



Montana Healthcare Programs Member Notice

This notice is to inform you of changes to your benefits received through the Montana Healthcare Programs. You can find more information on what your plan covers at the website below. These changes will be reflected in the March 1, 2018 version of the Member Guide.

<http://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices>

If you have questions, we invite you to attend a benefit change presentation on:

February 27, 2018 at 12:00 P.M. Call in number: 1-408-792-6300 Access Code: 802 871 656; or

March 16, 2018 at 12:00 P.M. Call in number: 1-408-792-6300 Access Code: 807 961 404

These changes apply to services for all people and eligibility categories for Montana Medicaid, including the Montana Medicaid Health and Economic Livelihood Partnership (HELP) Program that serves the Medicaid Expansion population.

These changes are being made due to recent state funding reductions. In November of 2017, a Special Session was called to address the variances in revenue and high fire season expenditures. A compromise included a number of proposed spending reductions and a reduction to the DPHHS budget of \$49 million general fund dollars. DPHHS is doing everything it can to minimize the impacts to the benefits package offered to Medicaid recipients.

Benefit Changes Effective February 1, 2018

Beginning February 1, 2018, the **Community First Choice and Personal Assistance Program (CFC/PAS)** limits some services. The limits affect meal preparation, exercise, and instrumental activities of daily living services. Members affected by the service limits received a written notice from the Department, dated January 11, 2018. Please contact your CFC/PAS provider if you have questions.

Beginning February 1, 2018, double electric breast pumps are available under **Durable Medical Equipment Services**. Members who are at least 28 weeks pregnant or breastfeeding may receive one breast pump per pregnancy. To receive a double electric breast pump, you must see your healthcare provider and they will submit an order for your pump. **There are no changes to the hospital grade double electric breast pump rental benefit.**

Benefit Changes Effective March 1, 2018

Beginning March 1, 2018, **Adult Dental Services will no longer cover crowns, bridges, and dentures. Adult Dental Services** are limited to services that prevent or identify dental problems. Adult members will continue to receive routine dental exams, cleanings, and basic treatment, such as fillings. Coverage of high cost, extensive dental services and dentures for the adult Medicaid population are reduced. **There are no changes to dental coverage for children enrolled in Medicaid. If you have an appointment on or after March 1, 2018, for any of these services – crown, bridge or dentures – Montana Healthcare Programs will not pay for the service. Please contact your dental provider.**

Beginning March 1, 2018, the **Optometric Eye Exams and Eyeglass Services** limits change. Adults age 21 and over are limited to one eye exam and one pair of eyeglasses every 730 days (or 2 years). Children age 20 and under will continue to be eligible for one exam and one pair of eyeglasses every 365 days (or 1 year).

Beginning March 1, 2018, the **Youth Outpatient Psychotherapy Sessions** limits change. Youth who do not have a severe emotional disturbance (SED) are limited to 10 outpatient psychotherapy sessions per year. To receive additional sessions, the youth must meet SED criteria. Please contact your healthcare provider to see if this limitation applies to you.

Beginning March 1, 2018, eligibility for **Targeted Case Management (TCM) Services for Children with Special Health Care Needs** change. Please contact your primary care provider to see if you are eligible for Targeted Case Management Services.

Benefit Changes Effective April 1, 2018

Mental Health and Substance Use Disorder Outpatient Therapy Changes.

- Beginning April 1, 2018:
 - Adult Medicaid members (18 and older) with any mental health diagnosis may receive:
 - 12 sessions of individual mental health and 12 sessions of group outpatient therapy each year.
 - More than 12 sessions of individual and 12 sessions of group, between July 1 and June 30 each year, may be covered if members meet the Severe Disabling Mental Illness and Level of Impairment Measures found under “Behavioral Health Forms” at <http://dphhs.mt.gov/amdd>.
 - Medicaid members with any substance use disorder diagnosis may receive:
 - 12 sessions of individual substance use disorder and 12 sessions of group outpatient therapy each year.
 - More than 12 sessions, between July 1 and June 30 each year, may be covered if members meet the Substance Use More Than 12 and the ASAM Criteria found under “Behavioral Health Forms” at <http://dphhs.mt.gov/amdd>.

Beginning April 1, 2018, Members eligible for **Pregnancy Medicaid** and the **Breast and Cervical Cancer Program** are no longer eligible for the Passport to Health program. These members no longer need to obtain referrals from a Passport provider for services.

Beginning April 1, 2018, the **Health Improvement Program (HIP)** will be replaced with the expansion of Patient Center Medical Homes (PCMH) and the new Complex Care Management Program. Members should contact their Passport to Health provider to talk about additional care management needs.