

MONTANA MEDICAID EXPANSION

March 17, 2016

Presented by Rebecca Corbett, DPHHS

AGENDA

- Medicaid Expansion Eligibility
- Benefits
- Premium and Copayments
- Changes to Standard Medicaid
- Contact Information

MEDICAID EXPANSION

- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US Citizen or documented, qualified alien
- ✓ Not incarcerated



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 (exempt from copayment)
- 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:
 - The individual turns age 65;
 - The individual becomes eligible for Medicare;
 - The individual becomes non-compliant with the Third Party Liability Unit or Program Compliance Reviews;
 - The individual moves out of state;
 - The individual requests closure; or
 - The individual becomes deceased.

HELP PLAN HEALTH BENEFITS

- Required by the Affordable Care Act (ACA)
 - Ambulatory Patient Services
 - Emergency Services
 - Hospitalization Services
 - Maternity and Newborn Services
 - Mental Health and Substance Use Disorder Services
 - Prescription Drug Services
 - Rehabilitative and Habilitative Services and Devices
 - Laboratory and X-Ray Services
 - Preventive Services
 - Pediatric Services
- Additional Healthcare Benefits
 - Vision Services
 - Dental Services
 - Hearing Aid Services
 - Audiology Services
 - Transportation Services
 - Diabetes Prevention Program

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>	HELP Plan
Identification Number: YDM<SBSB_ID>	
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

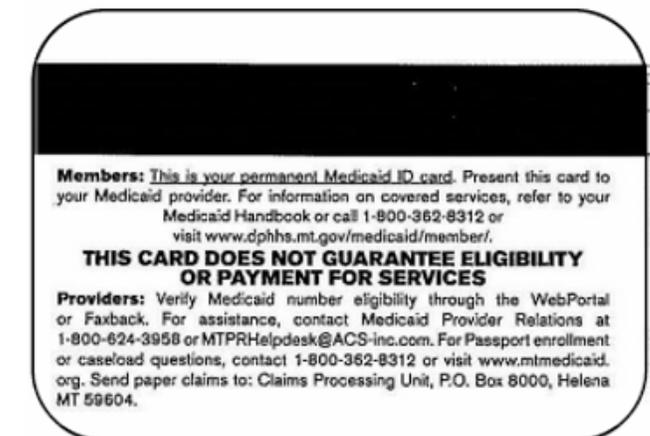
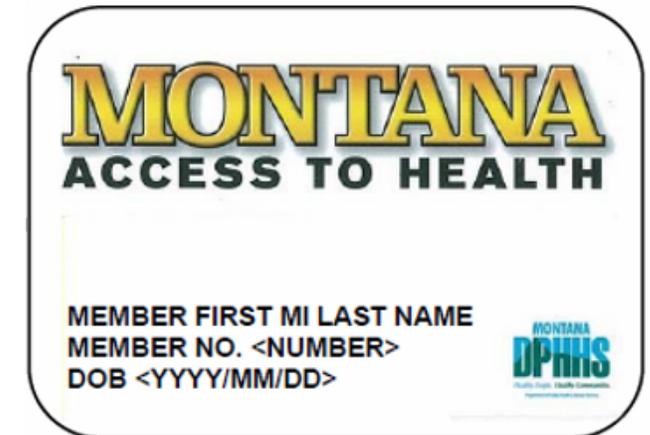
- Services Processed by Xerox
 - Audiology
 - Community Health Center
 - Dental and Dentures
 - Diabetes Prevention Program
 - Eyeglasses
 - Federally Qualified Health Center
 - Hearing Aids
 - Home Infusion
 - Indian Health Services/Tribal Health Services
 - Pharmacy
 - Rural Health Clinic
 - Transportation

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

STANDARD MEDICAID BENEFITS

➤ All Services are Processed by Xerox

- Audiology
- Behavioral Health Services
- Clinic Services
- Community Health Center 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
- Substance Use Services
- Tobacco Cessation
- Transportation
- Vision



HELP PLAN COPAYMENT REQUIREMENTS

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

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

- Participants with income 51-100% FPL

Copayments will be a set \$ amount.

- Participants with income 100 -138% FPL

Copayments will be 10% of the provider reimbursed amount for the service(s) paid.

HELP PLAN COPAYMENT REQUIREMENTS CONTINUED

Services Exempt from Copayment under Federal or State Law:

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

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

Medicaid Enrollees with Income 0-50% FPL		
Provider Type	Current Amount (effective 1/1/16)	Updated Amount (effective 7/1/16)
Inpatient Hospital	\$75	\$75
Pharmacy	\$1-\$4 per script; \$24 monthly cap	Generics - \$0 Preferred Brand - \$4 Non preferred and specialty drugs - \$8 The cap will be removed
ASC Denturists DME FQHC Dialysis Outpatient Hospital RHC Home Infusion Therapy (except codes 99602 & 99601 are exempt)	\$4	\$4
Independent Diagnostic Testing Facilities Mid-Level Practitioners Physician Podiatry Psychiatrists	\$4	\$4
Dental Home Health Licensed Professional Counselors Psychological Services Social Worker Speech Therapy	\$3	\$4
Audiology Hearing Aids Occupational Therapy Opticians Optometric Physical Therapy	\$2	\$4
Public Health Clinics	\$1	\$4
No longer exempt: Home Dialysis Attendants Personal Assistance Independent Lab and X-Ray Services Mental Health Clinics CD Services Targeted Case Management	\$0	\$4

MEDICAID COPAYMENT REQUIREMENTS

Participants with income 0-50% FPL

Copayment will be a set \$ amount.

Medicaid Enrollees with Income 51-138% FPL

MEDICAID COPAYMENT REQUIREMENTS CONTINUED

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
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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/specialty brands	\$8	\$8
Other: FOHC, RHC, ASC, IDTF, Home Health Care, Dialysis, Home Infusion	\$4	10% of the payment the State makes for the service
Non-Emergency use of the ER	\$8	10% of the payment the State makes for the service

Participants with income 51-138% FPL

Copayment will be 10% of the payment the State makes for the service.

MEDICAID COPAYMENT EXEMPTIONS

Services

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

Populations

- Individuals under 21 years of age
- American Indians and Alaska Natives
- Pregnant Women
- Individuals who are terminally ill and receiving hospice services
- Individuals receiving services under the Medicaid breast and cervical cancer treatment category
- Individuals receiving inpatient services in a skilled nursing facility

CHANGES TO STANDARD MEDICAID

- Dental: \$1,125 annual treatment limit (excludes: anesthesia, dentures, preventive/diagnostic)
- Eye Exams: 1 every 12 months
- Eyeglasses: 1 every 12 months
- Home Health Care: 180 annual visits
- Hospice: Curative services are included for adults
- Therapies: No annual limit
- Cardiac Therapy: No daily or session limit
- Folic Acid: Covered OTC
- Detox Services: No daily limit
- Chemical Dependency: Add adults for inpatient and outpatient services
- Mental Health: No session limit for outpatient services

RESOURCES

CONTACT INFORMATION

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rcorbett@mt.gov

DPHHS

<http://dphhs.mt.gov/healthcare>

Blue Cross and Blue Shield of Montana

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

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