



Overview

- Summary of the January 1st 2020 change.
- How the change may impact claims adjudicated in 2019.
- Impact to co-payments that have already been collected.
- What the change does not impact.
- Questions?

March 2020

Review the Provider Notice and FAQ.

The provider notice is available on the provider support website: https://medicaidprovider.mt.gov/

- Individual and Mass Adjustment Requests For claims paid in 2019 and adjusted in 2020, no copayment will be assessed. The elimination of copayment applies to all claims paid on or after January 1, 2020. Therefore, a refund may be due to the member if copayment was assessed and collected. It is the providers responsibility to refund members.
- Medicaid Expansion Premiums This change does not affect premium responsibilities for those members who owe premiums.
- **HMK Benefit** Those individuals receiving Healthy Montana Kids benefits will still be required to pay a copayment. Healthy Montana Kids PLUS members DO NOT have copayments assessed.

July 2019

Review the Provider Notice and FAQ.

- Adult Dental Benefit The \$1,125 dental treatment services cap for Adult members with Standard Medicaid Benefits has not changed. Covered anesthesia, dentures, diagnostic and preventative services do not count toward the dental treatment cap. It is important to note children age 0-20 and adults determined categorically eligible for Aged, Blind, and Disabled Medicaid are not subject to the \$1,125 annual dental treatment limit.
- Adult members are responsible to pay for non-covered dental services and any dental treatment services received above the annual \$1,125 limit.

Review the Provider Notice and FAQ.

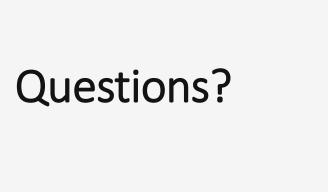
Frequently Asked Questions

- 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.
- Who can members call if they have questions regarding copayment? 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-Hadduck, email lskiles-hadduck@mt.gov for help.

Member Notice.

- A member notice has been placed on the DPHHS member website: https://dphhs.mt.gov/MontanaHealthcarePrograms/Welcome/MemberServices/MemberEducation
- The member notice mentions to contact the department if members believe they were charged a co-payment in error:

"If you receive a bill for copayment charges you believe may be in error, contact the Medicaid/HMK Plus Member HelpLine at (800) 362-8312 or email the Medicaid Waiver and State Plan Program Officer, Linda Skiles-Hadduck, email Iskiles-hadduck@mt.gov for help."







If You Have Questions...



Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. 5 p.m. Mountain Time