



Medicaid and Chip Tribal Consultation

Disaster and Emergency Authorities

Benefits (Ben)

August 2020

Row Key	Pre Public Health Emergency Policy	Change	Approved Effective Date	State Requested/ Approved End Date	Federal or State Authority	DPHHS Proposed Post PHE Policy
Telehealth Benefit Delivery Policies						
Ben 1	Telemedicine/telehealth involves two collaborating providers, an originating provider and a distance provider. The originating and distant providers may not be within the same facility or community. The services must be delivered via live video (telephonic services are not reimbursable).	Montana Medicaid will permit qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services (including telephone and live video).	3/1/2020	Aligned with state of emergency declared via EO No 2-2020	State Law: Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth Services During the Montana State of Emergency	Maintain Flexibility to the Maximum Amount Allowable by State Law
Ben 2	The originating site provider must have secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics.	There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using: secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.	3/1/2020	Aligned with state of emergency declared via EO No 2-2020	State Law: Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth Services During the Montana State of Emergency	Maintain Flexibility to the Maximum Amount Allowable by State Law
Utilization Management and Prior Authorization						
Ben 3	Prior authorizations in the standard Medicaid plan and the HCBS waivers all have an expiration date, after which a new authorization request is required for additional services.	Temporarily suspend Medicaid fee-for-service prior authorization requirements and extend pre-existing authorizations through which a beneficiary has previously received prior authorization through the termination of the emergency declaration.	1/27/2020	N/A	Section 1135 Waiver	Unwind Flexibility
Ben 5	BSW and SDMI Waivers and Community First Choice (CFC): Require a physical signature of the beneficiary.	Pursuant to section 1135(b)(1)(C) of the Act, CMS is granting authority to permit the state to temporarily waive written consent required under home and community based service programs (waivers and Community First Choice). Permitting verbal consent as an alternate.	3/1/2020	N/A	Section 1135 Waiver	Unwind Flexibility



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Prescription Drug Benefits						
Ben 6	Medications are limited to a 34-day supply except where manufacturer packaging cannot be reduced to a smaller quantity, like some birth control medications. Maintenance medications may be dispensed in quantities sufficient for a 90-day supply or 100 units, whichever is greater. Prescriptions for noncontrolled substances may be refilled at 75% of the estimated therapy days used. Prescriptions for controlled substances (CII-CV) and gabapentin may be refilled after 90% of the estimated therapy days used.	Montana will cover a maximum of a 90-day supply for all drugs excluding Schedule II drugs. In Montana, Schedule II drugs include most opioids, amphetamines, methylphenidate, etc. Montana will, for drugs dispensed for both 34- and 90-day refills, change the refill "too-soon" edit to allow for refills at 50%. Patients will be able to get a refill for a 34-day supply at 17 days and at 45 days for a 90-day supply.	3/1/2020	7/24/2020	Medicaid Disaster Relief SPA	Unwind Flexibility
Ben 7	Continued prior authorizations for medications require a request from the provider and clinical documentation for review.	Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.	3/1/2020	7/24/2020	Medicaid Disaster Relief SPA	Unwind Flexibility
Ben 8	Indian Health Services (IHS)/Tribal 638 Pharmacies are not required to follow the PDL, unless the drug or class of drugs has clinical criteria. For non IHS/Tribal 638 pharmacies, if a drug is on shortage or is on backorder, then Montana Healthcare Programs makes the necessary adjustments to the PDL to ease the burden on all pharmacies and providers.	The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	3/1/2020	7/24/2020	Medicaid Disaster Relief SPA	Unwind Flexibility
Additional Home and Community Based Service Waiver Benefits						
Ben 9	Specialty medical supplies and equipment are available to members currently in the waivers but must be specifically tied to the member's careplan. Limited basic health supplies are included.	Temporarily add services to the waiver to address the impacts of the public health emergency. Personal Health and Safety Items such as gloves, hand sanitizer, surgical and/or cloth masks. \$50 per month limit per waiver member.	5/1/2020	1/26/2021	1915 (c) Waiver Appendix K 2	Continue Flexibility to 01/26/2021