



May 16, 2016

# Montana Healthcare Programs Notice

All Providers

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**Effective June 1, 2016**

## Changes to Member Cost Share

Montana Medicaid is making the following changes related to cost share.

**The following changes are for Montana Medicaid members with annual household incomes below 100% of the Federal Poverty Level (FPL):**

Copayments for the following services will go from \$3 to \$4:

- Dental,
- Home health,
- Licensed Professional Counselor (LCPC),
- Psychologist,
- Social Worker, and
- Speech therapy.

Copayments for the following services will go from \$2 to \$4:

- Audiology,
- Hearing aids,
- Occupational therapy,
- Optician/Optomeric, and
- Physical therapy.

Copayments for the following service will go from \$1 to \$4:

- Public health clinic services.

Copayments for the following services will go from \$0 to \$4:

- Home dialysis attendant,
- Personal assistance,
- Independent lab and x-ray,
- Mental health clinic,
- Chemical dependency, and
- Targeted case management.

Copayment for pharmacy is as follows:

- Outpatient generic prescriptions will have no copayment.
- Preferred brand drugs will have a \$4 copayment.
- Non-preferred brand and specialty drugs will have an \$8 copayment.

**The following changes are for Montana Medicaid members with annual household incomes above 100% of the Federal Poverty Level (FPL):**

Members with annual household incomes above 100% of the FPL will be responsible for a 10%

copayment of the provider's reimbursed amount for any Medicaid covered service. For outpatient prescriptions, the member is responsible for a \$4 copayment for preferred brand drugs, and an \$8 copayment for non-preferred and specialty drugs.

**The following changes are for all Montana Medicaid members:**

Copayments may not be charged to the member until the claim has been processed and the provider has been notified of payment and the member amount owed.

**Members with the following statuses are exempt from cost sharing:**

- 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:
  - an Indian Health Service (IHS) provider;
  - a Tribal 638 provider;
  - an IHS Tribal or Urban Indian Health provider; or
  - 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;
- 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.

**Cost sharing may not be charged to members for the following services:**

- Persons who are receiving services under the Medicaid breast and cervical cancer treatment category; Persons who are receiving services under the Medicaid breast and cervical cancer treatment category;
- Emergency services;
- Family planning services;
- Hospice services;
- Home and community based waiver services;
- Transportation services;
- Eyeglasses purchased by the Medicaid program under a volume purchasing arrangement;
- Early and periodic screening, diagnostic and treatment (EPSDT) services;
- Provider preventable health care acquired conditions as provided for in 42 CFR447.26(b);
- Generic drugs;
- Preventative services as approved by CMS through the Health and Economic Livelihood Plan (HELP) Medicaid 1115 waiver;
- Services for Medicare crossover claims where Medicaid is the secondary payer under ARM 37.85.406(18). If a services is not covered by Medicare but is covered by Medicaid, cost sharing will be applied; and
- Services for third party liability (TPL) claims where Medicaid is the secondary payor under ARM 37.85.407. If a services is not covered by the TPL but is covered by Medicaid, cost sharing will be applied.

**Copayments may not exceed a combined limit of 5% of the family's household income quarterly. Copayments may not be applied once the household has met the quarterly cap.**

## **Contact Information**

If you have any questions, please contact the Program Officer for your specific provider type.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.