







MEDICAID EXPANSION

4

- ✓ 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 IPA
- Not subject to premiums
- Subject to copayments unless exempt by federal law

12-MONTH CONTINUOUS ELIGIBILITY

5

- An individual approved under Medicaid Expansion will receive 12 months of continuous eligibility.
- 12-month continuous eligibility will end if individual:
 - Turns age 65;
 - Becomes eligible for Medicare;
 - Becomes non-compliant with the Third Party Liability Unit or Program Compliance Reviews;
 - Moves out of state;
 - Requests closure; or
 - Becomes deceased.

HOW TO APPLY

6



Online at
healthcare.gov



In-Person by Visiting
govtmt.org or Your Local
Office of Public Assistance



By Phone at
1-800-318-2596

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



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.

10

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



MEMBER FIRST IN LAST NAME
MEMBER NO. *NUMBER*
DOB <YYYYMMDD>





THIS CARD DOES NOT CONSTITUTE EVIDENCE OF PAYMENT FOR SERVICES

11

HELP PLAN COPAYMENT REQUIREMENTS

Provider Type	51-100% (effective 7/1/14)	101-138% (effective 7/1/14)
Behavioral Health - Hospital Inpatient	\$0	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
Diurable 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	\$10	10% of the payment the State makes for the service
Other kinds of Professional	\$4	10% of the payment the State makes for the service
Outpatient Facility	\$4	10% of the payment the State makes for the service
Nursing Case 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/secondary brands	\$8	\$8
Other	\$4	10% of the payment the State makes for the service
Non-Emergency use of the IR	\$8	\$8

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

Participants show as "HELP TPA" in the Medicaid Web Portal.

- Participants with income 51-100% FPL
Copayments will be a set \$ amount.
- Participants with income 101 -138% FPL
Copayments will be 10% of the provider reimbursed amount for the service(s) paid.

12

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 provider has been notified of payment and copayment amount owing.

ADMINISTRATIVE RULES OF MONTANA

<http://www.mtrules.org>

Rule No.	Rule Title	Latest Version	Effective Date
Subchapter 1			
Montana Health and Economic Livelihood Partnership (HELP) Program			
27.84.101	HELP ACT: PURPOSE		1/1/2016
27.84.102	HELP ACT: DEFINITIONS		1/1/2016
27.84.103	HELP ACT: ELIGIBILITY FOR COVERAGE		1/1/2016
27.84.106	HELP ACT: BENEFITS PLANS		1/1/2016
27.84.107	HELP ACT: HELP PLAN PREMIUMS		1/1/2016
27.84.108	HELP ACT: HELP PLAN COPAYMENTS		1/1/2016
27.84.109	HELP ACT: HELP PLAN REIMBURSEMENT		1/1/2016
27.84.112	HELP ACT: HELP PLAN PROVIDER QUALIFICATIONS		1/1/2016
27.84.115	HELP ACT: HELP PLAN GRIEVANCE AND APPEAL PROCESS		1/1/2016

RESOURCES

CONTACT INFORMATION

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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
