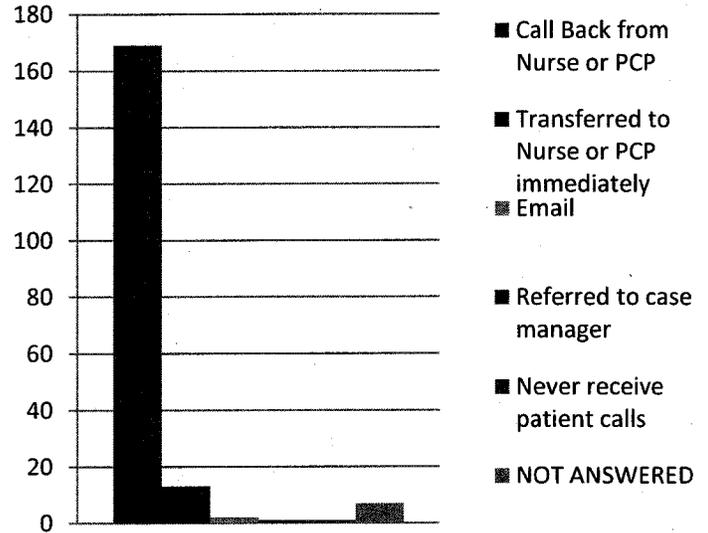
3. If there is more than one provider in your practice, is there a system in place to encourage patients to have an ongoing, continuous relationship with their Passport Provider, rather than just seeing whoever is available?

I am a solo provider	33	17%
No	25	13%
Yes	133	69%
Not answered	2	1%
<b>Total</b>	<b>193</b>	<b>100%</b>



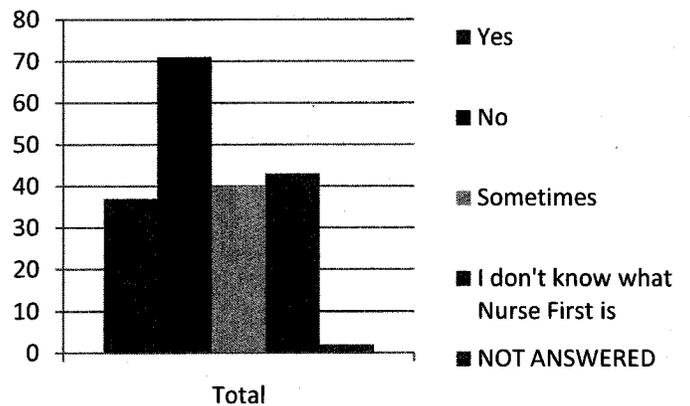
4. If one of your Passport patients calls your office with a health related question how is information disseminated to the patient (call back, email, etc.)?

Call back nurse/PCP	169	88%
Transfer immediately	13	7%
Email	2	1%
Refer to case manager	1	<1%
Patients never call	1	<1%
Not answered	7	4%
<b>Total</b>	<b>193</b>	<b>100%</b>



5. Do you encourage your Medicaid/HMK Plus patients to use the Nurse First Line after hours or before they call your office to schedule an appointment?

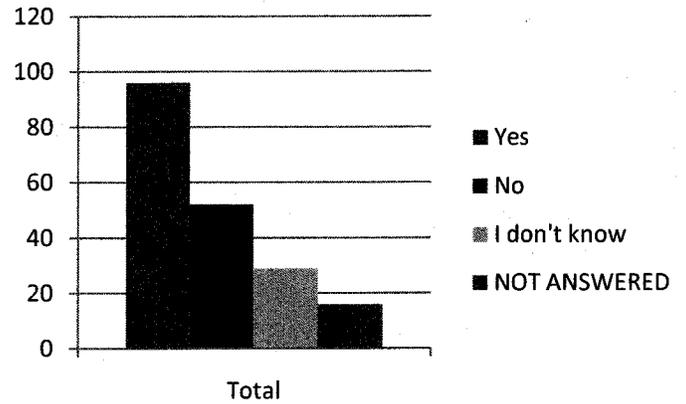
Yes	37	19%
No	71	37%
Sometimes	40	21%
I do not know what Nurse First is	43	22%
Not answered	2	1%
<b>Total</b>	<b>193</b>	<b>100%</b>





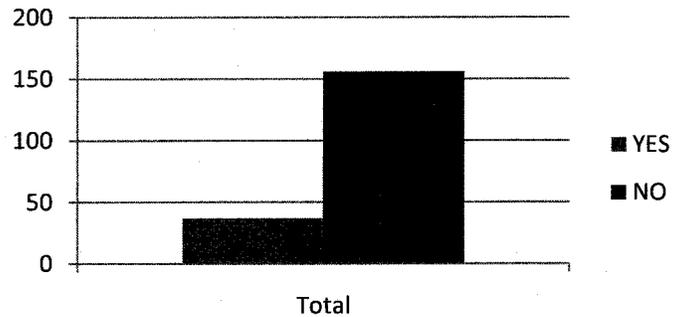
6. Have you ever received a faxed triage report from the Nurse First Line when one of your Passport patients has used it?

Yes	96	50%
No	52	27%
I don't know	29	15%
Not answered	16	8%
<b>Total</b>	<b>193</b>	<b>100%</b>



7. Would you like to provide input regarding a redesign of the Passport Program to better encourage clients and providers to establish a medical home?

Yes	37	19%
No	156	81%
<b>Total</b>	<b>193</b>	<b>100%</b>

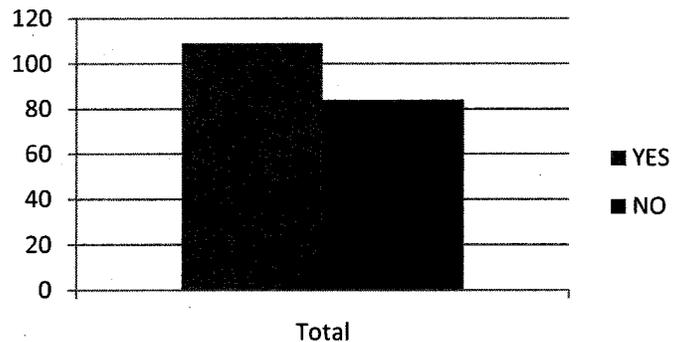


8. In 2009, Montana Medicaid launched a new health improvement program to take the place of our former disease management program. Medicaid has partnered with 14 Community Health Centers on a regional basis to provide case management to clients with serious chronic health conditions. Case managers are assigned clients based on a predictive modeling tool used by Medicaid to identify the highest risk patients, rather than just patients with specific diseases. Services to other at-risk patients can also be provided upon referral by a primary care provider.



Prior to this survey, were you aware of this program and the services available to many of your patients?

Yes	109	56%
No	84	44%
<b>Total</b>	<b>193</b>	<b>100%</b>

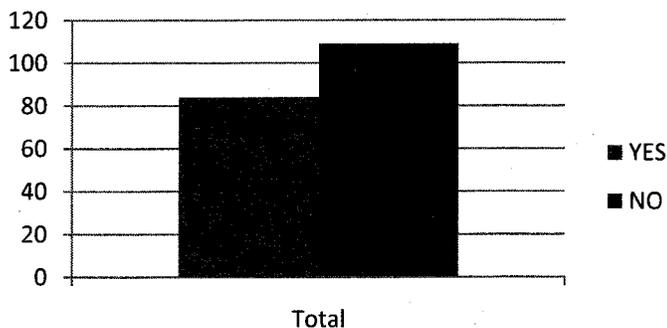




8. (continued)

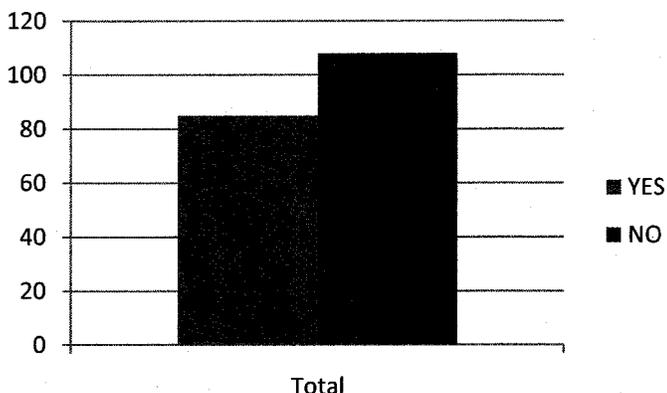
Have you received written care plans from Health Improvement Program case managers?

Yes	84	44%
No	109	56%
<b>Total</b>	<b>193</b>	<b>100%</b>



9. Are you aware that you can refer patients to Team Care, the Montana Medicaid and HMK Plus lock-in program for clients who have a history of using Medicaid or HMK Plus services at an amount or frequency that is not medically necessary?

Yes	85	44%
No	108	56%
<b>Total</b>	<b>193</b>	<b>100%</b>



10. Please tell us anything else you would like us to know regarding Passport to Health, specifically what can we do to make the program better? (examples of some responses received)

As a house call provider I am very interested in homebound patients. This would improve care for people who are disabled. Auto assignment misses these patients.

With the above program (HIP) we would love to participate more- we are applying for CHC status! We think the criteria for these case management cases can be expanded. Number of ER visits should be explored. We very much like our nurse (HIP case manager)! We let her see patients in our clinic.

Clarity to families that they need to come to provider vs. urgent care. Provide increase of reimbursement for case management

I think it works well but on the reservation there are some problems when IHS is involved as they are obligated to see the patient if the patient walks in their clinic regardless of whose Passport they belong. This allows easy access to IHS but restricted access to our clinic if they are on IHS Passport and try to come to our clinic or ER for convenience. Some of our Passport pts continue to go back and forth esp. those for chronic conditions. Frustrating

## **NURSE FIRST**

### **Nurse Advice Line for Montana Medicaid and Healthy Montana Kids**

Nurse First is a confidential service provided to Montana Medicaid and Healthy Montana Kids clients 24 hours a day, seven days a week. The service is free to clients who call the help line.

Callers' concerns are classified immediately by urgency of need. Callers talk to qualified Registered Nurses, who recommend callers to use the appropriate level of care based on symptoms— give self-care at home, make appointment with primary care provider, or seek emergency care. Callers may also receive information, advice, or medication management services without being directed to a level of care.

Neither a cost-benefit analysis nor a return-on-investment study have been performed on Montana's nurse line service. However, published studies show changes in medical service utilization resulted in reductions in health plan expenditures that exceeded the plans' costs of providing the services. Estimated return for every dollar invested in the nurse line service was approximately \$1.70. Utilization of hospital emergency department and physician office services decreased significantly after the service was implemented. (For example, O'Connell, *et al*, "A Satisfaction and Return-on-Investment Study of a Nurse Triage Service," *The American Journal of Managed Care*, Vol. 7 No. 2.)

A survey to assess client satisfaction of Nurse First is currently being developed by the Medicaid Managed Care Bureau and will be conducted during the spring of 2011.

Nurse First benefits to Medicaid and Healthy Montana Kids clients include:

- Reducing unnecessary trips to emergency departments and urgent care centers
- Getting answers to health-related questions, including medication-related questions
- Helping clients decide how to care for a sick child or family member

Nurse First benefits to primary care providers include:

- Reducing staff workload
- Providing care advice options when providers' offices are closed
- Providing summaries of nurse line calls to Passport primary care providers