Montana Managed Care Program Features, as of 2014

Features	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	1/1/1994
Waiver expiration date (if applicable)	3/31/2016
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or	Mandatory
receiving adoption assistance) Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
	-
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	Xerox State Healthcare, LLC
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	

Montana Managed Care Program Features, as of 2014

Features	Passport to Health
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	podiatry, urgent care services, birth centers, and respiratory therapy
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared- savings methods	
Participating plans and regions served	
Plans in Program	Passport to Health-Multiple Primary Care Providers
Notes	
Program notes	