



BlueCross BlueShield
of Montana



MONTANA HELP PLAN

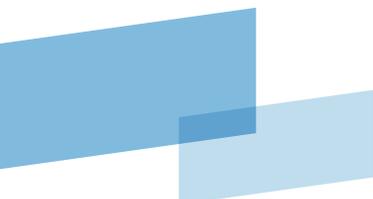
PARTICIPANT GUIDE

www.bcbsmt.com
HELPPlan.mt.gov

Thank you for choosing the Montana Health and Economic Livelihood Partnership (HELP) Plan as your health plan. This HELP Plan Participant Guide will help you learn more about the HELP Plan and how to use your HELP Plan benefits. The HELP Plan offers medical, behavioral health, dental, vision, prescription drug benefits, and much more. The HELP Plan works to keep you healthy, not just treat you when you are sick. When this HELP Plan Participant Guide is updated with covered services, copayment, or plan changes, it will be posted to bcbsmt.com and HELPPlan.mt.gov.

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Montana HELP Plan

The HELP Plan is just one of many programs sponsored by the Montana Department of Public Health and Human Services (DPHHS) to provide health care coverage to certain low-income Montanans. Most HELP Plan services are administered by Blue Cross and Blue Shield of Montana (BCBSMT).

Health Care Providers

The HELP Plan has many quality health care providers to serve you, from family doctors and dentists to physical therapists, behavioral health counselors, and most everything in between. Make sure when you are looking for medical care you check to see if a provider is a HELP Plan enrolled provider. The HELP Plan only pays for non-emergency services from covered health care providers.

For Medical and Behavioral Health Care Providers

Before seeing a medical or behavioral health provider, ask the provider if he or she is enrolled as a HELP Plan provider with BCBSMT. You can access provider and HELP Plan information at **bcbsmt.com**. If you don't have internet access, call BCBSMT Participant Services at **1-877-233-7055**.

For Other Health Care Services Providers

You can visit **HELPPlan.mt.gov** where you'll find information for Medicaid enrolled health providers for: dental, pharmacy, eyeglasses, Rural Health Clinics, Federally Qualified Health Centers, hearing aids/audiology, transportation, Indian Health Services (IHS)/Tribal Health, and Community Health Center Services. If you don't have internet access, call the Montana Healthcare Programs Help Line at **1-800-362-8312**.

For benefit or claim questions, call the Montana Healthcare Programs Help Line at **1-800-362-8312**.

Online Access to Claims

View Your Medical or Behavior Health Claims Online

Register today with Blue Access for MembersSM at **bcbsmt.com** to see medical and behavioral claim status, medical benefits and eligibility information. You can also submit questions to Participant Services online. Participant Services is available Monday through Saturday from 6 a.m. to 10 p.m. and Sunday from 9 a.m. to 6 p.m. Mountain Standard Time.

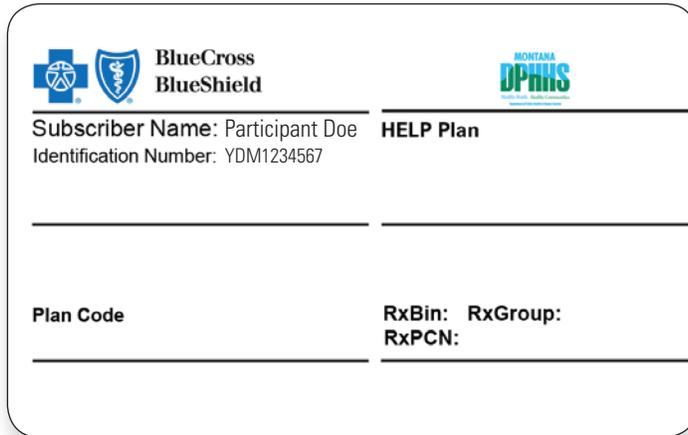
For medical or behavioral health benefit or claim questions, call BCBSMT Participant Services at **1-877-233-7055**.

For benefit or claim questions for dental, eyeglasses, pharmacy, Rural Health Clinics, Federally Qualified Health Centers, hearing aids/audiology, or Community Health Center Services, call the Montana Healthcare Programs Help Line at **1-800-362-8312**.

Getting Started with the HELP Plan

Your HELP Plan Identification (ID) Card

BCBSMT will send you a HELP Plan ID card. Carry this card with you at all times and show it to your provider when you get care. This card is also used for buying prescription drugs. Call BCBSMT at **1-877-233-7055** if you do not receive a card in the mail within 4 weeks, or if you lose the card. You may also access Blue Access for Members at **bcbsmt.com** to request an ID card or to print a temporary ID card.



Moving?

If you move, please let us know by calling the Montana Public Assistance Helpline at **1-888-706-1535**. Participants who move out of Montana are not eligible for the HELP Plan.

Coverage for Newborn Children

When a HELP Plan participant has a baby, the baby will automatically be enrolled in Montana Medicaid.

Your HELP Plan Rights

You have the right to:

- Expect quality medical care.
- Be treated politely and with respect by health care providers and their staff.
- Understand your medical condition.
- Be told about the treatment your doctor advises before it happens.
- Refuse treatment.
- Be told of possible results before accepting or refusing treatment.
- Talk to your HELP Plan provider and expect your records and conversations are kept confidential.
- Choose your own HELP Plan provider.
- Make a complaint about the HELP Plan and receive an answer.
- Understand how the HELP Plan works.
- Know what medical services are covered by the HELP Plan.
- Understand your copay responsibility for services received.
- Understand your premium responsibility and how it affects your copay amounts and out-of-pocket maximum.

Getting Started with the HELP Plan

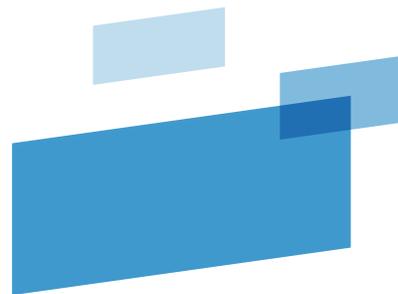
Your HELP Plan Responsibilities

You and your HELP Plan health care provider are a team in protecting your health. Your job is to help your HELP Plan health care provider give you the best health care. So, keep the following in mind:

- Call ahead for an appointment when you need to see a HELP Plan provider. Providers often have busy schedules and cannot always see drop-in patients.
- Be on time for your appointments. Call your HELP Plan health care provider ahead of time if you are going to be late or can't keep your appointment.
- Help your HELP Plan provider get your previous medical records.
- Tell your HELP Plan provider about your medical problems. Tell them the signs of trouble, pain, or changes you have noticed.
- Tell your provider about allergies and unusual health needs. Ask questions. Sometimes it helps to write a list of questions before you go to your appointment. Ask about risks, choices, and costs before treatment is given or drugs are prescribed.
- Fill all your prescriptions at the same pharmacy when possible. The pharmacist can answer questions about your prescriptions.
- Get complete directions about all medications, treatments, or tests. Write them down, or ask your provider to write them down.
- Pay your HELP Plan health care provider the copayment after the claim has been processed and you have been billed by the provider.
- Take time to decide about having a treatment before it happens. Be careful to review your treatment choices. Discuss your options with your HELP Plan health care provider. For many procedures, your HELP Plan provider will need time to get preauthorization.
- The HELP Plan does not cover some services. Please refer to the HELP Plan Services Chart in this guide for HELP Plan covered and non-covered services. You are responsible to pay for services that are experimental, investigational, unproven, not provided in the right setting, not medically necessary, or services that are not covered if you have signed an Advance Benefit Notice (ABN). If you don't see the service listed or you are not sure if a service is covered, call Participant Services at **1-877-233-7055**.
- HELP Plan providers may not bill you for services that are denied as not medically necessary, not provided in the right setting, experimental, unproven, investigational, and not covered unless you have signed an ABN.
- Don't sign anything you don't understand.
- Ask questions until you do understand.

HELP Plan Nondiscrimination Policy

The HELP Plan does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in admission or access to, or treatment or employment in, its programs and activities. The BCBSMT Section 504 ADA Coordinator can be reached at **1-406-437-5285**.



HELP Plan Services

This section tells if a service is covered by the HELP Plan. For details on these covered services, turn to the pages after the HELP Plan Services Chart. There may be other services that the HELP Plan will pay for that are not listed. Ask your HELP Plan provider if you're not sure if something is covered or requires preauthorization. HELP Plan Participant Services will also be able to help; call BCBSMT at **1-877-233-7055**.

Premiums, Copayments, and Maximum Out-of-Pocket Costs

Premiums

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 exceed two (2%) of your yearly household income. This total amount will be broken into monthly payments. BCBSMT will mail premium notices within the month prior to the due date. Premiums are due by the first of each month. The participant must return the invoice stub and a check payment to the mailing address indicated on the invoice.

For participants at or below one hundred (100%) percent of the Federal Poverty Level (FPL), which equals approximately \$980 per month for an individual, or \$2,020 per month for a family of four, failure to pay premiums will not result in dis-enrollment. Participants above one hundred (100%) percent of the FPL who fail to pay premiums may be dis-enrolled after a ninety (90) day grace period has passed. Unpaid premiums become a debt to the State and can be collected against future tax refunds. You can call Participant Services at **1-877-233-7055** to ask about your premium status.

Copayments

A copayment is a payment owed by you to your health care provider for health care services that you receive. You will be responsible to pay the provider after the claim has been processed. All participants will receive a credit toward copayments equal to the total owed premium amount for the quarter. Copayments will not be charged until the credit is met. You can call Participant Services at **1-877-233-7055** to ask about your copayment credit amount or other copayment questions.

Copayment Credit Example:

Annual Household Income:	\$27,000
Premium is Equal to 2% of Household Income:	\$540 Annually
Monthly Premium:	\$45 (\$540 divided by 12)
Premium Credit for Each Quarter:	\$135

Monthly Premium	Quarterly Copayment Credit Amount	Office Visit Copayment that would be taken without Premium Credit	Quarterly Copayment Credit Balance	Participant Responsibility
\$45	\$135 (3 x \$45)	\$4	\$131	0

The HELP Plan Services chart on the next few pages will let you know what the copayment cost is for services, if there is a copayment. A separate letter was sent to you when you enrolled that indicates what FPL level you are under, so you can look at your copayment column on the chart.

Note that providers cannot deny services for failure to receive copayments from participants at or below 100% of the FPL.

Individuals Not Responsible For Copayment

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

Services With No Copayment

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

Maximum Out-of-Pocket Costs

Payments toward premiums and copayments will be applied to your maximum out-of-pocket amount. The maximum out-of-pocket amount cannot exceed 5% of the total household income. This is calculated on a quarterly basis. If you pay more than the maximum out-of-pocket amount in a quarterly benefit period, BCBSMT will reimburse you. You can check with BCBSMT at any time to find out about your premiums, credit status, copayment, or expected cost of copayments.

Lifetime Maximum Benefit

There is no lifetime maximum benefit.

Preauthorization

Some HELP Plan services need to be approved before the HELP Plan will pay for them. Refer to the HELP Plan Services Chart to see if the services you need require preauthorization by your HELP Plan provider.

If you fail to get preauthorization for a service, you may be responsible to pay for that service if you signed an Advance Benefit Notification (ABN).

The description of the HELP Plan covered and non-covered services presented here is a guide and not a contract to provide medical care. Administrative Rules of Montana, Title 37, governs access and payment for HELP Plan services. The rules can be found at mtrules.org.

HELP Plan Services Chart – Services must be Medically Necessary.

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Abortion (see pg. 13 description)	Yes, in some cases	\$0	\$0	Yes
Acupressure	No	—	—	—
Acupuncture	No	—	—	—
Adaptive Equipment (reachers, appliances)	No	—	—	—
Ambulance (Emergency)	Yes	\$0	\$0	No. Call 1-800-292-7114 within 30 days.
Ambulance (Non-Emergency)	Yes	\$0	\$0	Call 1-800-292-7114 for authorization
Audiology Services (see Hearing Exams and Hearing Aids)	Yes	\$4	10% of the Allowable Fee	Yes
Bio-Feedback	No	—	—	—
Birth Center Services	Yes	\$0	\$0	No
Birth Control	Yes	\$0	\$0	No
Cardiac Rehabilitation	Yes	\$4	10% of the Allowable Fee	Yes
Case Management	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Chemical Dependency Treatment (hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Chemical Dependency Treatment (non-hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Chemical Dependency Treatment (non-hospital outpatient)	Yes	\$4	10% of the Allowable Fee	Yes
Chiropractic (for Adults)	No	—	—	—
Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Cochlear Implants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Comfort and Convenience Items	No	—	—	—
Community Health Centers Services	Yes	\$4	10% of the Allowable Fee	No
Comprehensive School and Community Treatment (CSCT)	No	—	—	—
Contact Lenses	No	—	—	—
Corrective Lenses (see Eyeglasses)	—	—	—	—
Cosmetic Surgery	Yes, under certain circumstances	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Dental Anesthesia	Yes	\$4	10% of the Allowable Fee	No
Dental Braces (orthodontia) through age 20 if medically necessary	Yes	—	—	Yes
Dental Implants	No	—	—	—
Dental Preventive/Diagnostic	Yes	\$0	\$0	No
Dental Treatment Subject to a \$1,125 limit (excluding: preventive/diagnostic, dentures and anesthesia)	Yes	\$4	10% of the Allowable Fee	No
Denturist	Yes	\$4	10% of the Allowable Fee	Yes
Developmental Disability Services	No	—	—	—
Diabetes Education	Yes	\$0	\$0	No
Dialysis (outpatient and training)	Yes	\$4	10% of the Allowable Fee	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Doctor Visits	Yes	\$4	10% of the Allowable Fee	No
Drugs (over-the-counter)	Yes	\$4	\$4	No
Drugs (prescription from a pharmacy – generic)	Yes	\$0	\$0	Yes, for some drugs
Drugs (prescription from a pharmacy – preferred brand name)	Yes	\$4	\$4	Yes, for some drugs
Drugs (prescription from a pharmacy – nonpreferred brand name)	Yes	\$8	\$8	Yes, for some drugs
Durable Medical Equipment (DME) and Medical Supplies	Yes	\$4	10% of the Allowable Fee	Yes (for services over \$2,500)
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), through age 20 if medically necessary	Yes	\$0	\$0	Yes, for some services
Emergency Room Services Emergency Services	Yes	\$0	\$0	No
Emergency Room Services Non-Emergency Services	Yes	\$8	\$8	No
Environmental Controls (air cleaners, heaters)	No	—	—	—
Exercise Programs or Equipment	No	—	—	—
Experimental Drugs or Treatments	No	—	—	—
Eye Exams	Yes	\$4	10% of the Allowable Fee	No
Eyeglasses (frames and lenses)	Yes	\$0	\$0	Yes, for some features
Family Planning	Yes	\$0	\$0	No
Genetic Testing and/or Counseling	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Aids	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Exams	Yes	\$4	10% of the Allowable Fee	No
Home Births	No	—	—	—

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Home Health	Yes	\$4	10% of the Allowable Fee	Yes
Home Infusion Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Homemaker	No	—	—	—
Homeotherapy	No	—	—	—
Hospice	Yes	\$0	\$0	Yes
Hospital (inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Hospital (outpatient)	Yes	\$4	10% of the Allowable Fee	No
Hot Tubs or Spas	No	—	—	—
Hypnotherapy	No	—	—	—
Inclusive Services	No	—	—	—
Indian Health Services/ Tribal Health Services	Yes	\$0	\$0	Yes, for some services
Infertility Treatment	No	—	—	—
Interpreter	Yes	\$0	\$0	No
Lab (laboratory services)	Yes	\$4	10% of the Allowable Fee	No
Massage	No	—	—	—
Medical Marijuana	No	—	—	—
Medical Services Received Outside the U.S.A.	No	—	—	—
Medical Supplies and Equipment (see Durable Medical Equipment)	Yes	\$4 provider	10% of the Allowable Fee	Yes (for services over \$2,500)
Mental Illness Treatment (non-hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Mental Illness Treatment (non-hospital outpatient)	Yes	\$4	10% of the Allowable Fee	Yes
Mental Illness Treatment (hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Naturopathic Physician Services	No	—	—	—
Neurofeedback	No	—	—	—
Nurse Advice Services	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
OB (obstetric) Services	Yes	\$0	\$0	No
Occupational Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Orthodontia (dental braces) through age 20 if medically necessary	Yes	\$0	\$0	Yes
Orthotics	Yes	\$4	10% of the Allowable Fee	Yes, over \$2,500
Out-of-State Services (covered in some cases)	No	—	—	—
Paternity Tests	No	—	—	—
Personal Assistant	No	—	—	—
Pharmacy (see Drugs)	—	—	—	—
Physical Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Pregnancy and Childbirth	Yes	\$0	\$0	No
Prescription Drugs (see Drugs)	—	—	—	—
Preventive Care Services	Yes	\$0	\$0	No
Private Duty Nursing (through age 20 if medically necessary)	Yes	—	—	No
Professional Counselor	Yes	\$4	10% of the Allowable Fee	No
Psychiatric	Yes	\$4	10% of the Allowable Fee	No
Psychology Services	Yes	\$4	10% of the Allowable Fee	No
Public Health Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Radial Keratotomy	No	—	—	—
Radiology (MRI, PET Scans, GI Radiology, CT Scans)	Yes	\$4	10% of the Allowable Fee	Yes
Respiratory Therapy	Yes	\$4	10% of the Allowable Fee	No
School-Based Services (through age 20 if medically necessary)	Yes	—	—	Yes
Service Animals (including purchase, training and maintenance costs)	No	—	—	—
Shots (immunizations)	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Social Work (see clinical)	Yes	\$4	10% of the Allowable Fee	No
Speech Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Sterilization (excludes reversal of voluntary sterilization)	Yes	\$0	\$0	Yes
Stress Management	No	—	—	—
Surgery (inpatient)	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Surgery (outpatient)	Yes	\$4	10% of the Allowable Fee	No
Swim Programs	No	—	—	—
Telemedicine Services	Yes	\$4	10% of the Allowable Fee	No
Telephone Service	No	—	—	—
Temporomandibular Joint Treatment (TMJ) Surgery	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Therapies (occupational, physical, and speech)	Yes	\$4	10% of the Allowable Fee	Yes
Tobacco Cessation Counseling	Yes	\$0	\$0	No
Tobacco Cessation Drugs	Yes	\$0	\$0	No
Transplants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Transportation	Yes	\$0	\$0	Call Medicaid Transportation at 1-800-292-7114 for authorization.
Urgent Care	Yes	\$4	10% of the Allowable Fee	No
Vitamins	Yes	\$0	\$0	Yes
Weight Loss Clubs or Clinics	No	—	—	—
Weight Loss Surgery (gastric bypass, gastric banding or bariatric surgery, including all revisions)	No	—	—	—
Weight Scales	No	—	—	—
Whirlpools	No	—	—	—
X-Rays	Yes	\$4	10% of the Allowable Fee	No

HELP Plan Services Described

This list includes examples of HELP Plan services. Not all services are listed and not all details about a service are shown. Ask your doctor or health care provider for more information. You can also call BCBSMT at **1-877-233-7055** for more information.

All covered treatments and services must be medically necessary. The participant receiving services must be enrolled at the time the service is delivered.

Abortion

Abortion is only covered if:

- Necessary to save the mother's life, or
- Pregnancy caused by an act of rape or incest

Preauthorization is required. Call BCBSMT at **1-877-233-7055**.

Ambulance Services

Emergency ambulance services are covered for emergency ground or air transports. Call **911** or your local emergency number for services. An emergency means a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

Licensed ground and air ambulance services are covered to the nearest hospital equipped to provide necessary treatment when:

- The service is to treat a life-threatening illness or injury, or
- It is medically necessary – meaning other forms of getting to care would endanger the participant's health.

Ambulance services must be medically necessary. If you are not sure you should go to the emergency room, call your HELP Plan provider or Nurse Advice Line at **1-877-213-2568**. The call is free. Registered nurses are available 24 hours a day, 7 days a week to help you decide.

If you used an ambulance for emergency travel, you must call the Medicaid Transportation Center at 1-800-292-7114 within 30 days of the emergency in order to be considered for payment. Scheduled non-emergency use of an ambulance may be necessary in some cases, but you must receive preauthorization before travel takes place. Call the Medicaid Transportation Center at **1-800-292-7114**.

Audiology Services

(see Hearing Aids and Hearing Exams, pg. 20)



HELP Plan Services Described

Birth Center Services

Birth center services are provided in a state-licensed health care place or hospital but are more home-like. They also encourage family and friend participation in the birth.

Birth Control

Pills, shots and most other types of birth control, and family planning supplies are covered. Birth control must be prescribed for you by a covered provider.

Chemical Dependency Services

There are several different kinds of alcohol and drug treatment services:

- Non-hospital inpatient treatment – this service is 24 hours a day, 7 days a week, and patients live in the facility,
- Intensive non-hospital outpatient treatment,
- Hospital inpatient and outpatient treatment,
- Partial hospitalization, and
- Individual, group, or family counseling.

Preauthorization is required. Call BCBSMT at **1-877-233-7055**.

Case Management

In the event of a high-cost medical problem, the HELP Plan may be able to recommend medically appropriate, cost-effective treatments for you and your provider to consider. A case manager will evaluate your condition with your HELP Plan provider. For additional information, call BCBSMT at **1-877-233-7055**.

Examples of illnesses where case management is valuable are:

- Severe diabetes,
- Cancer,
- Chronic illness (such as asthma, pneumonia, and lung problems),
- Acute injuries (such as head injuries),
- Heart problems,
- Multiple therapies (physical, speech or occupational therapies),
- Cystic fibrosis,
- Behavioral health conditions, and
- High-risk pregnancy.

HELP Plan Services Described

Cochlear Implants

Cochlear implants and associated components require preauthorization. Call BCBSMT at **1-877-233-7055**.

Corrective Lenses

(see Eyeglasses, pg. 19)

Dental Services – HELP Plan Dental Treatment Services

A HELP Plan participant may receive up to \$1,125 in dental treatment services per benefit year. The benefit year runs from July 1 through June 30. Each July 1st, HELP Plan participants become eligible for \$1,125 of dental treatment services (treatment frequency limits apply). Services that are covered, but not included in the \$1,125 benefit period treatment limit, are preventive/diagnostic, anesthesia, and dentures.

You will have to pay for services that go over the \$1,125 HELP Plan Dental Treatment limit. Any amount over the \$1,125 limit is a private arrangement between you and your Medicaid dental provider.

Some dental services require Medicaid copayments. Make sure you know how much your services cost, and if you have reached your \$1,125 dental treatment limit.

What Dental Services Are Not Covered?

- Dental Implants, and
- Cosmetic Dentistry

NOTE

Surgical repair of the mouth and gums due to an accident or congenital defect may be covered under the medical benefits of your HELP Plan. Contact BCBSMT for more information at **1-877-233-7055**. Dental services needed for an accidental injury to healthy, natural teeth and gums are covered for up to 12 months from the date of the accident.

Finding a HELP Plan Dentist

A list of Medicaid enrolled dentists is available at **HELPPlan.mt.gov** by clicking on the “Find a Health Care Provider” option.

Contact Medicaid enrolled dentists in your area to make an appointment and ask if they accept new HELP Plan patients. If your dentist is not currently a Medicaid enrolled dentist but would like to become one, the dentist may contact the HELP Plan Dental Program at **1-800-362-8312**.

If you have questions about HELP Plan dental services, you may contact the Montana Healthcare Programs Help Line at **1-800-362-8312**.

HELP Plan Services Described

Diabetes Education

The HELP Plan covers outpatient diabetes education services. Covered services include programs for self-management training and education as prescribed by a doctor. Diabetic supplies are covered under the section entitled “Supplies for Use Outside of a Hospital, page 25.” Also refer to Durable Medical Equipment, page 17.

Dialysis

Dialysis is covered for participants who have chronic end-stage renal disease. Services covered at dialysis clinics include:

- Outpatient dialysis, and
- Training for self-dialysis.

Doctor Visits

Visits to your doctor’s office are covered. Physician assistants (PAs) and nurse practitioners (NPs) can provide some of the services a doctor gives. Most services you get from a doctor are covered.

Examples of doctor services include:

- Treating high blood pressure,
- Office visits,
- Physicals (exams),
- Operations, and
- Shots (immunizations).

Drugs (Over-the-Counter)

The following over-the-counter drugs are covered if they are prescribed for you by your HELP Plan provider or Medicaid enrolled provider:

- Aspirin,
- Insulin,
- Laxatives, antacids, head lice treatment,
- Stomach products such as Zantac® and Prilosec OTC®,
- Allergy products such as Claritin®,
- Levonorgestrel,
- Ketotifen ophthalmic solution,
- Pyridoxine,
- Doxylamine,
- Nasacort AQ,
- Oxybutynin Transdermal, and
- Folic Acid.

HELP Plan Services Described

Drugs (Prescription)

Many prescription drugs are covered. Some prescription drugs may need preauthorization. To find out if a drug you need is covered or to find out if a drug needs preauthorization, talk to your pharmacist or the person who prescribed the drug.

The HELP Plan will pay for a 34-day supply of drugs. Participant may get a 90-day supply of some drugs at the time for heart disease, high blood pressure, or birth control. Early refills may be authorized if the person who writes the prescription changes your dose. Early refills will not be granted for lost or stolen medication, or for vacation or travel.

Prescription drugs are only covered if you go to a Medicaid enrolled pharmacy. To find out if your pharmacy is enrolled, go to [HELPPlan.mt.gov](https://www.helpplan.mt.gov), and then click on the "Find a Health Care Provider" option.

Out-of-state pharmacy benefits will be paid only to Medicaid enrolled providers. Check the link to find out if your out-of-state provider is enrolled. Call the Montana Healthcare Programs at **1-800-362-8312** for more information.

Durable Medical Equipment (DME) and Medical Supplies

Medical supplies include things like wound dressings and diabetic needles, lancets, test strips, and devices for monitoring glucose.

DME includes things like oxygen equipment, wheelchairs, prosthetic limbs, and orthotics. DME items must be the least costly option to treat the medical condition and used in your home, school or work place. You will need preauthorization for DME items that cost \$2,500 or more. For answers to DME questions, ask your medical provider, your DME provider, or call BCBSMT at **1-877-233-7055**.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT services are comprehensive and preventive health care services for Participants through age 20.

EPSDT services include:

- Comprehensive health and developmental history, physical exam, immunizations, lab tests and health education,
- Vision services, including diagnosis, treatment, and eyeglasses,
- Dental services, and
- Hearing services.



HELP Plan Services Described

Emergency Room Services, Emergency Services

Emergency services are covered in the HELP Plan. An emergency is a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

The HELP Plan pays for all medically necessary covered care that you get from HELP Plan providers. The HELP Plan covers emergency care and urgent care if you follow the rules below.

You should notify your primary care provider as soon as possible that you are receiving emergency care. You should arrange follow-up care with your primary care provider.

If you go to the Emergency Room for an emergency medical condition, you will not owe a copay. However, if you go to the emergency room for a non-medical emergency condition, you will be charged an \$8 copay.

Eye Exams

Eye exams and the fee to fit your eyeglasses are covered. There is a small copayment for these services.

Optometric services for the medical treatment of diseases or injury to the eye by a licensed doctor or optometrist are covered.

To find an ophthalmologist or optometrist near you, refer to the HELP Plan Provider Directory on the website at **bcbsmt.com**.

If you have questions, contact BCBSMT Participant Services at **1-877-233-7055**.

HELP Plan Services Described

Eyeglasses

Eyeglasses are provided through a contract with Walman Optical Co. The HELP Plan will only pay for your eyeglasses if they are covered under the Walman contract. When ordering eyeglasses from the eyeglasses provider, make sure the provider carries eyeglasses covered under the Walman contract. If you choose to purchase frames or lenses which are not covered under the contract, it is your responsibility to pay for the purchase.

The HELP Plan pays for one pair of glasses every 365 days. However, if you have a medical condition that requires more frequent prescriptions, new lenses (but not new frames) may be covered more often.

All frames have a 24-month warranty to guard against defects. The warranty does not replace damaged frames other than manufacturer defects. You must return defective parts of the glasses for repair. Your HELP Plan provider may charge you a small handling fee for returning glasses for repair.

The HELP Plan does not replace lost or stolen eyeglasses. The HELP Plan does not pay for contact lenses. If you have questions, contact the Montana Healthcare Programs at **1-800-362-8312**.

Family Planning Services

Most family planning services are covered, including, but not limited to:

- Physical exams, with breast exams,
- Pap test (to test for pre-cancerous conditions),
- Pregnancy tests,
- Birth control,
- Sexual health counseling (how to prevent unintended pregnancy and sexually transmitted infections),
- Testing and treatment for sexually transmitted infections,
- Shots for German measles (to prevent pregnancy complications), and
- Shots for HPV.

Please contact your primary care provider to receive family planning services.



HELP Plan Services Described

Hearing Aids

Hearing aids, hearing aid supplies, including batteries, and hearing aid repairs are covered when provided by a Medicaid enrolled provider. The Medicaid enrolled provider must request preauthorization for hearing aids. The HELP Plan participant must be enrolled on the date of the preauthorization request and on the date of service, including the date the hearing aid is provided to the HELP Plan participant.

For additional information on hearing aids, supplies and warranty, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Cochlear implants and associated components require preauthorization. The HELP Plan provider must request preauthorization. Call BCBSMT at **1-877-233-7055**.

Hearing Exams

Hearing exams are covered. For additional information on hearing exams, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Home Health Services

Home health services are provided by a licensed and certified agency. The services must be ordered by a HELP Plan provider. These services are covered but must be preauthorized. Call BCBSMT at **1-877-233-7055**.

Covered services include:

- Part-time care in your home from a skilled nurse,
- Home health aide care – services for a short, definite period of time to assist in the activities of daily living and care of the household to keep you in your home,
- Physical, occupational, or speech therapy,
- Non-routine medical supplies suitable for home use, and
- Medical social worker services.

HELP Plan Services Described

Home Infusion Therapy

Some drug treatments must be given in your veins (intravenously). These treatments may be given in your home. Infusion therapy in your home is covered, along with the cost of the person who comes to your home to give you the drug treatments. For additional information on Home Infusion Therapy, go to the Montana Healthcare Programs website at [HELPPlan.mt.gov](https://www.helpplan.mt.gov).

Hospice

Hospice is end-of-life comfort care. Hospice manages all care related to the illness. Grief counseling is also available for the family. Hospice is provided by a licensed and certified agency. Hospice services are covered, but must be preauthorized. Call BCBSMT at **1-877-233-7055**.

Hospital Services

Services you get in a hospital, whether you stay in the hospital overnight or not, are covered. Some examples of services you might get in a hospital are:

- Emergency Room services,
- Medical services for which your HELP Plan provider admits you to the hospital,
- Physical therapy,
- Lab services,
- X-Rays,
- Cardiac rehabilitation,
- Pulmonary rehabilitation, and
- Surgery.

When you know ahead of time that you are going in the hospital, call BCBSMT at **1-877-233-7055**. Hospital services must be preauthorized before you go. If you have an emergency and are admitted to the hospital, BCBSMT should be contacted within 24 hours or the next working day. If the hospital you are admitted to is a participating provider, it is the provider's responsibility to notify BCBSMT. If the hospital you are admitted to is not a participating provider, it is your responsibility to notify BCBSMT for preauthorization.



HELP Plan Services Described

Indian Health Services (IHS) and Tribal Health Services

The HELP Plan partners with IHS, Tribally Operated Health Care Clinics, and Urban Indian Health Clinics. These clinics provide medically necessary services for some enrolled participants. Native American participants never have a copayment.

Interpreter Services

Interpreter services will be provided if you do not speak fluent English, are hearing impaired, or are otherwise in need. Interpreter services are covered if you get a covered service. You and your HELP Plan provider determine if an interpreter is required and your provider can arrange for a qualified interpreter to provide services. You may request a friend or family participant to be your interpreter. There is no cost to you for interpreter services.

Lab (Laboratory) Services

X-Ray and lab services must be ordered by a HELP Plan provider and are covered only if a HELP Plan provider gives them. Verify your HELP Plan provider is sending the X-Ray or lab work to another HELP Plan provider. Call BCBSMT at **1-877-233-7055**.

Medical Supplies and Equipment

(see Durable Medical Equipment, pg. 17)

Mental Illness Services

The HELP Plan covers these behavioral health services for all participants:

- Individual, group, and family counseling,
- Group therapy,
- Outpatient behavioral health assessments,
- Acute inpatient hospital services (preauthorization is required), and
- Psychological testing.

Preauthorization is required. Call BCBSMT at **1-877-233-7055**.

HELP Plan Services Described

Nurse Advice Line

Nurse Advice is a free telephone advice line you can call when you are sick, hurt or have a health question. Call **1-877-213-2568**. Nurses are there 24 hours a day, 7 days a week. Nurses at Nurse Advice can help you save time and money by guiding you to the right care at the right place and at the right time.

Nurse Advice can help you with problems like:

- Fever,
- Ear ache and headache,
- Flu and sore throat,
- Skin rash,
- Vomiting or upset stomach,
- Colds and coughing, or
- Back pain.

If you have just found out you have diabetes, heart disease, high cholesterol or any other health issue, Nurse Advice may be able to give you some information and help answer your questions.

Don't call nurse advice when:

- You have a health concern you are sure is life threatening. In this case, call **911** or go directly to the emergency room.
- You've seen your doctor for a specific health problem and a follow-up appointment is needed. Call the office directly to schedule the appointment.
- You've seen your doctor for a specific health problem, and she refers you to a specialist. Call the specialist's office directly to set up an appointment.
- You need regular services such as transfusions or dialysis. Make this series of appointments directly with the doctor's office.

OB (Obstetric) Services

Prenatal visits, delivery and checkups for the mother after she gives birth are covered. A baby's delivery must be in a licensed hospital or birth center to be covered.

Occupational Therapy

(see Therapies, pg. 26)

Out-of-State Services

You may need to get medical services outside of Montana.

- If you have an accident, crisis or something that cannot wait until you're back in Montana, seek help at a hospital. Call BCBSMT at **1-877-233-7055**; toll free, as soon as possible to see if a covered provider is close to you.
- All out-of-state hospital inpatient services need preauthorization before you get services unless you have an emergency. Call BCBSMT at **1-877-233-7055**.
- Other HELP Plan services require preauthorization as shown on the HELP Plan services chart in this HELP Plan Participant Guide.
- Services received outside the United States, including Canada or Mexico, are never covered.

HELP Plan Services Described

Physical Therapy

(see Therapies, pg. 26)

Physician Services

(see Doctor Visits, pg. 16)

Pregnancy

(see OB, pg. 23)

Prescription Drugs

(see Drugs, Prescription, pg. 17)

Preventive Care Services

The HELP Plan covers preventive care services, and there are no out-of-pocket costs to you. Preventive care helps keep you health and includes:

- Regular checkups,
- Dental checkups,
- Eye exams,
- Mammograms, Pap tests, and other cancer screening, and
- Treatment for some chronic conditions.

Pulmonary Therapy

(see Therapies, pg. 26)

Respiratory Therapy

(see Therapies, pg. 26)

HELP Plan Services Described

Social Work Services

Social work services are covered if provided by a licensed clinical social worker who is a HELP Plan provider. These services may be individual, group, or family therapy.

Specialty Care

Specialty care is any health care your primary care doctor advises but cannot provide. Examples are X-Rays, therapy, or tests to spot a health issue. It is best if all of your health care services are managed by your primary care doctor. If you need specialty care, your primary care provider will refer you to a HELP Plan specialist. Referrals are not required for specialty care, including obstetrical and gynecological care, as long as you see a HELP Plan participating provider. However, treatment received from a provider who is not in the HELP Plan network will not be covered without preauthorization.

If specialty care is needed and a HELP Plan participating provider is not available in your area, contact BCBSMT at **1-877-233-7055**. We will give you information on how to obtain specialty care.

Speech Therapy

(see Therapies, pg. 26)

Supplies

(For Use Outside of a Hospital)

Supplies used outside of a hospital are covered ONLY:

- If they are prescribed by a Medicaid enrolled provider and are necessary to treat a condition that is covered by the HELP Plan.
- Examples of these supplies are diabetic needles, test strips or lancets, or wound dressings. Also refer to Durable Medical Equipment, (pg. 17).

Surgery

Most medically necessary surgeries are covered, whether done in a hospital or surgery center. Some surgeries must be preauthorized; call BCBSMT at **1-877-233-7055**.



HELP Plan Services Described

Telemedicine Services

Telemedicine services are covered when they are provided by HELP Plan providers. The services must be for covered benefits. Telemedicine services are provided through a secure electronic connection. The provider and the participant are not at the same site. There must be both an audio and video portion to the visit. Both the provider and participant must take part in the discussion.

Therapies

Covered therapies are:

- Occupational therapy,
- Physical therapy,
- Respiratory therapy,
- Speech therapy,
- Cardiac therapy, and
- Pulmonary therapy.

Therapy services must be ordered by your HELP Plan provider and must be preauthorized; call BCBSMT at **1-877-233-7055**.

Tobacco Cessation

Tobacco cessation drugs and counseling are covered by the HELP Plan. You can also get help to stop smoking or chewing by calling the Montana Tobacco Quit Line at **1-800-QUIT-NOW** or **1-800-784-8669**.

Transplants

Organ and tissue transplants are covered. Transplant benefits include:

- Heart, heart/lung, single lung, double lung, liver, pancreas, kidney, simultaneous pancreas/kidney, bone marrow/stem cell, small bowel transplant, cornea and renal transplants.
- For organ and tissue transplants involving a living donor, transplant organ/tissue procurement and transplant-related medical care for the living donor are covered.
- Transplants of a nonhuman organ or artificial organ implant are not covered.
- Donor searches are not covered.

For certain transplants, BCBSMT contracts with a number of Centers of Excellence that provide transplant services. BCBSMT highly recommends use of the Centers of Excellence because of the quality of the outcomes at these facilities. Participants being considered for a transplant procedure are encouraged to contact BCBSMT Participant Services to discuss the possible benefits of utilizing the Centers of Excellence.

Inpatient services must be preauthorized; call BCBSMT at **1-877-233-7055**.

HELP Plan Services Described

Transportation

The HELP Plan will assist with travel costs when participants need to travel for medically necessary HELP Plan medical and behavioral health benefits. Participants need preauthorization for each trip before they travel to an appointment. The mileage allowed per trip is based on the nearest provider who can provide the service, regardless of where the participant chooses to receive health care. HELP Plan participants can get approval and more information about help with travel costs by calling the Medicaid Transportation Center at **1-800-292-7114**.

The HELP Plan may pay for you to get to your health care provider or other health care service, if the service is covered by the HELP Plan, and if you have no other way to get there. The following rules are used to decide if travel funds will be given:

- You must use the least costly way to travel that still meets your needs.
- All transportation must be approved before you go, and if your appointment is changed, you must get your transportation approved again. The number to call for approval is **1-800-292-7114**.
- Travel funds can be provided for out-of-town or out-of-state if the service is not available near you. Advance payments will be on a case-by-case basis.
- You must be eligible for the HELP Plan on the date of the medical appointment.

If you used a personal vehicle for emergency travel, you must call the Medicaid Transportation Center at **1-800-292-7114** within 30 days of the emergency in order to be considered for payment.

There are different rules for different kinds of transportation, such as taxicabs, buses, wheelchair-accessible vans, and non-emergency ambulances. Sometimes friends or family members can get paid for using their cars to take you to appointments. Be sure to call the Medicaid Transportation Center at **1-800-292-7114** before you arrange travel. You will be paid after you travel, if you have followed the above steps. The Medicaid Transportation Center will contact your doctor's office to make sure that you went to your appointment before paying.

Urgent Care

Some situations require prompt medical attention although they are not emergencies. In these situations, call your primary care provider and describe the situation. He or she will help direct your care. Examples include, but are not limited to:

- Sprains,
- Non-severe bleeding,
- Sore throats, or
- Ear aches.

Unless you get preauthorization, you must receive urgent care from HELP Plan providers. If you receive services from non-HELP Plan providers, you may have to pay for the services. You may also call the Nurse Advice Line at **1-877-213-2568**. Registered nurses are available 24 hours a day, 7 days a week. There is no charge for this call.

Vitamins

Vitamins are covered for certain conditions. For example, prenatal vitamins are covered during your pregnancy. You must have a prescription and you may need preauthorization; call the Montana Healthcare Programs at **1-800-362-8312**.

HELP Plan Eligibility and Key Contacts

Eligibility

For any issue related to your HELP Plan eligibility, you can contact the Montana Public Assistance Help Line at **1-888-706-1535** or **covermt.org**. You will reach the Montana Public Assistance Help Line.

Key Contacts

For any issue or question related to services administered by DPHHS, you can contact the Montana Healthcare Programs toll-free phone number **1-800-362-8312**.

For any issue or question related to services administered by BCBSMT, you can contact the toll-free phone number **1-877-233-7055**. The hours are 8 a.m. to 6 p.m. Monday through Friday (Mountain Time). This toll-free number will receive incoming phone calls made from anywhere in the U.S.A.

Montana Relay Services

Telecommunications assistance for the hearing impaired.

1-800-833-8503 Voice, TTY

1-406-444-1335 Voice, TTY

relay@mt.gov

Interpreter Services

For forms and information on interpreter or translator services, call BCBSMT at **1-877-233-7055** or visit **<http://medicaidprovider.mt.gov/forms>** for forms and additional instructions.

More HELP Plan Information

Do You Disagree with a Service Decision?

If you disagree with a decision made about a service, there are a few things you can do. Make sure to read this HELP Plan Participant Guide to see if the service is covered by the HELP Plan. If you are not sure, you can talk with the contacts listed under the Key Contacts section of this manual. If you still do not agree, you can appeal.

First Level Appeal

If you do not agree with a denial, or partial denial of a claim, you have 180 days from when you received the denial to appeal. To request an appeal, the request:

- Must be in writing,
- Must detail your objections, and
- And must include any documents and information which you wish DPHHS to consider in the appeal review.

Appeal requests will be sent to different locations based on the service. Each of these DPHHS representatives will let you know when they got your request for appeal. You will receive a written response within 45 days. If you do not agree with the decision, you can make a second appeal. See the process for a second appeal later in this section.

Claims Administered by BCBSMT (for example, medical, behavioral health, rehabilitation therapy)

Mail, call, or deliver your request for appeal to:

Appeals and Grievances Department
Blue Cross and Blue Shield of Montana
PO Box 27838
Albuquerque, NM 87105-9705
Phone: **1-877-232-5520**

Claims Administered by Montana Healthcare Programs (for example, pharmacy, dental, eyeglasses)

Mail, call, or deliver your request for appeal to:

Montana HELP Plan Program Officer
1400 Broadway, Room A206
Helena, MT 59601
Phone: **1-800-362-8312**



More HELP Plan Information

Second Level Appeal

Regardless of who made the first appeal decision, the Office of Fair Hearings will handle your second appeal. Within 90 days of receiving the first decision, if you do not agree with the decision, you may mail or fax your second appeal request to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202953
Helena, MT 59620-2953
Fax: **1-406-444-3980**

What If It Is a Discrimination Issue?

Participants enrolled in the HELP Plan have a right to:

- Equal access to services without regard to race, color, national origin, age, physical or behavioral disability, marital status, religion, creed, sex, sexual orientation, political belief, genetic information, veteran status, culture, social origin or condition, or ancestry,
- An interpreter or translator if needed, and
- Other help understanding benefits and services.

You can file a complaint if you believe you were discriminated against. If you need additional information regarding these protections, please contact:

Office of Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426
Denver, CO 80294
Phone: **1-303-844-2024**
DD: **1-303-844-3439**

If You Don't Want HELP Plan Coverage Any More

You have the right to ask to end HELP Plan coverage. To end the HELP Plan, call the Montana Public Assistance Help Line at **1-888-706-1535**.

Alternative Accessible Format

Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in the HELP Plan, should contact BCBSMT at **1-877-233-7055**.

OTHER USEFUL PROGRAMS AND SERVICES

Organization or Service	Website	Phone Number
AIDS or Sexually Transmitted Diseases Questions	dphhs.mt.gov/publichealth/hivstd	1-406-444-3565
Behavioral Health Ombudsman	mhombudsman.mt.gov/default.mcp	1-888-444-9669
Child Abuse and Neglect	dphhs.mt.gov/cfsd	1-866-820-5437
Child Support Customer Service	dphhs.mt.gov/csed	1-800-346-5437
Childhood Lead Poison Prevention Information	dphhs.mt.gov/publichealth/lead	1-406-444-0273
Children's Special Health Services	dphhs.mt.gov/publichealth/cshs	1-800-762-9891
Citizen's Advocate (Governor's Office)	citizensadvocate.mt.gov	1-800-332-2272
HELP Plan Transportation Approval	dphhs.mt.gov	1-800-292-7114
Legal Services	montanalawhelp.org	1-800-666-6899
Medicaid Fraud Line	dphhs.mt.gov/medicaid/fraudandabuse	1-800-201-6308
National Alliance on Mental Illness – Montana	namimt.org	1-406-443-7871
National Domestic Violence Hotline	thehotline.org	1-800-799-7233
Offices of Public Assistance (OPA)	dphs.mt.gov/hcsd/officeofpublicassistance	1-888-706-1535
Poison Control	dphhs.mt.gov/publichealth/emsts/poison	1-800-222-1222
Social Security	socialsecurityofficelocations.com/state/MT.html	1-800-772-1213
Suicide Prevention	prevention.mt.gov/suicide	1-800-273-8255
Teen Dating Abuse Helpline	loveisrespect.org	1-866-331-9474
Tobacco Quit Line	dphhs.mt.gov/publichealth/mtupp/quitline	1-800-784-8669
WIC Nutrition Information	dphhs.mt.gov/wic/	1-800-433-4298

For questions about this guide, contact:

BCBSMT

560 North Park Avenue

Helena, MT 59602

1-877-233-7055

