

PRIMARY CARE MONTANA (PCMT)

Health Resources Division
June 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

PCMT

Integrates and replaces the prior Medicaid Primary Care Case Management (PCCM) programs, including Passport to Health (Passport), Comprehensive Primary Care Plus (CPC+), and Patient-Centered Medical Home (PCMH), into a single, multi-tiered model.

PCMT Tiers 1 and 2
Launch July 2026

Passport, CPC+, and PCMH
will end June 2026



Transition to PCMT

- At the launch of PCMT, providers will no longer receive the monthly per member per month (PMPM) payments they currently receive for the Passport, CPC+, and PCMH programs.
- Unlike Passport, PCMT is a voluntary program for both providers and Medicaid members.
 - If a provider chooses not to participate in the PCMT program but continues as a Medicaid-enrolled provider, they can continue to bill fee-for-service.

At the end of Passport, referrals (Passport ID)
will no longer be required on claims.



PCMT Program Overview

Primary Care Montana accommodates different provider sizes/resources by providing a glidepath toward higher levels of population health management.

Tier 1	Tier 2	Tier 3
“Basic” Ensuring preventive services	“Plus” Managing transitions of care	“Advanced” Fully managing complex populations

Tier 1 **quality measures** are aligned with CMS Medicaid Core Sets and benchmarks, with focus on feasibility and reducing provider burden

Tier 1 quality measures must be met and Tier 2 **performance targets** will be set for follow up after hospitalization within 14 days and readmission rates.

Tier 3 **shared savings** for total cost of care for all assigned Medicaid members. Includes complex care management for individuals with complex physical and BH conditions

July 2026 Implementation



Passport/PCMH/CPC+ vs PCMT

Feature	Passport	PCMH	CPC+	PCMT
No Referral Hassles	X	X	X	✓ No more referrals (Passport ID) required on claims
Quality Measure Tracking	Not required	Partial	Partial (manual)	✓ Fully automated – no manual reporting
Enhanced PMPM Payments	\$1.11 avg	\$5.57 avg	\$8.03 avg	✓ Tier 1 \$6.00 / Tier 2 \$11.00
Technical Assistance & Support	X	Partial	Partial	✓ Dedicated TA from the Department + Consultant
PCMH Certification Requirement	Not required	Required	Required	✓ No certification needed to participate
Data-Driven Insight Tools	X	Partial	Partial	✓ PCMT Roster and Performance Measure Report
Glidepath to Value-Based Care	X	X	X	✓ Designed glidepath to future VBP opportunities
Member Accessibility & Engagement	X	X	X	✓ Stronger connection and choice for member

Tier 1 and Tier 2 Differentiators

Tier 1

- Preventive care
- Closing care gaps
- Practice capabilities aligned with core medical home concepts
- Performance targets:
 - 3 of 12 quality measures

Tier 2

- Tier 1 requirements
- Post-hospitalization & ED follow-up
- Medication reconciliation
- Transitions of care workflows
- Performance targets
 - 14-day follow-up visits
 - Readmission rate

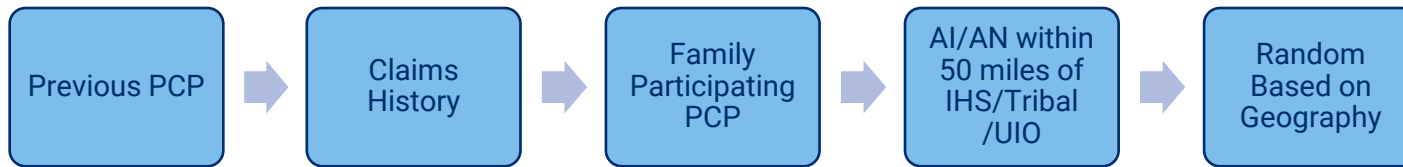
Practices must meet Tier 1 expectations to participate in Tier 2



Attribution and Eligibility

How Attribution Works

Newly eligible PCMT members can **voluntarily select** a primary care provider (PCP). If they don't choose within **45 days**, they are auto-assigned to a PCMT provider. Members can change their PCP at any time.



Quarterly, the Department will review claims data for members regarding whether they are consistently seeing a PCP to which they are not attributed and the member may be reassigned.

Existing Members Stay With You

At launch, members currently enrolled in Passport, CPC+, or PCMH will remain attributed their current provider. No disruption to established patient relationships.

Populations Included/Excluded

Included (Eligible):

- Children (Medicaid & HMK+)
- Parent/Caretaker Relatives
- Aged, Blind & Disabled
- Foster Care Children
- Expansion Adults
- Pregnant Women
- Breast & Cervical Cancer Program

Excluded (Not Eligible):

- Dual Eligibles
- Nursing Facility residents
- Eligibility < 3 months
- 1915(c) Waiver Enrollees
- Spend-Down
- Presumptively Eligible



Provider TA from Health Management Associates (HMA)



Michele Bosworth, MD
Physician Principal

TA Program Director



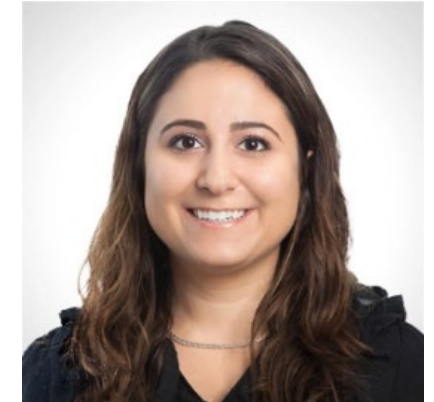
Kelli Stannard, BSN, RN
Associate Principal

Tier 1 Lead



Brittany LaBarreare, MBA,
BSN, RN
Principal

Tier 2 Lead



Samantha Di Paola
McGann, MHA, PMP
Senior Consultant

Project Manager Lead

Value of Provider TA

TA is designed to:

- **Reduce** administrative burden
- **Support** practical, applicable workflow change
- **Reflect** rural, Tribal, and small practice realities
- Help providers **succeed** and progress over time

Ultimately, TA will help you meet PCMT Tier requirements to enable advancement through the Tiers, improve quality of care, and maximize PMPM payment opportunities.



Provider Technical Assistance (TA)

1. Sign up by to participate in Provider TA using the link or QR code below.
2. Get connected to your coach

Sign-up to
Participate



<https://bit.ly/PCMTTA-Register>



Key Implementation Dates

- State Plan Amendment (SPA) submitted to Centers for Medicare & Medicaid Services on April 2, 2026
- Preliminary PCMT Provider Enrollment Units (EUs) assigned in May 2026
- June 22, 2026: Providers can sign PCMT agreement and select their Tier level beginning June 22, 2026
- June 30, 2026: Passport, PCMH, and CPC+ will end
- July 1, 2026: Implementation of PCMT Tier 1 and Tier 2
- July 2027: Proposed Phased in date of Tier 3



Contact Information

- Questions and/or concerns?
 - MTPrimaryCarePrograms@mt.gov
- Provider TA
 - PCMTProviderTA@healthmanagement.com
- PCMT Website
 - <https://dphhs.mt.gov/montanahealthcareprograms/pcmt>
 - <https://dphhs.mt.gov/assets/hrd/PCMT/PCMTTIER1FACTSHEET.pdf>
 - <https://dphhs.mt.gov/assets/hrd/PCMT/PCMTTIER2FACTSHEET.pdf>
 - <https://dphhs.mt.gov/assets/hrd/PCMT/PCMTTATownHallQA.pdf>
- Coming Soon!
 - PCMT Provider Manual on <https://medicaidprovider.mt.gov>

