

Montana Managed Care Program Features, as of 2021

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1932(a)
Program start date	01/01/1993	01/01/2018	01/01/2016
Waiver expiration date (if applicable)	06/30/2024		
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: American Indian/Alaska Native	Mandatory	Exempt	Mandatory

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Conduent	Conduent	Conduent
Populations enrolled: Notes on enrollment choice period	45 days		45 days
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No, but accreditation considered in plan selection criteria	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Passport to Health; Team Care	Multiple Primary Care Providers	Multiple Primary Care Providers
Notes: Program notes	A member can only be enrolled in one PCCM at one time, they must choose either a Passport, CPC+ or Patient Centered Medical Home provider. The program-level counts of Passport to Health include people who also participate in the Tribal Health Improvement Plan.	CPC+ is a subset of Passport to Health. The 1915(b) waiver authority for Passport to Health requires a large percentage of the Medicaid population to mandatorily choose a PCCM primary care provider. However, members have a choice of providers, including the option of choosing between a CPC+ provider or a Patient Centered Medical Home provider, and members can change providers on a monthly basis.	The Patient Centered Medical Home program is a subset of Passport to Health. The 1915(b) waiver authority for Passport to Health requires a large percentage of the Medicaid population to mandatorily choose a PCCM primary care provider. However, members have a choice of providers, including the option of choosing between a CPC+ provider or a Patient Centered Medical Home provider, and members can change providers on a monthly basis.