SECTION 1115 HELP DEMONSTRATION WAIVER POST AWARD PUBLIC FORUM

June 15, 2016

Presented by Rebecca Corbett, DPHHS

AGENDA

- Senate Bill 405: HELP Act
- Eligibility
- How to Apply
- Benefits
- Premium and Copayments
- Administrative Rules of Montana (ARMs)
- Statistics
- Resources and Contact Information

SENATE BILL 405

- April 29, 2015, Governor Bullock signed into law Senate Bill 405, an Act establishing the Montana Health and Economic Livelihood Partnership (HELP) Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138% of the Federal Poverty Level (FPL).

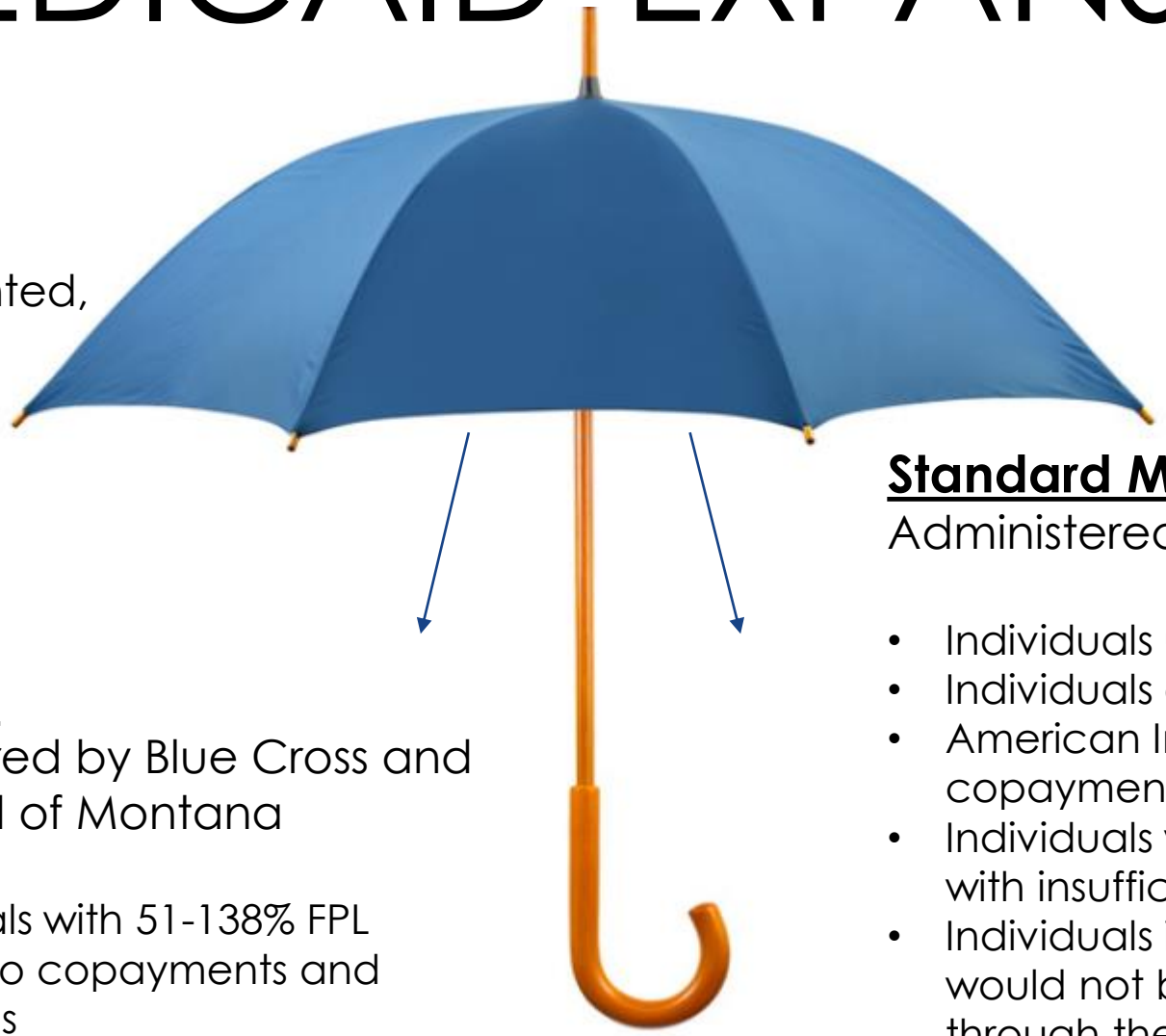
- Coverage began January 1, 2016.

- Benefits include medical, behavioral health, dental, vision, and prescription drugs.

- The HELP Plan works to keep you healthy, not just treat you when you are sick.

MEDICAID EXPANSION

- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US Citizen or documented, qualified alien
- ✓ Not incarcerated



HELP Plan

Administered by Blue Cross and Blue Shield of Montana

- Individuals with 51-138% FPL
- Subject to copayments and premiums
- Unless exempt by federal law

Standard Medicaid

Administered by Xerox

- Individuals under 50% FPL
- Individuals determined to be medically frail
- American Indians/Alaska Natives (exempt from copayment)
- Individuals who live in a geographical area with insufficient health care providers
- Individuals in need of continuity of care that would not be available or cost-effective through the TPA
- Not subject to premiums
- Subject to copayments unless exempt by federal law

12-MONTH CONTINUOUS ELIGIBILITY

- An individual approved under Medicaid Expansion will receive 12 months of continuous eligibility.

- 12-month continuous eligibility will end if individual:
  - Turns age 65;
  - Becomes eligible for Medicare;
  - Becomes non-compliant with the Third Party Liability Unit or Program Compliance Reviews;
  - Moves out of state;
  - Requests closure; or
  - Becomes deceased.

HOW TO APPLY

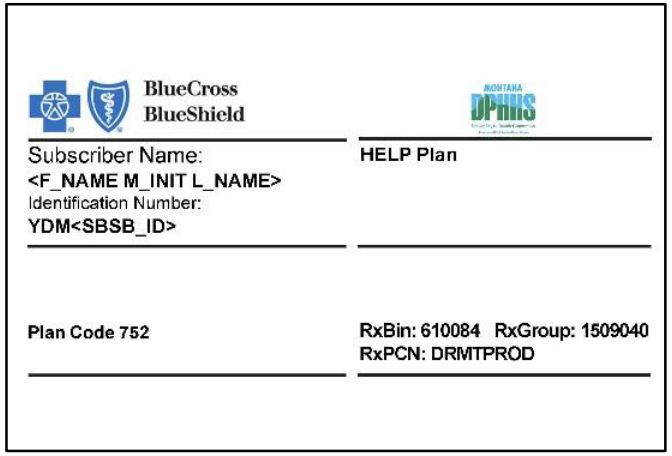
Online at healthcare.gov

By Phone at 1-800-318-2596

In-Person by Visiting covermt.org or Your Local Office of Public Assistance

HELP PLAN BENEFITS

- Services Processed by BCBSMT
  - Behavioral Health (Mental Health and Substance Use Disorder)
  - Convalescent Home (excludes Custodial Care)
  - Durable Medical Equipment/Supplies
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
  - Emergency
  - Hospital
  - Lab and X-Ray (Medical)
  - Medical Vision and Exams
  - Mid-Level
  - Physician
  - Rehabilitative and Habilitative
  - Surgical
  - Therapies (OT, PT, ST)
  - Urgent Care



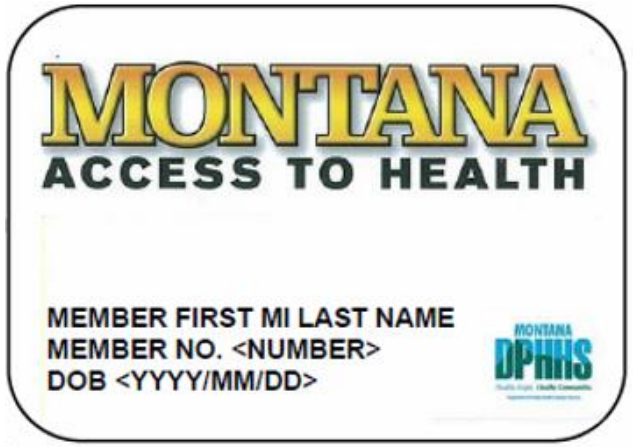
HELP PLAN BENEFITS

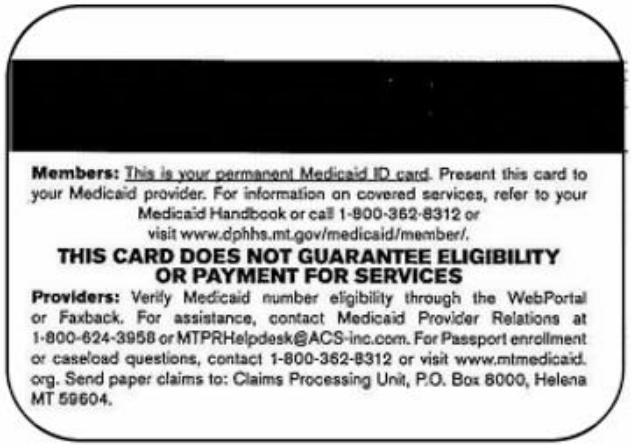
- Services Processed by Xerox
  - Audiology
  - Community Health Center
  - Dental and Dentures
  - Diabetes Prevention Program
  - Eyeglasses
  - Federally Qualified Health Center
  - Hearing Aids
  - Home Infusion
  - Indian Health Services/Tribal Health Services
  - Pharmacy
  - Rural Health Clinic
  - Transportation

***Remember**: The participant will have a BCBSMT HELP Plan card, BUT these claims are processed by Xerox.*

STANDARD MEDICAID BENEFITS

- All Services are Processed by Xerox
  - Audiology
  - Behavioral Health Services
  - Clinic Services
  - Community Health Center Services
  - Dental Services
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
  - Federally Qualified Health Clinic
  - Hospital Services
  - Immunizations
  - Indian Health Service/Tribal Health Service
  - Lab and X-Ray Services
  - Nurse First Services
  - Nursing Homes
  - Occupational Therapy
  - Pharmacy
  - Physician
  - Rural Health Clinic
  - Substance Use Services
  - Tobacco Cessation
  - Transportation
  - Vision





HELP PLAN COPAYMENT REQUIREMENTS

Provider Type	51-100% (effective 1/1/16)	101-138% (effective 1/1/16)
Behavioral Health – Inpatient Hospital	$75	10% of the payment the State makes for the service
Behavioral Health - Outpatient	$4	10% of the payment the State makes for the service
Behavioral Health - Professional	$4	10% of the payment the State makes for the service
Durable Medical Equipment	$4	10% of the payment the State makes for the service
Lab and Radiology	$4	10% of the payment the State makes for the service
Inpatient Hospital	$75	10% of the payment the State makes for the service
Other Medical Professionals	$4	10% of the payment the State makes for the service
Outpatient Facility	$4	10% of the payment the State makes for the service
Primary Care Physician	$4	10% of the payment the State makes for the service
Specialty Physician	$4	10% of the payment the State makes for the service
Pharmacy –preferred brands	$4	$4
Pharmacy- non-preferred/specialty brands	$8	$8
Other	$4	10% of the payment the State makes for the service
Non-Emergency use of the ER	$8	$8

Premiums and copayments combined may not exceed 5% of family household income per quarter.

Participants show as "HELP TPA" in the Medicaid Web Portal.

Important: *Copayments may not be charged to the participant until the claim has been processed through the claims adjudication process and the provider has been notified of payment and copayment amount owing.*

MT ARM 37.84.108

HELP PLAN COPAYMENT REQUIREMENTS CONTINUED

Services Exempt from Copayment under Federal or State Law:

- ✓ Emergency Services
- ✓ Preventive Services (including primary, secondary, or tertiary)
- ✓ Family Planning Services
- ✓ Pregnancy Related Services
- ✓ Generic Drugs
- ✓ Immunizations
- ✓ Medically Necessary Health Screenings Ordered by a Health Care Provider

Important: *Copayments may not be charged to the participant until the claim has been processed through the claims adjudication process and the provider has been notified of payment and copayment amount owing.*

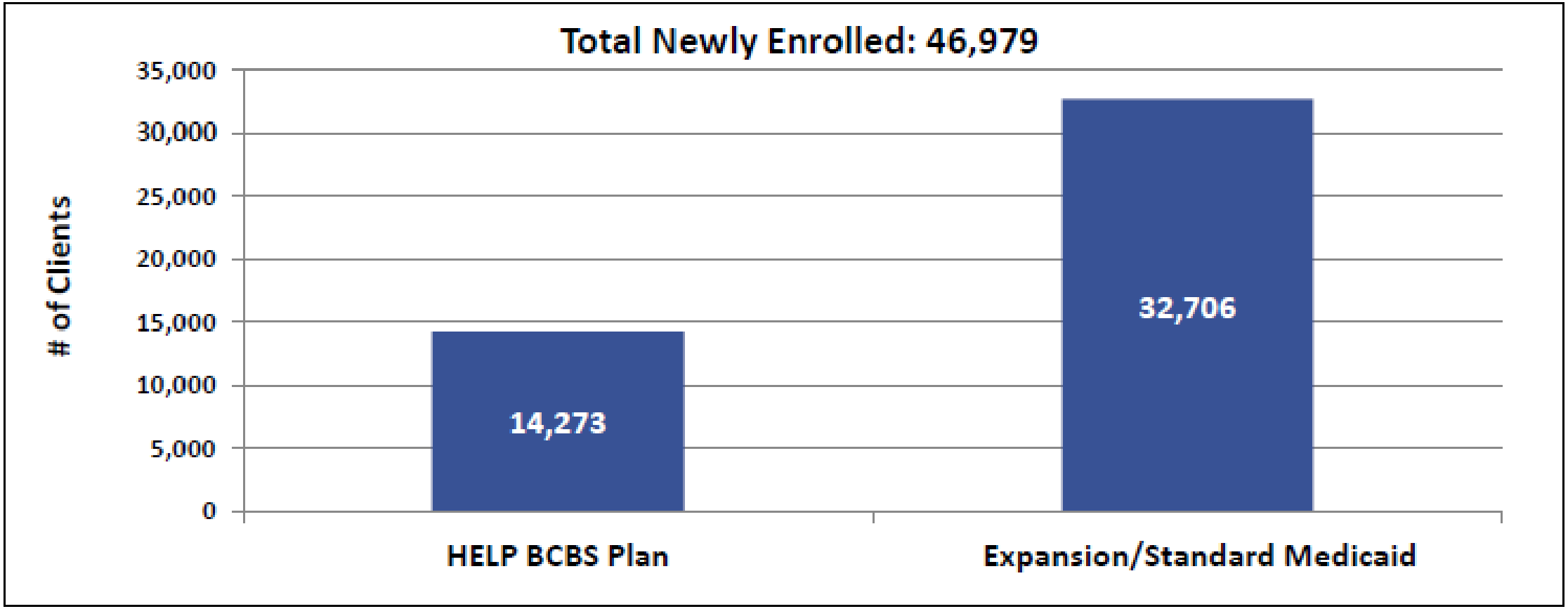
ADMINISTRATIVE RULES OF MONTANA

http://www.mtrules.org

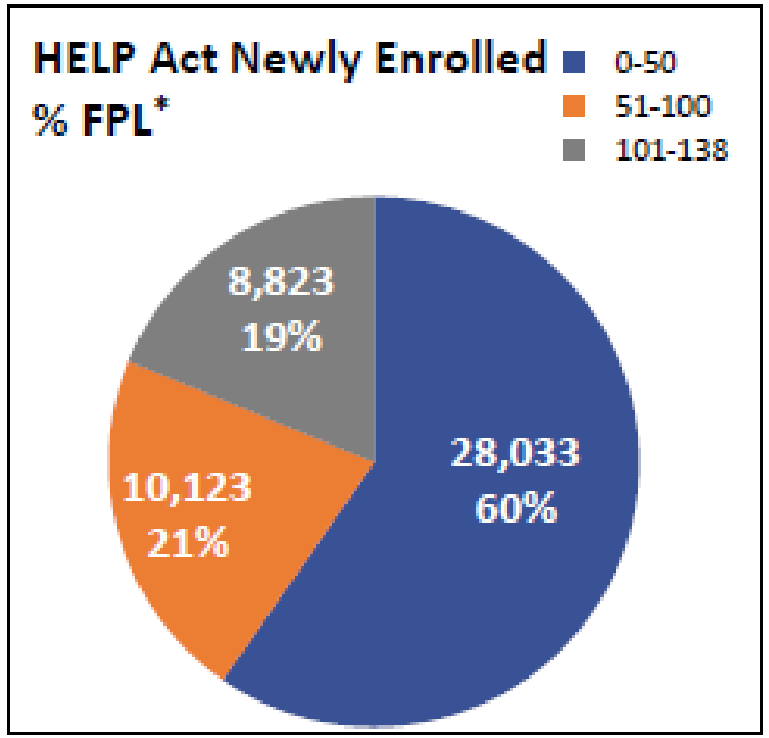
Rule No.	Rule Title	Latest Version	Effective Date
	Subchapter 1 **Montana Health and Economic Livelihood Partnership (HELP) Program**		
37.84.101	HELP ACT: PURPOSE		1/1/2016
37.84.102	HELP ACT: DEFINITIONS		1/1/2016
37.84.103	HELP ACT: ELIGIBILITY FOR COVERAGE		1/1/2016
37.84.106	HELP ACT: BENEFITS PLANS		1/1/2016
37.84.107	HELP ACT: HELP PLAN PREMIUMS		1/1/2016
37.84.108	HELP ACT: HELP PLAN COPAYMENTS		1/1/2016
37.84.109	HELP ACT: HELP PLAN REIMBURSEMENT		1/1/2016
37.84.112	HELP ACT: HELP PLAN PROVIDER QUALIFICATIONS		1/1/2016
37.84.115	HELP ACT: HELP PLAN GRIEVANCE AND APPEAL PROCESS		1/1/2016

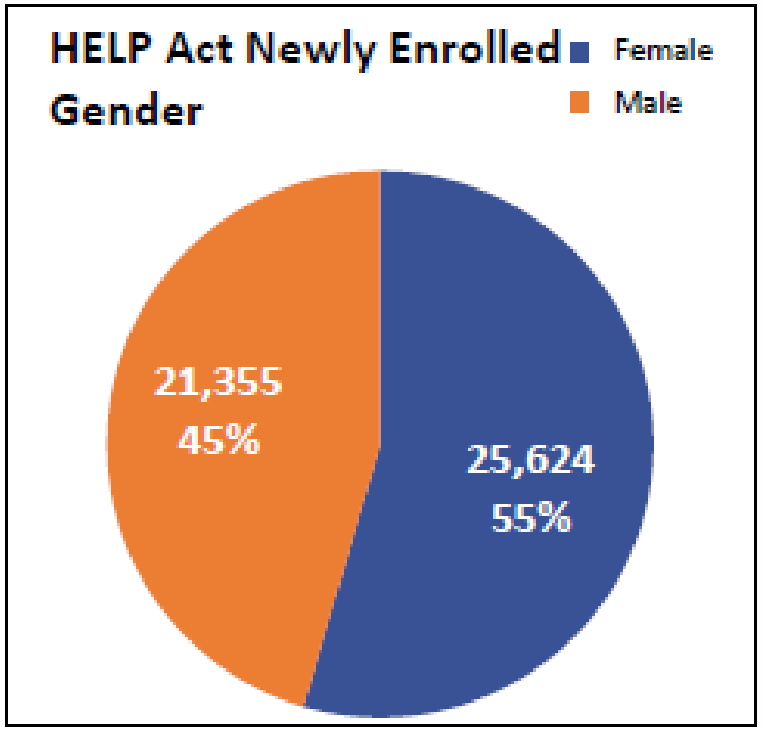
MEDICAID EXPANSION STATISTICS

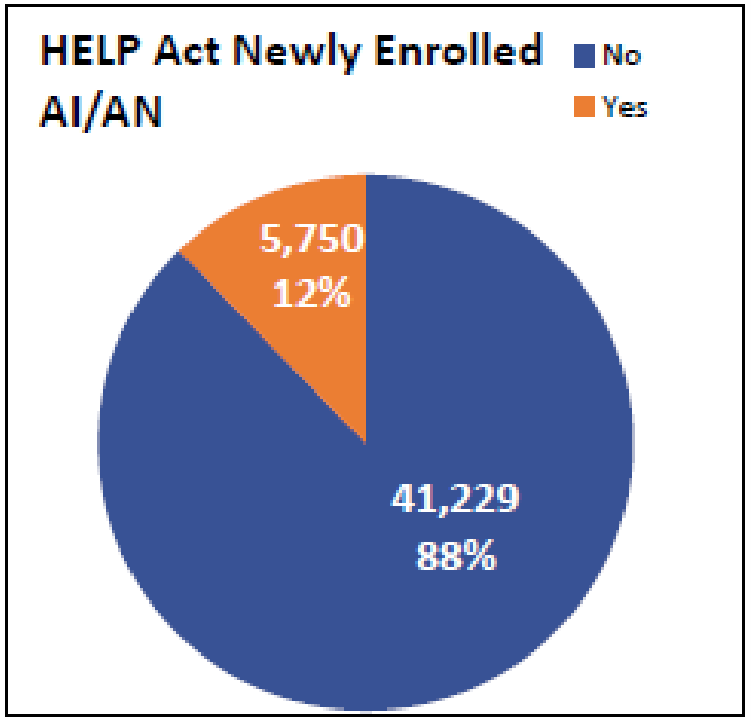
As of May 15, 2016



MEDICAID EXPANSION STATISTICS

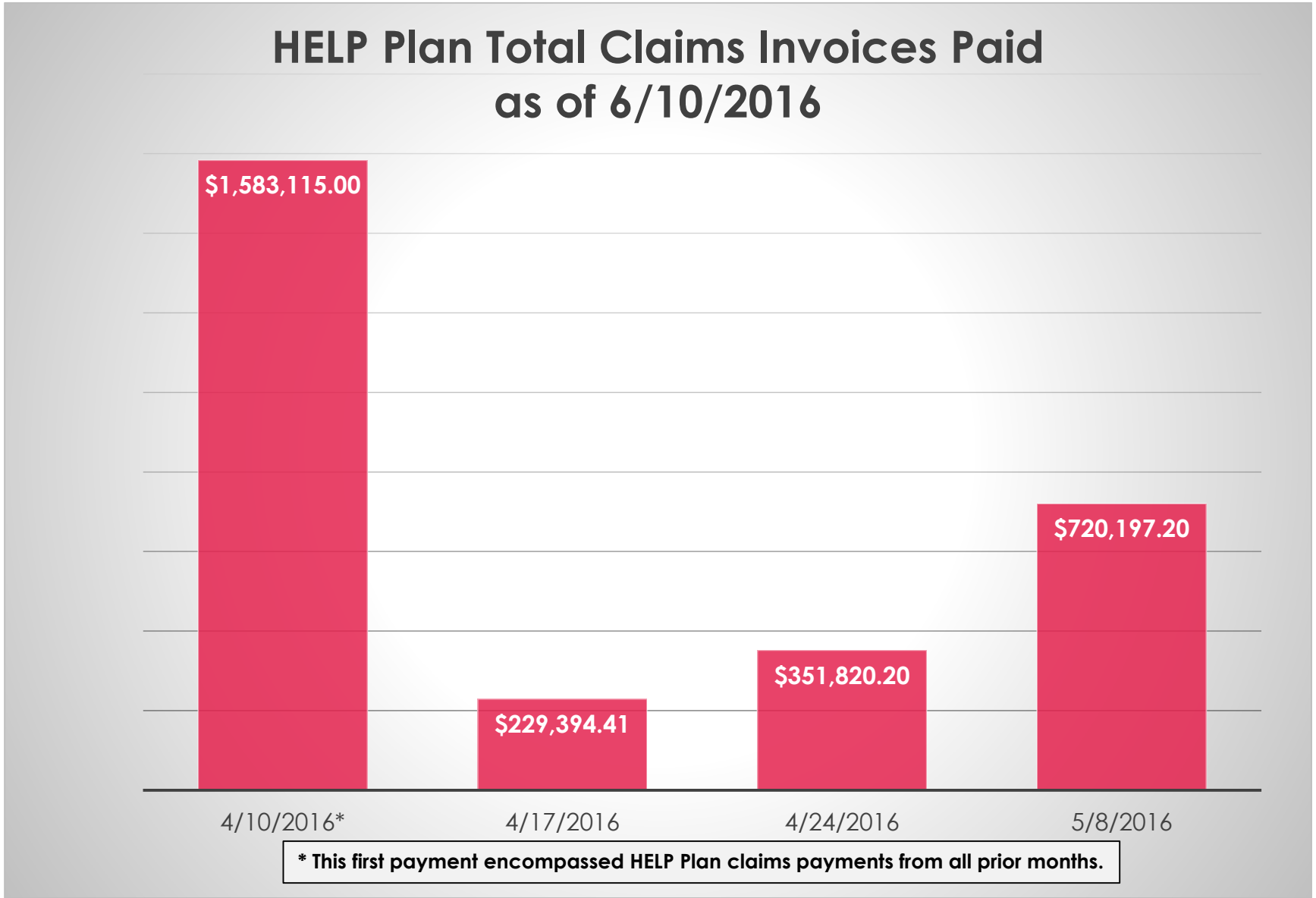






MEDICAID EXPANSION EXPENDITURES

Expenditures from Blue Cross and Blue Shield of Montana



RESOURCES

DPHHS

http://dphhs.mt.gov/healthcare

- HELP Plan Participant Guide
- HELP Plan Participant Welcome Brochure
- HELP Plan Evidence of Coverage

Blue Cross and Blue Shield of Montana

http://www.bcbsmt.com/mthelpplan

- Participant Portal
- Provider Portal
- Provider Manual

BCBSMT Participant Services: 1-877-233-7055

BCBSMT Provider Services: 1-877-296-8206

Xerox

http://medicaidprovider.mt.gov

- Provider Portal
- Provider Manuals

Medicaid Help Line: 1-800-362-8312

Provider Relations: 1-800-624-3958

CONTACT INFORMATION

Rebecca Corbett
HELP Program Officer
406-444-6869
rcorbett@mt.gov

Renae Huffman
HELP Program Officer
406-444-1355
rhuffman@mt.gov

DISENROLLMENT FROM THE HELP PLAN

- Unpaid premiums could result in an end to your health care coverage.
- If you have unpaid premiums for more than 90 days, the unpaid balance will be communicated to the Department of Revenue for collection against your future state income tax refunds.
- In addition, unless you have individual circumstances that allow you to remain in the HELP Plan, your health care coverage will end.

PREMIUM RIGHTS AND OBLIGATIONS

- As a participant of the HELP Plan, you are required to pay a monthly premium.
- The monthly premium will total 2% of your yearly income billed monthly.
- BCBSMT will send you a monthly bill for your premium.

WHAT IF I CANNOT PAY MY PREMIUM?

- You will remain in the HELP Plan if:
- You are under 100% of the federal poverty level (approximately $990/month for an individual and $2,025/month for a family of four); or
- You meet two of the following:
  - You have been discharged from the United States military service within the previous 12 months;
  - You are enrolled for credit in any Montana University System unit, a tribal college, or any other accredited college within Montana offering at least an associate degree;
  - You are participating the Department of Labor's HELP-Link program;
  - You see a primary care provider who is part of a patient-centered medical home;
  - You are in a substance use treatment program; or
  - You are participating in a DPHHS HELP Healthy Behavior Plan wellness program administered by DPHHS or BCBSMT located at HELPPlan.mt.gov or by calling 1-877-233-7055.

PREMIUM RIGHTS AND OBLIGATIONS CONTINUED

- **WHAT IF I CANNOT PAY MY PREMIUM AND DO NOT QUALIFY TO REMAIN ON THE HELP PLAN?**
  - Your monthly premium payment is a condition of participation in the HELP Plan. If your premium payment is over 90 days past due, and you do not meet the conditions listed above, you will lose your HELP Plan coverage. In addition your outstanding premium balance will be transferred to the Department of Revenue for collection from your state income tax refund.
- **CAN I REENROLL IN THE HELP PLAN IF I HAVE UNPAID PREMIUMS?**
  - Yes, you may reenroll after:
    - A. You have paid your unpaid premium balance in full, or
    - B. You have received notice from the Department of Revenue that they have assessed your unpaid premium balance against your future state income tax. This assessment occurs once per calendar quarter.
- After your debt is paid or transferred to the Montana Department of Revenue, turn on your coverage by going online to apply.mt.gov.