

# Montana Medicaid Expansion and the HELP Plan

Montana Department of Public Health & Human Services

October 2016

# Agenda

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

# 2015 Montana Legislature

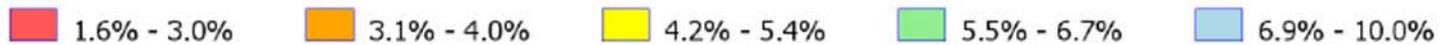
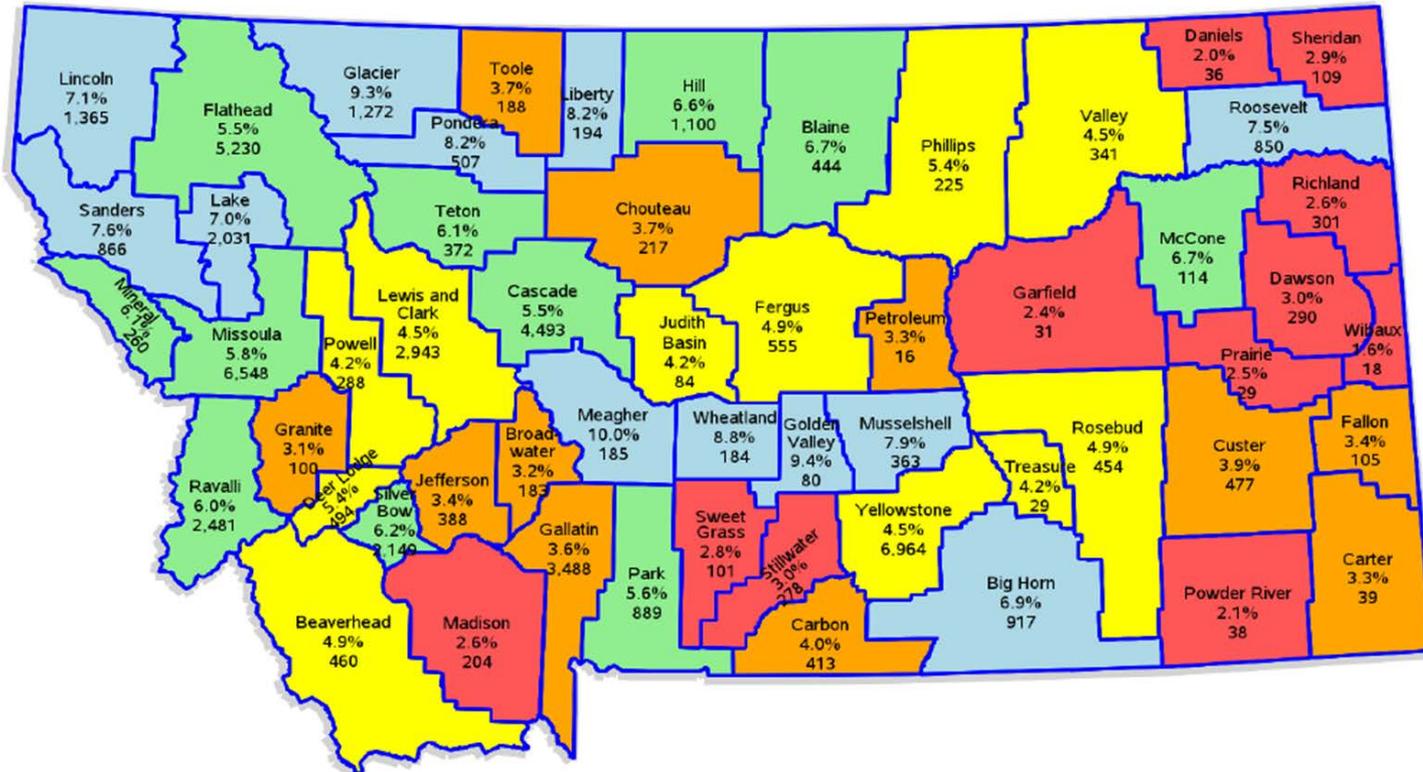
## Senate Bill 405

- 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).
- Blue Cross and Blue Shield of Montana selected as the Third Party Administrator.
- Coverage began January 1, 2016, with benefits including medical, behavioral health, dental, vision, and prescription drugs.

# HELP Plan Newly Enrolled by County

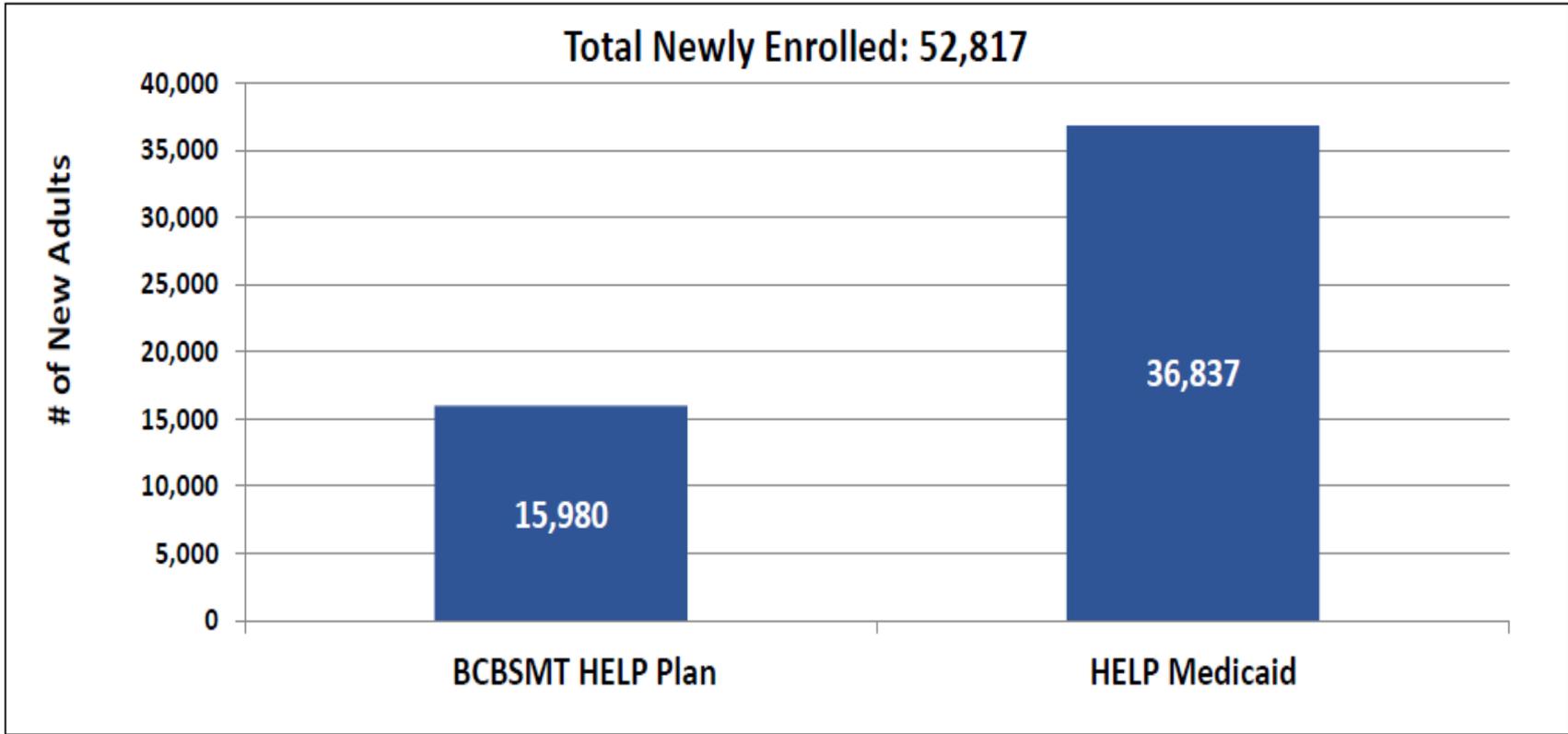
Total Newly Enrolled: 52, 817

By Percent of County Population



Data as of September 1, 2016

# Enrollment



*Data as of September 1, 2016*

# How to Apply



Online at  
[healthcare.gov](https://healthcare.gov)



By Phone at  
1-800-318-2596



In-Person by visiting  
[covermt.org](https://covermt.org) or your  
Local Office of Public  
Assistance

# MEDICAID EXPANSION

- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US citizen or documented, qualified alien
  - ✓ Not incarcerated
- ✓ Not eligible or enrolled in Medicare



## HELP Plan

Administered by Blue Cross  
and Blue Shield of Montana

## Standard Medicaid

Administered by Xerox

# 12-Month Continuous Eligibility

- An individual approved under Medicaid Expansion will receive 12 months of continuous eligibility.
- 12-month continuous eligibility will end if an individual:
  - Turns age 65;
  - Becomes eligible for Medicare;
  - Moves out of state;
  - Requests closure; or
  - Becomes deceased.
- January 1, 2016, effective for all Standard Medicaid members.

# Benefit Plans

## HELP Plan

- Administered by Blue Cross and Blue Shield of Montana
  - Individuals with 51-138% FPL

## Standard Medicaid

- Administered by Xerox
  - Individuals under 50% FPL
  - Individuals determined to be medically frail
  - 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

# Benefit Plans

## HELP Plan

- Administered by Blue Cross and Blue Shield of Montana
  - Subject to copayments and premiums
    - Unless exempt by federal law

## Standard Medicaid

- Administered by Xerox
  - Not subject to premiums
  - Subject to copayments
    - Unless exempt by federal law

# HELP Plan ID Card

 	
Subscriber Name: <F_NAME M_INIT L_NAME>	HELP Plan
Identification Number: YDM<SBSB_ID>	
Plan Code 752	RxBin: 610084 RxGroup: 1509040 RxPCN: DRMTPROD

<a href="http://www.bcbsmt.com">www.bcbsmt.com</a> 	
Providers medical and accident-related dental claims: BCBSMT PO Box 3387 Scranton, PA 18505, 1-877-233-7055. Inpatient Admissions and Major Medical procedures: BCBSMT 1-877-296-8206.	Participant Services 1-877-233-7055 HELP Med Services 1-877-296-8206 24/7 Nurse Advice Line 1-877-213-2568  Dental, pharmacy and other benefits administered by DPHHS 1-800-362-8312.
This participant has limited benefits outside of Montana. Providers should request eligibility/benefit information.	BlueCross and Blue Shield of Montana, an independent licensee of BlueCross and Blue Shield Association, provides claims processing only and assumes no financial risk for claims.

# HELP Plan Benefits Processed by BCBSMT

- Behavioral Health
- Durable Medical Equipment/Supplies
- Emergency
- Hospital
- Lab and X-Ray
- Medical Vision and Exams
- Physician/Mid-Level
- Therapies (OT, PT, ST)
- Urgent Care

# HELP Plan Benefits Processed by Xerox

- Audiology
- Dental and Dentures
- Eyeglasses
- FQHC/RHC
- Hearing Aids
- Home Infusion
- Indian Health Service/Tribal Health
- Pharmacy
- Transportation

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

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	\$8	\$8
Other	\$4	10% of the payment the State makes for the service
Non-Emergency use of the ER	\$8	\$8

# HELP Plan Copayment Requirements

# HELP Plan

## Copayment Requirements

- Effective January 1, 2016
  - Participants between 0-100% FPL will have a set copayment amount.
  - Participants between 101-138% FPL will pay 10% of the provider reimbursed amount for the service except for the set pharmacy rate.
  - ***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 Maximum Out of Pocket

- Premiums are 2% of an individual's annual income.
- Premiums and copayments combined may not exceed 5% of household income per quarter.

# HELP Plan Copayment Exemptions: Services

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

# HELP Plan Copayment Exemptions: Populations

- Persons under 21 years of age;
- Pregnant women;
- American Indians/Alaska Natives who are eligible for, currently receiving, or have ever received an item or service furnished by:
  - i. An Indian Health Service (IHS) provider;
  - ii. A Tribal 638 provider;
  - iii. An IHS Tribal or Urban Indian Health provider; or
  - iv. Through referral under contract health services.
- Persons who are terminally ill receiving hospice services;
- Persons who are receiving services under the Medicaid Breast and Cervical Cancer treatment category; or
- Institutionalized persons who are inpatients in a skilled nursing facility, intermediate care facility, or other medical institution if the person is required to spend for the cost of care all but their personal needs allowance, as defined in ARM 37.82.1320.

# Standard Medicaid ID Card

**MONTANA**  
**ACCESS TO HEALTH**

MEMBER FIRST MI LAST NAME  
 MEMBER NO. <NUMBER>  
 DOB <YYYY/MM/DD>



**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES**

**Members:** This is your Medicaid ID card. Present this card to your health care provider. For information on covered services, refer to your Member Guide at <http://dphhs.mt.gov/MontanaHealthcarePrograms> or call 1-800-362-8312.

**Providers:** Verify member eligibility through the MATH web portal at <https://mtaccesstohealth.acs-shc.com> or FaxBack 1-800-714-0075. For assistance, contact Provider Relations at 1-800-624-3958 or [MTPRHelpdesk@Xerox.com](mailto:MTPRHelpdesk@Xerox.com). For Passport enrollment or caseload questions contact 1-800-362-8312 or visit <http://medicaidprovider.mt.gov/passport>. Send paper claims to: Claims Processing Unit, P.O. Box 8000, Helena, MT 59604.

# Standard Medicaid Benefits Processed by Xerox

- Audiology
- Behavioral Health
- Dental and Dentures
- Durable Medical Equipment/Supplies
- Eyeglasses
- Emergency
- FQHC/RHC
- Hearing Aids
- Home Infusion
- Hospital
- Lab and X-Ray
- Indian Health Service/Tribal Health
- Medical Vision and Exams
- Physician/Mid-Level
- Therapies (OT, PT, ST)
- Transportation

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	\$8	\$8
Other	\$4	10% of the payment the State makes for the service
Non-Emergency use of the ER	\$8	\$8

# Standard Medicaid Copayment Requirements

# Standard Medicaid Copayment Requirements

## ➤ Effective June 1, 2016

- Members between 0-100% FPL will have a set copayment amount.
- Members between 101-138% FPL will pay 10% of the provider reimbursed amount for the service except for the set pharmacy rates.
- ***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***

# Standard Medicaid Maximum Out of Pocket

- Copayments may not exceed 5% of household income per quarter.

# Standard Medicaid Copayment Exemptions: Services

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

# Standard Medicaid Copayment Exemptions: Populations

- Persons under 21 years of age;
- Pregnant women;
- American Indians/Alaska Natives who are eligible for, currently receiving, or have ever received an item or service furnished by:
  - i. An Indian Health Service (IHS) provider;
  - ii. A Tribal 638 provider;
  - iii. An IHS Tribal or Urban Indian Health provider; or
  - iv. Through referral under contract health services.
- Persons who are terminally ill receiving hospice services;
- Persons who are receiving services under the Medicaid Breast and Cervical Cancer treatment category; or
- Institutionalized persons who are inpatients in a skilled nursing facility, intermediate care facility, or other medical institution if the person is required to spend for the cost of care all but their personal needs allowance, as defined in ARM 37.82.1320.

# Administrative Rules of Montana

<http://www.mtrules.org>

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

# Contacts and Resources

## **Rebecca Corbett**

HELP Program Officer

406-444-6869

[rcorbett@mt.gov](mailto:rcorbett@mt.gov)

## **Rena Huffman**

HELP Program Officer

406-444-1355

[rhuffman@mt.gov](mailto:rhuffman@mt.gov)

## **DPHHS**

<http://dphhs.mt.gov/healthcare>

## **Office of Public Assistance**

<http://dphhs.mt.gov/hcsd/officeofpublicassistance>

Helpline: 1-888-706-1535

## **Blue Cross and Blue Shield of Montana**

<http://www.bcbsmt.com/mthelpplan>

Participant Services: 1-877-233-7055

Provider Services: 1-877-296-8206

## **Xerox**

<http://medicaidprovider.mt.gov>

Member Services: 1-800-362-8312

Provider Relations: 1-800-624-3958