

# Introduction

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The Medicaid program plays an essential role in providing health insurance for Montanans. Before the enactment of Medicare and Medicaid, healthcare for the elderly and the indigent was provided through a patchwork of programs sponsored by governments, charities, and community hospitals.

Today, Medicare is a federal program that provides insurance for persons aged 65 and over and for people with severe disabilities, regardless of income. Medicaid provides healthcare coverage to specific populations, especially low-income families with children, pregnant women, disabled people, and the elderly. Medicaid is administered by state governments under broad federal guidelines. Recent healthcare laws have greatly increased the number of people who qualify for Medicaid. See the [Montana Medicaid Program: Report to the 2015 Legislature](#).

## Rule References

Providers must be familiar with current rules and regulations governing the Montana Medicaid program. The provider manuals are meant to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations.

Rule citations in the text are a reference tool; they are not a summary of the entire rule. **In the event that a manual conflicts with a rule, the rule prevails.** Links to rules are available online on the provider type pages on the Provider Information [website](#) or at <http://www.sos.mt.gov/ARM/index.asp>.

Providers can order the Administrative Rules of Montana, including individual titles, online or by mail, through the Secretary of State [website](#). Select the How to Order option in the Additional Resources section.

## Manual Organization

The *General Information for Providers* manual provides answers to general Medicaid questions about provider enrollment, member eligibility, and surveillance and utilization review.

This manual is designed to work with Medicaid provider type manuals, which contain program information on covered services, prior authorization, and billing for specific services.

It is divided by chapters, and a table of contents and index allow providers to find answers to most questions. The margins contain important information and space for writing notes. For eligibility and coordination of benefit information, see the

Member Eligibility and Responsibilities chapter in this manual. Provider-specific information is in provider type manuals. Contact Provider Relations at 1-800-624-3958 with questions.

## Manual Maintenance

Changes and updates to manuals are provided through provider notices and replacement pages, which are posted on the Provider Information [website](#). When replacing a page in a paper manual, file the old page in back of the manual for use with claims that originated under the old policy.

Providers are responsible for knowing and following current Medicaid rules and regulations. Manuals, replacement pages, and provider notices are provided as a guide and do not create any contractual liability on the part of the Department to any provider.

Replacement pages are designed for front-to-back printing. The heading at the top indicates the date of the changes (e.g., Replacement Page, August 2015).

## Website Information

Additional information is available through the Provider Information [website](#).

Providers can stay informed with the latest Medicaid news and events, download provider manuals/replacement pages, provider notices, fee schedules, newsletters, and forms. Other resources are also available. See the menu for links.

The monthly Montana Healthcare Programs online newsletter, the *Claim Jumper*, covers Medicaid program changes and includes a list of documents posted to the Provider Information [website](#) during that time frame.

## Provider Training Opportunities

Montana Healthcare Programs offers a variety of training opportunities that are announced on the Provider Information [website](#) and in the *Claim Jumper* newsletter. Recorded training sessions are available on the Training page of the [website](#).

## Contract Services

Medicaid works with various contractors who represent Medicaid through the services they provide. While it is not necessary for providers to know contractor duties, the information below is provided as informational.

- **Xerox State Healthcare, LLC.** Answers provider inquiries and enrolls providers in Medicaid and Passport to Health; processes claims for Medicaid, MHSP, HMK, pharmacy, dental, and eyeglasses, and HELP claims listed in the HELP Plan section.
- **Mountain-Pacific Quality Health.** Provides prior authorization for many Medicaid services.
- **Magellan Medicaid Administration (dba First Health Services).** Provides prior authorization, utilization review, and continued stay review for some mental health services.

## Standard Medicaid

### *Standard Medicaid Benefits*

All Medicaid members are eligible for Standard Medicaid services if medically necessary. Covered services include, but are not limited to, audiology services, clinic services, community health centers services, dental services, doctor visits, hospital services, immunizations, Indian Health Services, laboratory services, mental health services, Nurse First services, nursing facility, occupational therapy, pharmacy, public health clinic services, substance dependency services, tobacco cessation, transportation, vision services, well-child checkups, and x-rays.

### *Waiver for Additional Services and Populations (formerly Basic Medicaid Waiver)*

This waiver includes individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for or are enrolled in the state-financed Mental Health Services Plan (MHSP), but are otherwise ineligible for Medicaid benefits and either have:

- Income 0–138% of the federal poverty level (FPL) and are eligible for or enrolled in Medicare; or
- Income 139–150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).

Members covered under this waiver receive Standard Medicaid benefits. To apply or for more information, contact the Addictive and Mental Disorders Division at 1-406-444-2878 or visit the [AMDD website](#).

***HELP Plan***

The Montana Health and Economic Livelihood Partnership (HELP) Plan provides health coverage to adults with incomes up to 180% of the FPL. Most services will be administered through Blue Cross and Blue Shield of Montana (BCBSMT), a third party administrator, and some services will continue to be administered through Xerox.

Services **BCBSMT** will process:

- Convalescent home
- Diabetes Prevention Program
- Durable medical equipment/supplies
- Emergency
- Hospital
- Lab and x-ray
- Medical vision
- Mental health and substance use disorder
- Mid-level
- Physician
- Preventive (including EPSDT)
- Rehabilitative and habilitative
- Surgical

Services **Xerox** will process:

- Audiology
- Dental
- Eyeglasses
- Federally Qualified Health Center
- Hearing aids
- Home infusion
- Indian Health Services/Tribal Health
- Pharmacy
- Rural Health Clinic
- Transportation

***Contact Information***

- HELP Plan Provider Services 1-877-296-8206 (BCBSMT)
- BCBSMT website, [www.bcbsmt.com](http://www.bcbsmt.com)
- HELP Plan Provider Services 1-800-624-3958 (Xerox)
- Provider Information website, <http://medicaidprovider.mt.gov>
- HELP Plan Information website, <http://www.helpplan.mt.gov>

## Other Programs

In addition to Medicaid, the Department of Public Health and Human Services (DPHHS, the Department) offers other programs. In addition to those listed below, other subsidized health insurance plans may be available from programs funded by the federal government or private organizations.

### ***Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Programs***

For individuals who are ineligible for Medicaid and whose family income is within program standards. For more information on these programs, call 406-444-3964 or visit <http://dphhs.mt.gov/amdd/SubstanceAbuse>.

### ***Children's Mental Health Bureau Non-Medicaid Services***

Funding sources for short-term use, not entitlement programs. Planning efforts toward family reunification are the primary objective, with transition planning essential for youth in out-of-home care. For information, call 406-444-4545, or refer to the *Non-Medicaid Services Provider Manual* at <http://dphhs.mt.gov/dsd/CMB/Manuals>.

### ***Children's Special Health Services (CSHS)***

A program that assists children with special healthcare needs who are not eligible for Medicaid by paying medical costs, finding resources, and conducting clinics. For more information, call 406-444-3622 (local) or 800-762-9891 (toll-free in Montana) or visit <http://dphhs.mt.gov/publichealth/cshs>.

### ***Health Insurance Premium Payment (HIPP)***

A program that allows Medicaid funds to be used to pay for private health insurance coverage when it is cost effective to do so. Visit <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>.

### ***Healthy Montana Kids (HMK)***

HMK offers low-cost or free health insurance for low-income children younger than 19. Children must be uninsured U.S. citizens or qualified aliens, Montana residents who are not eligible for Medicaid. Visit <http://dphhs.mt.gov/HMK>.

### ***Mental Health Services Plan (MHSP)***

A program for adults who are ineligible for Medicaid and whose family income is within program standards. Visit <http://dphhs.mt.gov/amdd/Mental-healthservices>.

### ***Plan First***

If a member loses Medicaid, family planning services may be paid by Plan First, which is a separate Medicaid program that covers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of sexually transmitted diseases (STDs). Visit <http://dphhs.mt.gov/MontanaHealthcarePrograms/PlanFirst>.

