

Frequently Asked Questions - Elimination of Copayment

What you need to know for 2020:

- Elimination of copayment for all covered services under Medicaid and Medicaid Expansion;
- Medicaid Expansion Premiums remain the same; and
- The Adult Dental Treatment Services Cap remains the same

Q: Why is Montana Healthcare Programs eliminating copayment?

A: Section 34 of HB 658, which was passed by the 2019 Legislature, prohibits the Department from requiring a Medicaid Expansion program participant to make a copayment, to pay a coinsurance amount, or to meet a deductible amount for any covered service. The department is applying the same copayment methodology to Medicaid members.

Q: What is the effective date?

A: For all claims **paid** on or after January 1, 2020, no copayment is assessed when processing claims. This change applies to any covered service under Montana Medicaid or Medicaid Expansion.

Q: What happens if a claim paid in 2019 and copayment was assessed, but adjusted in 2020?

A: No copayment will be assessed on claims paid on or after January 1, 2020. This includes individual and mass adjustments. If copayment was collected from the member and the adjusted claim resulted in a zero-dollar copayment responsibility, the member must be refunded.

Q: Are there any changes to the Adult Dental Treatment Service financial cap?

A: No, the dental services cap remains the same.

Q: Will the Montana Access to Health Web Portal (MATH) show no copayment responsibility for the member?

A: Yes, there will be no copayment banners and the tables will display zero copayments on the eligibility screen.

Q: What if a member has questions regarding their Medicaid Expansion Premium?

A: Members can contact Office of Public Assistance (OPA) 1-888-706-1535 for assistance.

Q. Does the copayment elimination apply to Health Montana Kids (CHIP)

A: No, copayment is assessed for services administered by Blue Cross Blue Shield.

Q. Does this change impact cost shares or spend downs?

A: No, this change does not affect the cost share and spend down requirements for individuals receiving Montana Worker's with Disability (MWD) or individuals receiving Medically Needy coverage.

Q: Who can members call if they have questions regarding copayment?

A: Members can contact the Medicaid/HMK Plus Member HelpLine at (800) 362-8312 or email the Medicaid Waiver and State Plan Program Officer, [Linda Skiles-Haddock, email lskiles-haddock@mt.gov](mailto:lskiles-haddock@mt.gov) for help.