



**BlueCross BlueShield
of Montana**



Montana HELP Plan

Welcome

Effective January 1, 2016

www.bcbsmt.com/ or HELPPlan.mt.gov

Contact Us

We are glad you chose the Montana Health and Economic Livelihood Partnership (HELP) Plan as your health plan! We want you to get the health care you need, when you need it. This HELP Plan brochure will help you get started. Keep it handy to answer some of your most common health plan questions.

IMPORTANT HELP PLAN PHONE NUMBERS

BCBSMT Participant Services..... **1-877-233-7055, TTY/TDD 711**

We are open:

Monday – Friday

8 a.m. to 8 p.m. MT

Voice mail is available 24 hours a day seven days a week.

Your call will be returned within one business day.

Alternate technologies (for example, voicemail) will be used on the weekends and federal holidays. The call is free.

24/7 Nurse Advice Line..... **1-877-213-2568, TTY/TDD 711**

Audiology **1-800-362-8312**

Behavioral Health Services..... **1-877-296-8206**

Dental..... **1-800-362-8312**

Eligibility Questions or Changes..... **1-888-706-1535, TTY/TDD 711**

Emergency Care..... **911**

Eyeglasses..... **1-800-362-8312**

Federally Qualified Health Centers (FQHCs) **1-800-362-8312**

Fraud and Abuse..... **1-800-543-0867, TTY/TDD 711**

Grievances and Appeals..... **1-877-232-5520, TTY/TDD 711**

Hearing Aids..... **1-800-362-8312**

Indian Health Services (IHS)/Tribal Health..... **1-800-362-8312**

National Poison Control Center..... **1-800-222-1222**

Calls are routed to the office closest to you.

Pharmacy Services..... **1-800-362-8312**

Rural Health Clinics (RHCs)..... **1-800-362-8312**

Transportation **1-800-292-7114**

Community Based Programs..... **dphhs.mt.gov/publichealth/chronicdisease/communitybasedprograms**

Web..... **www.bcbsmt.com/ or HELPPlan.mt.gov**

CALL 911 IF YOU HAVE AN EMERGENCY.

PLEASE NOTE: For help to translate or understand this item, please call **1-877-233-7055 TTY/TDD 711**.

You can get this document in Braille, or speak with someone by calling **1-877-233-7055**. The call is free.

The Importance of a Primary Care Provider (PCP)

YOUR PRIMARY CARE PROVIDER (PCP)

Your PCP is your main health care provider. You can see a BCBSMT in-network specialist without a referral from your PCP, but it is important that your PCP knows which doctors you see.

A PCP can be a:

- Family or general practitioner,
- Obstetrician/gynecologist (OB/GYN),
- Internist (Internal Medicine),
- Nurse Practitioner (NP) or Physician Assistant (PA), or
- A clinic such as a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

TO DO

It is recommended that you choose a PCP from the Montana HELP Plan Provider Network at bcbsmt.com.

Look in the Provider Directory to:

- Choose a PCP for a pregnant participant under OB/GYN, Family Practice, Internal Medicine, or General Practice.
- Choose a PCP for adults in your family under Family Practice, Internal Medicine, or General Practice.

You can call **Participant Services** at **1-877-233-7055** for help choosing a PCP. You can also ask Participant Services to mail you a Provider Directory. The website has an online directory and a tool called Provider Finder®.

MAKING AN APPOINTMENT

To make an appointment, please follow these steps:

- Call your PCP's office ahead of time.
- Tell the office that you are a HELP Plan participant and have your ID card handy.
- You may also contact your assigned Care Coordinator if you have one, for assistance.

If you go to your PCP's office, or another provider's office without an appointment, the provider may not be able to see you. Please call your provider before you go to the office.

YOUR CARE COORDINATOR

As a HELP Plan participant, you can get care coordination support. A Health Assessment (HA) form will be in your HELP Plan Welcome Kit. If we have not received your completed HA within 60 days of joining the HELP Plan, we will call to complete your HA over the phone. This HA will be done at least once a year after that.

The HA helps us find the level of care coordination support you may need and could mean we provide you with a care coordinator. A care coordinator will work with you and others involved in your care, like your PCP, to help with your health care needs and make a care plan that helps you reach your health care goals.

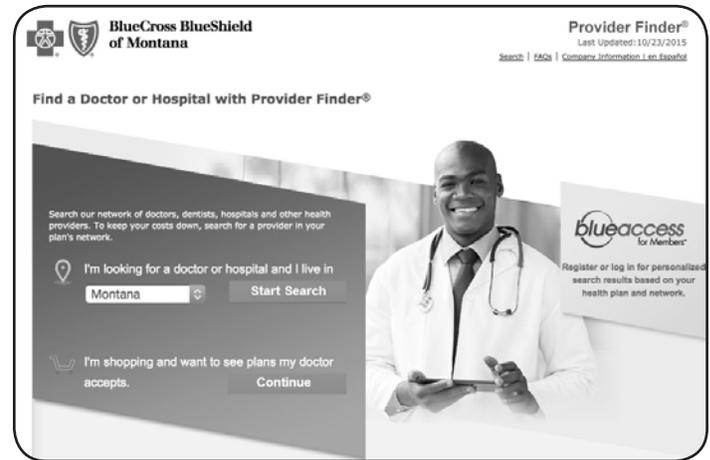
Care Coordinators also do these things:

- Plan in-person visits or phone calls with you,
- Listen to your concerns,
- Help get you or your family the services you need, like transportation,
- Help set up care with doctors and other health care team members,
- Help you, your family and your caregiver better understand your health condition(s), medications, and treatments, and
- Refer you to managed wellness programs.

Provider Finder®

The Provider Finder lets you search for medical and behavioral health providers and hospitals in the Montana HELP Plan Network. Go online to use Provider Finder: www.bcbsmt.com or HELPPlan.mt.gov.

- Search by name, city, state, or ZIP code; specialty, or service,
- Search for providers who are accepting new patients,
- Get a list of provider names, phone numbers, and addresses,
- Learn the providers' specialties, languages they speak, and genders, and
- Google Maps™ lets you see the provider's location and get directions.



Getting Medical Care

WHAT DO I DO IF I NEED TO SEE A DOCTOR RIGHT AWAY?

If waiting to be seen by a doctor would endanger your health or seriously harm you, call **911** or go to the nearest emergency room (ER).

1. Call your PCP's office. Ask if he or she can see you that day.
2. If you can't see your PCP right away, call the **24/7 Nurse Advice Line at 1-877-213-2568**. You can talk to a registered nurse. The nurse can talk with you about your options.
3. If you still need to see a doctor, you can also go to an urgent care provider. Call **Participant Services at 1-877-233-7055** if you need help finding a provider.

WHEN I SHOULD GO TO THE ER?

Go to the ER or call **911** if you or a covered family member has any of these symptoms:

- Chest pain,
- Shortness of breath or severe trouble breathing,
- Heavy bleeding,
- Is about to deliver a baby,
- Fainting or seizures,
- Intense or sudden pain,
- Sudden dizziness, weakness, or change in vision, speech, or mental state,
- Severe or persistent vomiting or diarrhea,
- Coughing or vomiting blood,
- Head, neck, or traumatic injury (such as a gunshot or stab wound),
- Major broken bones,
- Severe burns, or
- Poisoning or drug overdose.

If you go to the ER, be sure to bring:

- Your participant ID card, and
- Your PCP's name and phone number.

If you can, also bring:

- A list of any medicines you take, and
- A list of any medical conditions and drug allergies you have.

Seeing your PCP regularly can help reduce your chances of needing to go to the ER. You can also call the **24/7 Nurse Advice Line** at **1-877-213-2568**.

The nurses can help you decide if you should see your doctor, go to urgent care, or go to the ER.

Do not use the ER for routine care.

WHAT IS PREVENTIVE CARE?

Preventive care helps keep you healthy and is covered by your health plan. Preventive care includes:

- Regular checkups,
- Dental checkups,
- Eye exams,
- Immunizations,
- Mammograms, Pap tests, and other cancer screenings,
- Treatment for some chronic conditions, and
- Other services described in your HELP Plan Participant Guide.

To get preventive care, make an appointment with your PCP. There are no out-of-pocket costs for participants receiving preventive care.

NETWORK PROVIDERS AND PRIOR AUTHORIZATION

WHAT ARE IN-NETWORK PROVIDERS?

In-network providers are providers that have contracted with us to accept special payment rates for the services they provide to HELP Plan participants. To have your services paid by the HELP Plan, you must use in-network providers, unless you have a prior authorization from us.

There are certain services that are covered when you use an out-of-network provider such as emergency or urgent care services. See your HELP Plan Participant Guide for details and exceptions.

WHEN DO I NEED PRIOR AUTHORIZATION?

You will need prior authorization from BCBSMT to go outside of the plan network of providers. Your primary care doctor has to get permission from BCBSMT before you can be admitted to the hospital, or receive certain services, such as home health care. Contact **Participant Services** at **1-877-233-7055** for a complete listing. BCBSMT may not approve the request. If the request for these types of services is denied, you and your provider will be contacted and the reason for the denial will be explained.

HOW DO I GET PRIOR AUTHORIZATION?

Your PCP will know which procedures need prior authorization and will contact BCBSMT for you. To find out if your prior authorization has been approved, call **Participant Services** at **1-877-233-7055**. See your HELP Plan Participant Guide for details.

WHAT IS A SPECIALIST?

Specialists treat medical conditions requiring specialized knowledge beyond that of your primary care doctor. Examples include heart problems, allergies, and diabetes. The specialist must be an in-network provider to be covered.

The benefit information provided is a brief summary, not a complete description of benefits. For more information refer to your HELP Plan Participant Guide included in your Welcome Kit or at **bcbsmt.com**.

Getting Medical Care

BEHAVIORAL HEALTH CARE

You have benefits for behavioral health services. This includes mental and emotional problems, alcoholism, and drug-related problems. A care coordinator can help you find which services are covered and if prior authorization is needed for the service.

You can call **Participant Services** at **1-877-233-7055**. They will help you find a provider or help you speak to a care coordinator to get further assistance.

In an emergency (such as if you feel like hurting yourself or others, or if you are not able to take care of yourself) call **911** or go to the ER.

See your HELP Plan Participant Guide for more information about your behavioral health coverage.

PREMIUMS AND COPAYMENTS

As a participant of the HELP Plan, you will have to pay a monthly premium. Your premium will help cover the cost of your health insurance. The HELP Plan premium cannot be more than two percent (2%) of your yearly household income.

A premium notice will be mailed to you within the month before the due date. Premiums are due by the first of each month. You must return the invoice stub and payment to the mailing address on the invoice. If you are above 100 percent (100%) of the Federal Poverty Level (FPL) and fail to pay premiums, you may be dis-enrolled from the HELP Plan after a (90) day grace period has passed. Unpaid premiums become a debt to the State and can be collected against future tax refunds.

A copayment is a payment owed by you to your health care provider for health care services that you receive. Your monthly premiums will go toward any copayments you owe. You will get a statement/bill for the copayment from your provider after the health care service claim has been processed. If the amounts of your copayments are more than your premiums in a given quarter, you will get a bill for your copayments after your provider visit.



Premiums and copayments will not exceed more than five percent (5%) of the total yearly household income. Please refer to the Help Plan Participant Guide for more detailed information on premium, copayments, and consequences of non-payment of premium.

The following individuals are exempt from copayments:

- Pregnant women, and
- Those age 20 and under.

The following service categories are exempt from copayments:

- Preventive health screenings,
- Family planning,
- Eyeglasses,
- Transportation,
- Emergencies in the emergency room,
- Immunizations, and
- Medically necessary health screenings ordered by a health care provider.

If you have questions about your copayments or premiums, call **Participant Services** at **1-877-233-7055**.

