



MONTANA HEALTHCARE PROGRAMS NOTICE

Indian Health Service-Tribal 638-Urban Indian Health Centers

Managed Care Referrals

Passport and Team Care referrals for a Medicaid member designated American Indian/Alaskan Native (AI/AN) in the Medicaid system are **not required** when the member is visiting an Indian Health Service Unit, Tribal 638 Facility, or Urban Indian Health Center (I/T/U).

Passport and Team Care referral is **not required** when an I/T/U refers an AI/AN member to a provider who is not their designated Passport provider or Team Care provider. The non I/T/U provider will be required to have the I/TU's NPI present in field 17a on a CMS-1500 or field 7 on a UB-04 or claims will be denied.

The I/T/U is required to keep internal documentation of all referrals, and how many visits approved for each referral. Below is a spreadsheet example of how internal documentation can be recorded.

PATIENT NAME	MEDICAID POLICY #	FACILITY REFERRED TO	DEPARTMENT	PROVIDER REFERRED TO	Medical History/Findings	# OF VISITS	Passport Provider
Smith, John	1234567	Barney Hospital	ENT	Dr. McDonald		2	
Smith, Sally	7891011	Barney Hospital	ENT	Dr. McDonald		1	

Contact Information

Medical Home Program Officer – (406) 444-0991

FQHC/RHC Program Officer – (406) 444-7018

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email MTPRHelpdesk@conduent.com.](mailto:MTPRHelpdesk@conduent.com)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)