

Cost Sharing Frequently Asked Questions

If a provider bills for multiple different visits within the month how is cost share assessed?

For claims billed on a CMS-1500: Cost share is assessed based on the first date of service on each line.

For outpatient claims billed on a UB-04: Cost share is assessed once per claim.

For inpatient claims billed on a UB-04: Cost share is assessed once per discharge.

How is the 5% cap applied?

The 5% annual out of pocket cap is based on the household annual income. The 5% cap is split up quarterly for example:

<i>Annual Household Income</i>	<i>Annual 5% Cap</i>	<i>Quarterly Cap</i>
\$10,000	\$500	\$125

In this example, the member would have a quarterly cap of \$125; once the member has met that cap, cost share can no longer be charged to the member.

Why did the Medicaid cost share change?

The changes to Montana Medicaid cost share was done to align the new Health and Economic Livelihood Partnership (HELP) Program and the current Medicaid population. The HELP legislation required changing the maximum cost sharing allowed under federal law.

Aligning the cost share for these two coverage population, makes cost share less confusing for consumers and providers. The alignment of cost sharing for the two coverage populations also allows smooth transitions between the two programs. This allows members whose incomes increase to easily transition into the HELP Program and then into the private marketplace if possible.

How was the public notified of this change?

These changes to cost share done through the Administrative Rules of Montana (ARM) which includes a public notice process. The changes were noticed on March 24, 2016 with MAR 37.737, a hearing was held on March 24, 2016, and the department received and responded to comments related to these rule changes as part of the public notice process.

A presentation was done for providers at the Spring Provider Fair hosted by Xerox on May 11, 2016. This presentation included a question and answer session for providers. A provider notice was posted to the Montana Medicaid provider website on May 19, 2016.

A notice was posted on the Montana Medicaid member website on May 31, 2016, and postcards will be mailed to the members in the next couple of weeks. A member webinar is scheduled for Thursday, June 30, 2016 at 12:00 pm. Members can find information on the webinar and the cost share notice at the Member Services website at

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

Will all non-preferred generic medications be exempt from cost share?

While all generic medications are exempt from cost share, the Department will not authorize a non-preferred generic for cost share purposes only. The same process for obtaining any non-preferred drug must be followed if the generic medication is non-preferred.

What services are included on the preventive services lists, and where can I find this information?

The preventive services list is a list of preventive procedure codes, specific chronic disease diagnosis codes, and specific outpatient drug categories approved by CMS through the HELP Medicaid 1115 waiver. The Department is currently in the process of adding this list to our new cost share section on our provider website.

The preventive services include the following services:

- Services that have a rating of A or B in the current recommendations of the United States Preventive Task Force;
- Immunizations;
- Services for women that are provided for in the comprehensive guidelines supported by the Health Resources & Services Administration (HRSA); and
- Services for infants, children, and adolescents that are provided for in the comprehensive guidelines supported by HRSA.

Where can a provider find more information on cost share?

The Department is currently adding a new cost share section to our provider website specifically for cost share. It will be located on the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.