

MONTANA MEDICAID EXPANSION AND THE HELP PLAN

OCTOBER 2016

PRESENTED BY REBECCA CORBETT & RENAE HUFFMAN, DPHHS



AGENDA

- Senate Bill 405: HELP Act
- Eligibility
- How to Apply
- Benefits
- Premium and Copayments
- Administrative Rules of Montana (ARMs)
- Contact Information

SENATE BILL 405

- April 29, 2015, Governor Bullock signed into law Senate Bill 405, an Act establishing the Montana Health and Economic Livelihood Partnership (HELP) Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138% of the Federal Poverty Level (FPL).
 - Coverage began January 1, 2016.
- Benefits include medical, behavioral health, dental, vision, and prescription drugs.
- The HELP Plan works to keep you healthy, not just treat you when you are sick.

MEDICAID EXPANSION

- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US citizen or documented, qualified alien
- ✓ Not incarcerated
- ✓ Not eligible or enrolled in Medicare



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
- 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 an individual:
 - Turns age 65;
 - Becomes eligible for Medicare;
 - Moves out of state;
 - Requests closure, or
 - Becomes deceased.
- January 1, 2016, effective for all Standard Medicaid members.

HOW TO APPLY



Online at
[healthcare.gov](https://www.healthcare.gov)



By Phone at
1-800-318-2596



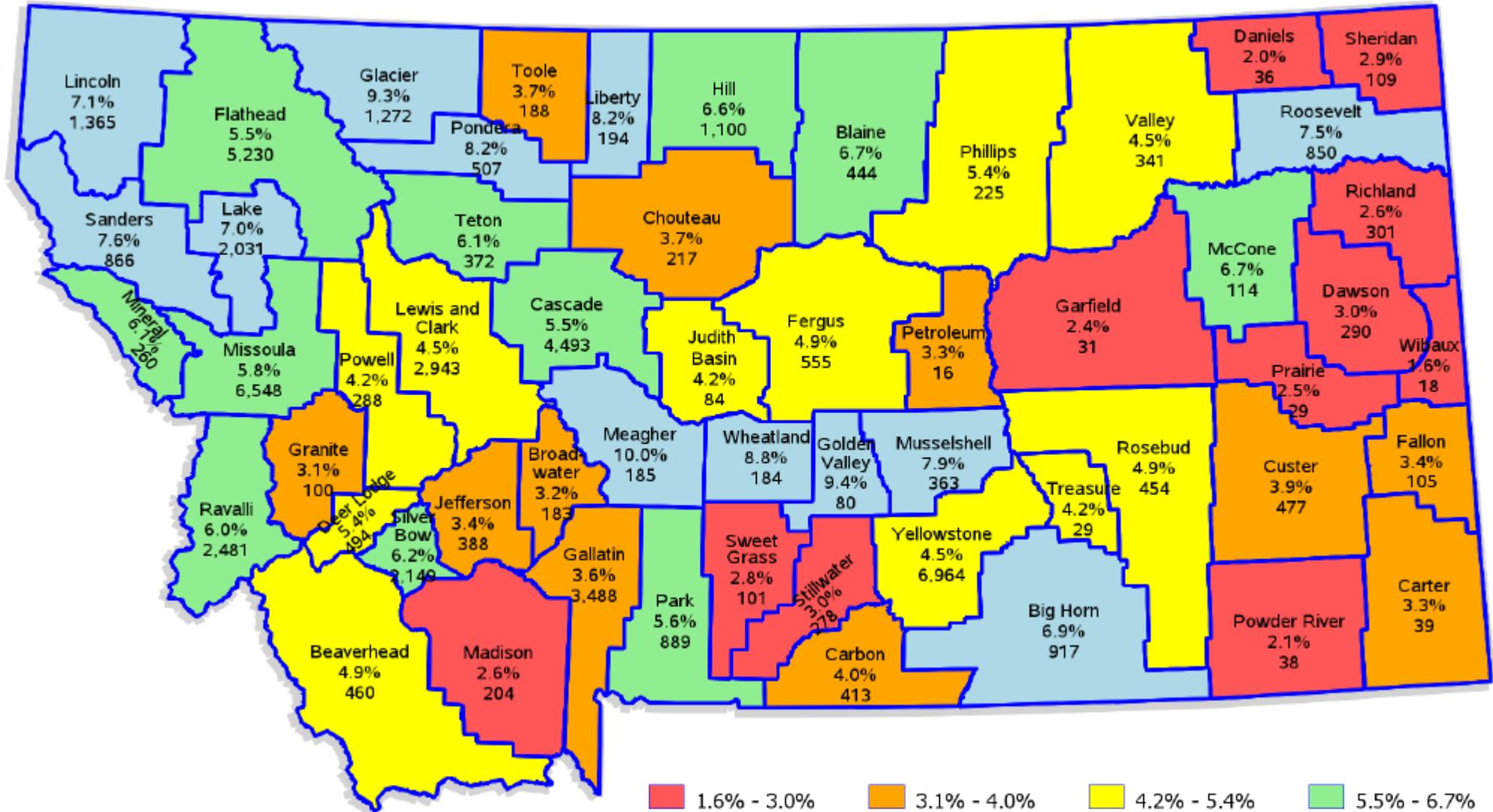
In-Person by visiting
[covermt.org](https://www.covermt.org) or Your Local
Office of Public Assistance

HELP Program Newly Enrolled By County

(as of September 1, 2016)

Total Newly Enrolled: 52,817

By Percent of County Population



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

	
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	
	
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.	Participant Services 1-877-233-7055 HELP Med Services 1-877-296-8206 24/7 Nurse Advice Line 1-877-213-2568
This participant has limited benefits outside of Montana. Providers should request eligibility/benefit information.	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
- Dental and Dentures
- Diabetes Prevention Program
- Eyeglasses
- Federally Qualified Health Center
- Hearing Aids
- Home Infusion
- Indian Health Service/Tribal Health
- Pharmacy
- Rural Health Clinic
- Transportation

Remember: The participant will have a BCBSMT HELP Plan card, but these claims are processed by Xerox.

HELP PLAN COPAYMENT REQUIREMENTS

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

Important: Copayments may not be charged to the participant until the claim has been processed through the claims adjudication process and the provider has been notified of payment and copayment amount owing.

MT ARM 37.84.108

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	\$8	\$8
Other	\$4	10% of the payment the State makes for the service
Non-Emergency use of the ER	\$8	\$8

HELP PLAN COPAYMENT: EXEMPT UNDER FEDERAL OR STATE LAW

Services:

- ❖ Emergency Services;
- ❖ Preventive Services (including primary, secondary, or tertiary);
- ❖ Family Planning Services;
- ❖ Pregnancy Related Services;
- ❖ Generic Drugs;
- ❖ Immunizations; and
- ❖ Medically Necessary Health Screenings Ordered by a Health Care Provider.

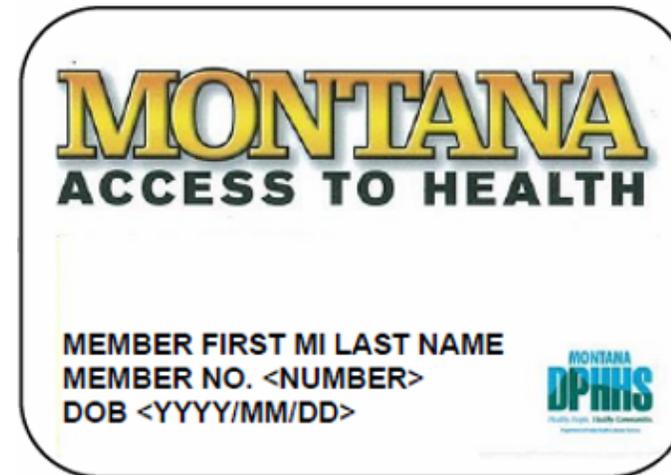
Populations:

- ❖ 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:
 - i. An Indian Health Service (IHS) provider;
 - ii. A Tribal 638 provider;
 - iii. An IHS Tribal or Urban Indian Health provider; or
 - iv. 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; or
- ❖ 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.

STANDARD MEDICAID BENEFITS

All Services are Processed by Xerox

- Audiology
- Behavioral Health Services
- Clinic 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
- Tobacco Cessation
- Transportation
- Vision



STANDARD MEDICAID COPAYMENT REQUIREMENTS, EFFECTIVE 6/1/2016

Provider Type	Before 6/1/16	After 6/1/16
Pharmacy	\$1-\$4 per script; \$24 monthly cap	Generics - \$0 Preferred Brand - \$4 Non Preferred Brand - \$8
Dental Home Health Licensed Professional Counselors Psychological Services Social Worker Speech Therapy	\$3	\$4 or 10% of provider reimbursed amount for the service
Audiology Hearing Aids Occupational Therapy Opticians Optometric Physical Therapy	\$2	\$4 or 10% of provider reimbursed amount for the service
Public Health Clinics	\$1	\$4 or 10% of the provider reimbursed amount for the service
No longer exempt services: Independent Lab and X-Ray Services Chemical Dependency Services Mental Health Professional Services in a Mental Health Center	\$0	\$4 or 10% of the provider reimbursed amount for the service

- Members between 0-100% FPL will have a set copayment amount.
- Members between 101-138% FPL will pay 10% of the provider reimbursed amount for the service except for the set pharmacy rate.

Important: Copayments may not be charged to the participant until the claim has been processed through the claims adjudication process and the provider has been notified of payment and copayment amount owing.

MT ARM 37.84.108

***See May 16, 2016 Medicaid Provider Notice*

STANDARD MEDICAID COPAYMENT: EXEMPT UNDER FEDERAL OR STATE LAW, EFFECTIVE 6/1/2016

Services:

- ❖ Emergency Services;
- ❖ Family Planning Services;
- ❖ Hospice Services;
- ❖ Home and Community Based Waiver Services;
- ❖ Transportation Services;
- ❖ Eyeglasses;
- ❖ EPSDT Services;
- ❖ Provider Preventable Health Care Acquired Conditions as provided in 42 CFR 447.26(b);
- ❖ Generic Drugs;
- ❖ Preventive Services as approved by CMS through the 1115 HELP Waiver, and
- ❖ Services where Medicaid is the secondary payer. If the service is not covered by the primary payer but covered by Medicaid, cost share will be applied.

Populations:

- ❖ 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:
 - i. An Indian Health Service (IHS) provider;
 - ii. A Tribal 638 provider;
 - iii. An IHS Tribal or Urban Indian Health provider; or
 - iv. 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; or
- ❖ 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.

ADMINISTRATIVE RULES OF MONTANA (ARMS)

Rule No.	Rule Title	Latest Version	Effective Date
<u>Subchapter 1</u> <u>Montana Health and Economic Livelihood Partnership (HELP) Program</u>			
<u>37.84.101</u>	HELP ACT: PURPOSE		1/1/2016
<u>37.84.102</u>	HELP ACT: DEFINITIONS		1/1/2016
<u>37.84.103</u>	HELP ACT: ELIGIBILITY FOR COVERAGE		1/1/2016
<u>37.84.106</u>	HELP ACT: BENEFITS PLANS		1/1/2016
<u>37.84.107</u>	HELP ACT: HELP PLAN PREMIUMS		1/1/2016
<u>37.84.108</u>	HELP ACT: HELP PLAN COPAYMENTS		1/1/2016
<u>37.84.109</u>	HELP ACT: HELP PLAN REIMBURSEMENT		1/1/2016
<u>37.84.112</u>	HELP ACT: HELP PLAN PROVIDER QUALIFICATIONS		1/1/2016
<u>37.84.115</u>	HELP ACT: HELP PLAN GRIEVANCE AND APPEAL PROCESS		1/1/2016

CONTACTS AND RESOURCES

Rebecca Corbett

HELP Program Officer

406-444-6869

rcorbett@mt.gov

Renaë Huffman

HELP Program Officer

406-444-1355

rhuffman@mt.gov

Office of Public Assistance

<http://dphhs.mt.gov/hcsd/officeofpublicassistance>

Helpline: 1-888-706-1535

Blue Cross and Blue Shield of Montana

<http://www.bcbsmt.com/mthelpplan>

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



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2016 HELP Plan Provider Update

October 2016





Provider Enrollment for HELP Plan BCBSMT Provider Network

- Complete the HELP Plan Amendment
- Complete the Credentialing Process
 - CAQH on-line credentialing application
- Complete the Provider Screening/Enrollment Process
 - HELP Plan enrollment application form
 - Federal Regulations CFR 455 Subpart E
 - Applies to Healthy Montana Kids (HMK) participation





Reimbursement & Billing

- Montana Medicaid Rates
- “Medicaid Only” codes cannot be submitted with the exception of the following:

Code	Description	Unit
H0010	Inpatient Residential Detox	Per Day
H0018	Inpatient Residential Treatment	Per Day
H0001	Assessment and Placement	Per Visit
H0004	Individual Therapy	15 min
H2035	Group Therapy	1 hour
H0012	Day Treatment (up to age 21)	Per Day
H0048	Saliva Drug Test	Per Test

- Abortions, Sterilizations & Hysterectomies
 - Form is Required
- HELP Participants may have other coverage
 - Not Medicare
 - Can bill TPL on claim

Physical Health PA Requirements (high level)

- Preauthorization must be requested **before** the services are provided
- All Inpatient Facility Admissions require preauthorization
- Inpatient surgical procedures
- Selected outpatient surgical
- High Dollar Radiology
- Selected DME, Medical Supply and Prosthetic/Orthotic Services > \$2500
 - Including: Power Wheelchairs, Specialty Beds, Cochlear Implant Devices, Diabetic Shoes, Diapers and Under pads
- Home Health Care
- Outpatient Therapies (PT, OT, ST)
- Select specialty and infusion medications



Behavioral Health PA Requirements (high level)

- **Includes Mental Health and Substance Abuse Services**
- All Inpatient Facility Admissions require preauthorization
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient (IOP) - The level of care between inpatient and outpatient services. IOP programs are typically 3 hour sessions 4 days a week, or some variation of that. They are not for acute episodes of care.
- Psychological Testing and Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Preauthorization is **NOT** required for outpatient counseling



Prior Authorization Requirements

- Emergency and stabilization services do not require prior authorization
- For the designated medical and behavioral health services, clinicians, nurses and psychiatrists are available 24 hours a day, 7 days a week to provide emergency inpatient prior authorization telephonically.
- All prior authorizations may be obtained through the following processes:
 - Telephonic -877-296-8206
 - Secured Fax- 406-437-5850
- Retro eligibility – within **60 days** of the date of service, may submit “retro pre-auth request” with clinical documentation



Retro Authorization Requirements

- Retro Eligibility of HELP Participants
- Retro Authorization Requests allowed within **60 days** of the Date of Service or Date of Discharge as follows:
- **1-14 Days**
 - Submit through the Usual Preauthorization Process
 - Fax 406-437-5850
- **15-60 Days**
 - Submit note of “Retro Pre-Auth Request due to Retro Eligibility” with clinical documentation & claim to Claims Department
 - Fax to 1-855-206-9202 or mail to Scranton PA claims address.
- **Over 60 Days**
 - File an Appeal with Clinical Documentation
 - Fax 1-866-643-769 or Mail to: BCBSMT PO Box 27838 Albuquerque, NM 87125-9705



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Claims Processing

- Check Eligibility- HELP TPA
- File Electronically or Mail or Fax
 - Scranton PA is the mailing address
 - EFT/ERA implemented 6/17/16
- Match Name to the name on the ID Card
- NPI match issue



Website Information

1. DPHHS: <http://dphhs/mt.gov/helpplan>
 - HELP Plan Evidence of Coverage (EOC)
 - HELP Plan Rules
2. BCBSMT: www.bcbsmt.com/mthelpplan
 - Provider Manual
 - Participant Guide
 - HELP Plan Evidence of Coverage (EOC)
 - Secure Services Provider Portal
 - Eligibility
 - Claims – “finalized” claims initially
 - All claims will display in October





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Participant & Provider Services Center

- 8:00 a.m. – 8:00 p.m., MT, Monday-Friday
- Closed on Weekends and CMS and Montana State Observed Holidays
- Toll-free numbers:
 - Participant 1-877-233-7055
 - Provider 1-877-296-8206





Who to contact?

- Provider Customer Services contact

————— **BCBSMT**
1-877-296-8206

- Pharmacy services contact DPHHS's Drug
Preauthorization Unit, Mountain Pacific Quality Health

- Dental Services and Eyeglasses

- Federally Qualified Health Clinic or Rural Health Clinic
clinic services

- Transportation Preauthorization

DPHHS
1-800-624-3958

DPHHS
1-800-292-7114





Local BCBSMT Provider Representatives

Western Region

- Christy McCauley, 406-437-6068, christy_mccauley@bcbsmt.com
- Leah Martin, 406-437-6162, leah_martin@bcbsmt.com

Central Region

- Floyd Khumalo, 406-437-5248, thamsanqa_f_khumalo@bcbsmt.com

Eastern Region

- Susan Lasich, 406-437-6223, susan_lasich@bcbsmt.com
- Troy Smith, 406-437-5214, troy_smith@bcbsmt.com



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