MONTANA MEDICAID EXPANSION

Date

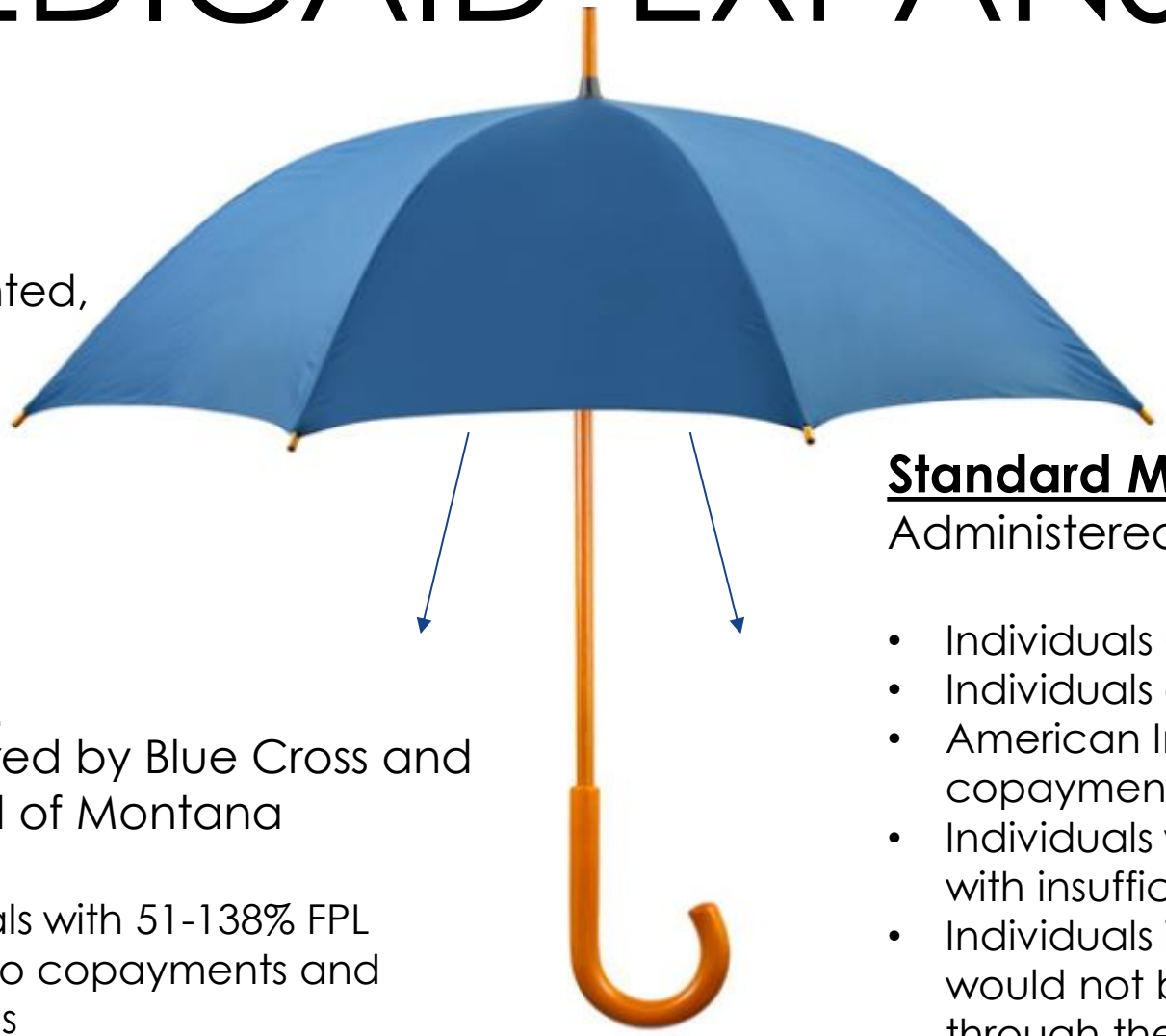
Presented by Rebecca Corbett, DPHHS

AGENDA

- Medicaid Expansion Eligibility
- Benefits
- Premium and Copayments
- Changes to Standard Medicaid
- Contact Information

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

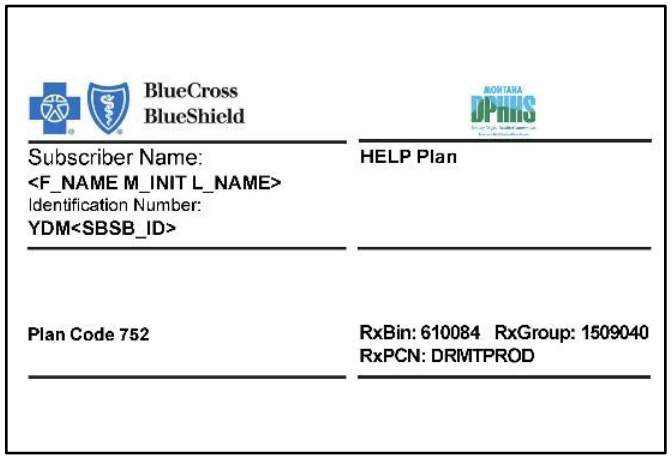
- An individual approved under Medicaid Expansion will receive 12 months of continuous eligibility.
- 12-month continuous eligibility will end if:
  - The individual turns age 65;
  - The individual becomes eligible for Medicare;
  - The individual becomes non-compliant with the Third Party Liability Unit or Program Compliance Reviews;
  - The individual moves out of state;
  - The individual requests closure; or
  - The individual becomes deceased.

HELP PLAN HEALTH BENEFITS

- Required by the Affordable Care Act (ACA)
  - Ambulatory Patient Services
  - Emergency Services
  - Hospitalization Services
  - Maternity and Newborn Services
  - Mental Health and Substance Use Disorder Services
  - Prescription Drug Services
  - Rehabilitative and Habilitative Services and Devices
  - Laboratory and X-Ray Services
  - Preventive Services
  - Pediatric Services
- Additional Healthcare Benefits
  - Vision Services
  - Dental Services
  - Hearing Aid Services
  - Audiology Services
  - Transportation Services
  - Diabetes Prevention Program

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


BlueCross BlueShield

MONTANA DPHHS

Subscriber Name:
<F_NAME M_INIT L_NAME>
Identification Number:
YDM<SBSB_ID>

HELP Plan

Plan Code 752

RxBin: 610084 RxGroup: 1509040
RxPCN: DRMTPROD

www.bcbsmt.com

BlueCross BlueShield of Montana

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.

This participant has limited benefits outside of Montana. Providers should request eligibility/benefit information.

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.

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.

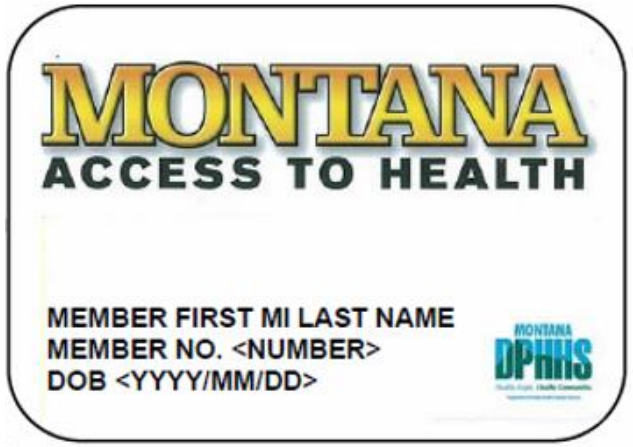
HELP PLAN BENEFITS

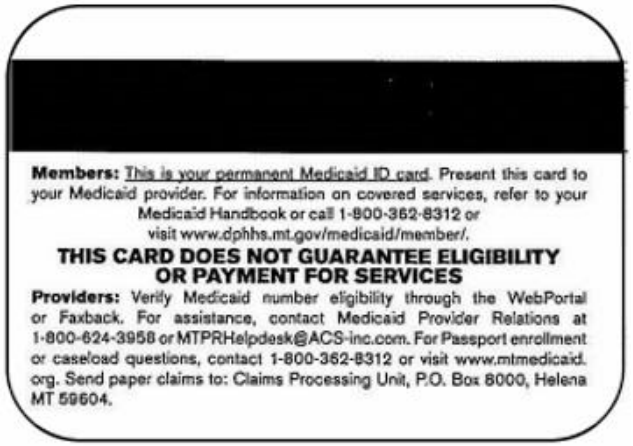
- Services Processed by Xerox
  - Audiology
  - Community Health Center
  - Dental and Dentures
  - Diabetes Prevention Program
  - Eyeglasses
  - Federally Qualified Health Center
  - Hearing Aids
  - Home Infusion
  - Indian Health Services/Tribal Health Services
  - Pharmacy
  - Rural Health Clinic
  - 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	10% of the payment the State makes for the service

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

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

- Participants with income 51-100% FPL

Copayments will be a set $ amount.

- Participants with income 101 -138% FPL

Copayments will be 10% of the provider reimbursed amount for the service(s) paid.

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 providers has been notified of payment and amount owing.*

DENTAL CHANGES

- Effective January 1, 2016
  - "HELP-TPA" participants and "HELP-Medicaid" members, have an annual dental treatment limit of $1,125 (excluding anesthesia, dentures, and preventive/diagnostic services)

- Effective July 1, 2016
  - All Medicaid members will have an annual dental treatment limit of $1,125 (excluding anesthesia, dentures, and preventive/diagnostic services)
  - Populations to be excluded from the annual limit are those Aged, Blind, or Disabled, and children

PROPOSED CHANGES TO STANDARD MEDICAID

- Align the Standard Medicaid copayment schedule with the Help Plan copayment schedule
- Cardiac Therapy: No daily or session limit
- Chemical Dependency: Add adults for inpatient and outpatient services
- Detox Services: No daily limit
- Folic Acid: Covered OTC
- Eye Exams: 1 every 12 months
- Eyeglasses: 1 every 12 months
- Mental Health: No session limit for outpatient services
- Therapies: No annual limit

RESOURCES

CONTACT INFORMATION

Rebecca Corbett

HELP Program Officer

406-444-6869

rcorbett@mt.gov

DPHHS

http://dphhs.mt.gov/healthcare

Blue Cross and Blue Shield of Montana

http://www.bcbsmt.com/

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