MONTANA HEALTHCARE PROGRAMS NOTICE
February 16, 2018

Indian Health Service and Tribal 638 Programs

Effective March 1, 2018

Medicaid State Plan and Waiver Amendments

Per the Medicaid Tribal Consultation conference call on February 14, 2018 with Indian Health Service and Tribal Governments, the request was made for further documentation regarding the proposed changes to the state plan and waiver services as discussed during the call.

Changes will be made to the state plan regarding optometric services. The optometric benefit to adults will be limited to one eye exam and one pair of eyeglasses every 730 days unless the following exceptions are met:

- Due to limits on exams and eyeglasses, before providing these services, the provider should contact Provider Relations to verify the member is eligible for exam or eyeglasses.

- **Contact Lenses**
  - Contact lenses are covered only when medically necessary and not for cosmetic reasons every 730 days.
  - Medicaid covers contact lenses when the member has one of the following conditions:
    - Keratoconus
    - Sight that cannot be corrected to 20/40 with eyeglasses
    - Aphakia
    - Anisometropia of 2 diopters or more

- **Eye Exams**
  - Medicaid members age 21 or over are limited to one eye exam every 730 days. The Department allows exceptions to these limits when one of the following conditions exits:
    - Following cataract surgery, when more than one exam during the respective period is necessary.
    - A screening shows a loss of one line acuity with present eye glasses.
    - Adult members who have a diabetes diagnosis may have exams every 365 days.

- **Eyeglasses**
  - Medicaid member age 21 or over are limited to one pair of eyeglasses every 730 days.

If a member meets any of the above exceptions the claim should be submitted along with supporting documentation to the IHS/Tribal 638 program officer for approval. Information can be mailed to P. O. Box 202951 Helena, MT 59620.

Changes will be made to the Dental Services and Denture state plan. Dental and Denture services for Medicaid members over the age of 21 will be limited to diagnostic, preventive and minor restorative services. High cost, extensive services such as crowns, bridges, and dentures will no longer be covered for adults.

- If a Medicaid Member has a denture impression done on or before February 28, 2018, that impression date can be used as the service date to complete the denture services.
The above state plan services changes are effective March 1, 2018.

There will be changes to the Passport to Health waiver effective April 1, 2018. The amendments to the Passport to Health waiver are as proposed:

A. Add Pregnancy Medicaid and Breast and Cervical Cancer populations to the list of ineligible populations. Members who have pregnancy Medicaid currently do not require Passport referral for pregnancy related services and once the pregnancy ends the members are moved to another eligibility group. Members with Breast and Cervical Cancer eligibility are only eligible during treatment and mainly receive care from specialists related to their cancer treatment.

B. Reduce the Per Member Per Month reimbursement amount for primary care case management services for all Passport eligible populations other than members determined categorically eligible for Aged, Blind, Disabled and Medically Frail Medicaid from $3.00 to $1.00. Members determined categorically eligible for Aged, Blind, Disabled and Medically Frail Medicaid typically have more healthcare needs and could benefit the most from care coordination; and

C. Transition the current Health Improvement Program (HIP) to a new Complex Care Management Program, which will be a new tier of the Patient Centered Medical Home Program. The waiver amendment will not affect the Tribal HIP.

The proposed amendments are not finalized and are under public process. The proposed notice can be found at http://dphhs.mt.gov/Portals/85/rules/37-833pro-arm.pdf. The public comment period is open until March 9, 2018. Further information regarding the Passport to Health waiver amendments will be shared upon finalization.

Resources:
Please remember that updates can be found on the website medicaidprovider.mt.gov. On the front page there are Important Announcements. Currently the announcements contain information regarding HELP participants and the information regarding the new MATH web portal link.

Contact Information
If you have any questions, please contact:
Casey Peck, at cpeck@mt.gov or (406) 444-4349

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.