

Cover Montana Webinar Nuts and Bolts of Medicaid and Healthy Montana Kids

September 24, 2020



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Video: We want to see you today, especially during our breakout sessions and when you are asking questions! Feel free to turn your camera off during presentations.

Zoom Group Chat

From Me to Everyone: 09:24 AM

We'll use the chat function to introduce ourselves!
To ask questions!
To add to the group conversation!
To let the speaker know if we can't hear them!
To share links to resources!
To take a very brief evaluation at the end of each session!

To: Everyone

File

Type message here...

Join Audio Stop Video Security Participants 1 Polls Share Screen Reactions More End

MPCA & Cover Montana

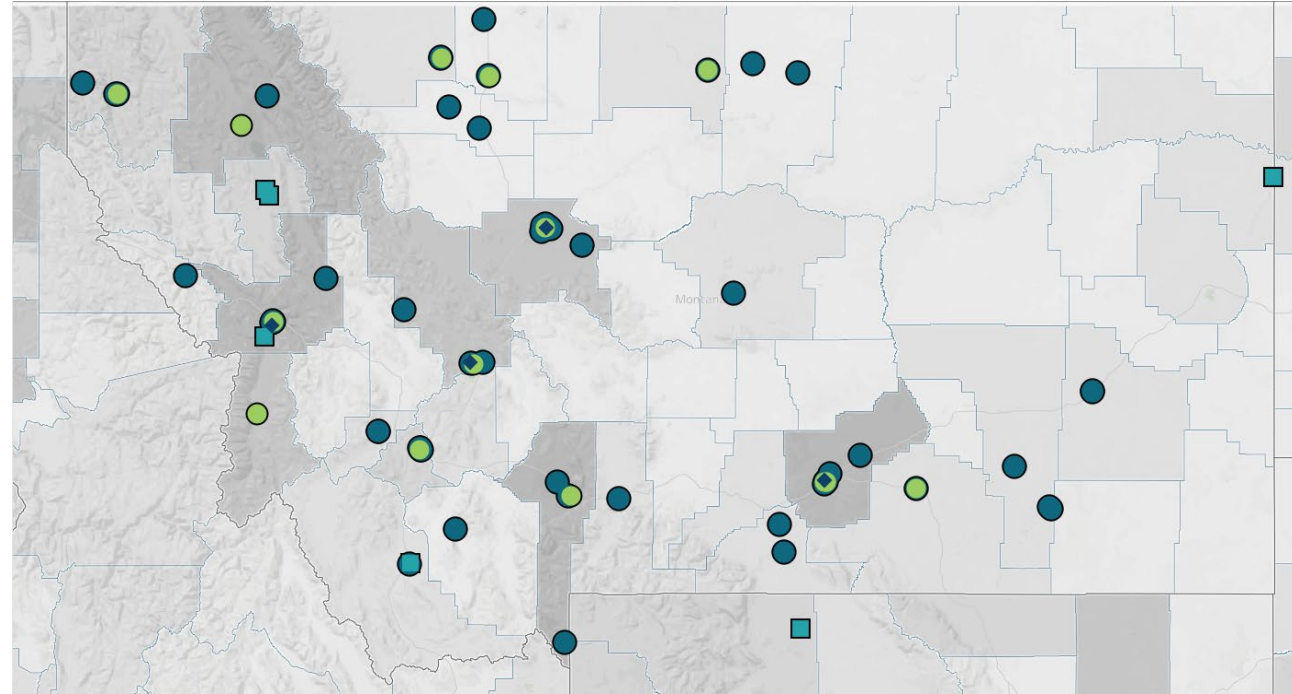
The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.

Cover Montana was developed in 2014, after the first open enrollment period. MPCA facilitates Cover Montana and hosts the www.covermt.org website.



Agenda

Welcome

Presentation from DPHHS team

Questions

Next Steps





Cover Montana Webinar

9/24/20

Overview

- Agenda
 - Program and COVID updates (Amanda Harrow)
 - Eligibility and Enrollment (Jade Atkinson)
 - Q&A
 - Program Benefits (Liz LeLacheur & Dani Feist)
 - Q&A
 - Other questions


Medicaid Expansion/HMK(+) Updates

- Safeguard Access to Care grants
- COVID-related changes
 - Suspension of disenrollment
- Enrollment trends










medicaiddashboard.mt.gov

Montana Medicaid Expansion Dashboard

Member Demographics | Premium and Disenrollment | Enrollment and Services Sum...



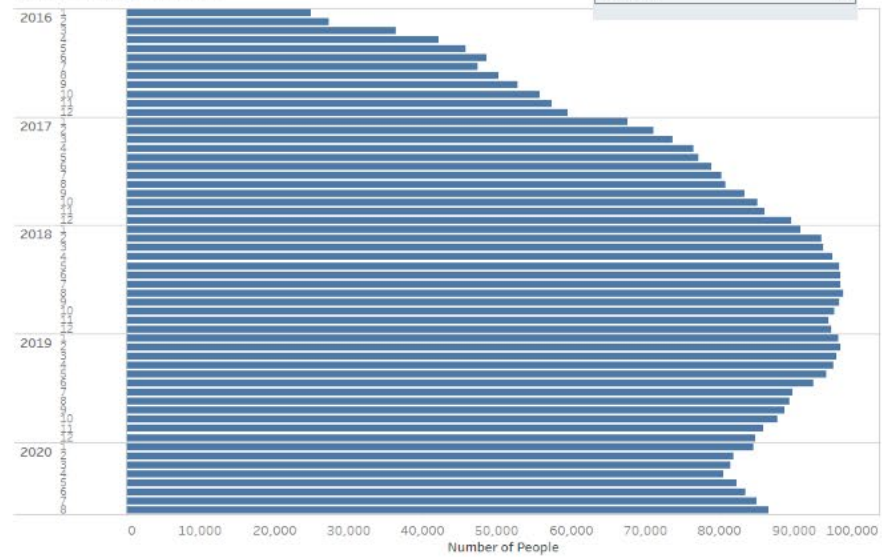
Services Summary

-  **86,533** adults enrolled in Medicaid Expansion as of 08/01/2020
8.2% of state population
-  **121,352** adults have received preventive services
-  **10,419** adults have received a colon cancer screening
3,827 possible cases of colon cancer averted
-  **5,474** adults newly diagnosed and now treated for hypertension
-  **12,200** women have received a breast cancer screening
205 women diagnosed with a breast cancer as a result of screening
-  **2,373** adults newly diagnosed and now treated for diabetes
-  **45,117** adults have received outpatient mental health services
4,424 adults have received inpatient mental health services
-  **11,988** adults have received substance use outpatient services
3,894 adults have receive substance use residential services
-  **\$5,754** average annual cost per participant for calendar year 2019

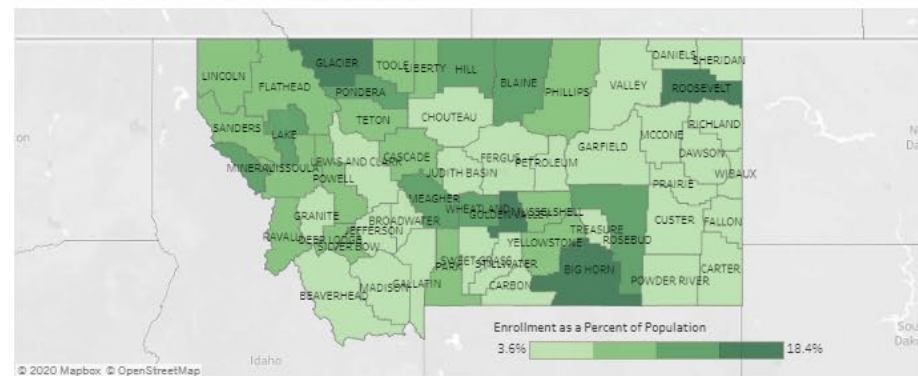
Note: Providers have up to one year to bill a service. Figures are current as of paid date 9/7/2020

"New Medicaid Expansion spending supports a substantial amount of economic activity – approximately 5,000 jobs and \$280 million in personal income each year."
- Bryce Ward, PhD
University of Montana

Enrollment by Month



Enrollment by County (click on county for more information)

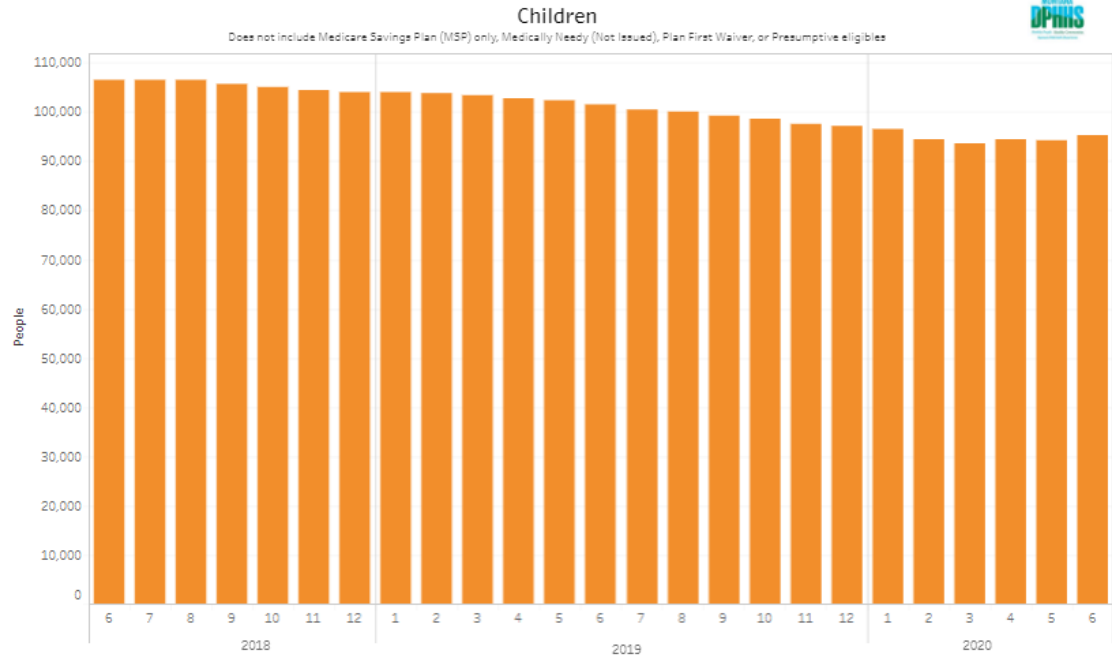


Montana Medicaid Enrollment Dashboard

Click on a cell in the table to update the chart

		Enrolled	Change from Last Month
Traditional Medicaid	Adult	44,509	724
	Children	95,220	884
All Medicaid Programs	Ages 0 to 1	5,813	-30
	Ages 1 to 5	25,985	304
	Ages 6 to 18	63,422	610
	Ages 19 to 20	7,029	17
	Ages 21 to 64	122,773	1,676
	Ages 65 and Older	15,162	33
Specific Traditional Medicaid Eligibility Categories	Blind and Disabled Adults	15,487	77
	Blind and Disabled Children	2,267	-7
	Medicaid and Medicare	16,714	18
	Family Medicaid	14,881	347
	Foster Care	7,413	24
	Pregnant Women	2,240	-30
	Institutionalized	2,911	-17
	WASP (SDMI) Waiver	1,089	-8
Other Eligibility Programs	Plan First Waiver	1,305	-17
	HMK (CHIP)	20,348	51
	HMK Plus Expansion	6,058	88
	MHSP	85	-20
	Medicare Savings Plan Only	10,956	37

Note: Data comes from the MGMT-1000M report. This report observes a 90-day look back period to allow for application processing lag, retroactive enrollments, etc. Dashboard updated 9/1/2020 for June 2020.





Healthy People. Healthy Communities.

Department of Public Health & Human Services

HMK/HMK+/Adult Medicaid Eligibility and Enrollment

Medicaid Expansion

- Eligibility Requirements:
 - Ages 19-64
 - Income at or under 138% FPL (133% plus a 5% disregard)
 - Not eligible for or receiving Medicare
 - Montana residency
 - US citizen or Eligible Alien
- Pre-Eligibility Verification
 - We have changed how we are verifying information. We no longer verify client statement after approval of Medicaid. We now run data checks before approval and send a notice if our checks are not compatible with the client's statement.

Applying for Medicaid

- The two main ways to apply for Medicaid are:
 - Federal Marketplace
 - Healthcare.gov
 - State website
 - Apply.mt.gov
- The Federal Marketplace is probably the quickest route to receive a determination.

Health Coverage Unit

- The Health Coverage Unit (HCU) has been expanded
 - 9 case workers
 - 1 lead worker
 - 1 supervisor
- Contact the HCU
 - Call the PAHL at 1-888-706-1535
 - Press 7, 5, and 2
- The HCU can help answer eligibility and application questions but cannot give specifics about a case/person unless we have a release or the assister is listed as an authorized representative.

Authorized Representative

- Authorized Representative is a person acting for an applicant/recipient through the individual's written or verbal authorization.
 - Can be listed directly on the application as the authorized representative.
 - Once listed as an authorized representative, you are listed until the applicant/recipient changes their designation.
 - Only need to be an authorized representative if you are needing to act on behalf of the individual.

Authorization for the Use and Disclosure of Health Information

- This authorization is known as a 402
- This is probably the better way for assisters to help the applicant/recipient.
- It can be time limited and used for a specific event
 - Such as their Medicaid application

**AUTHORIZATION
For the Use and Disclosure of Health Information**

Montana Department of Public Health and Human Services
P.O. Box 202960, Helena, MT 59620-2960

Federal law prohibits your Protected Health Information ("PHI") being shared without your permission except in certain situations. By signing this form, you are giving us permission to share the health information you indicate below. *This does not keep the information from being shared with more people once it leaves our office.* This authorization will only last until the date you specify, but not longer than thirty months.

If you want to cancel this Authorization at any time, you should sign the AUTHORIZATION REVOCATION below and return it to the Department of Public Health and Human Services ("DPHHS").

Date: _____

Individual or Entity: _____

I give permission to the Department of Public Health and Human Services to share the health information checked below with the Individual or Entity listed above:

- All information
- Information from a specific time period (specify dates):
From _____ To _____
- All information relating to a certain event or injury -- example: *left knee injury from December 2000*
(specify event and dates):
Event _____
Date of event _____
- Other (specify): _____

Printed Name: _____ Signature _____

Signature of Authorized Representative _____ Date _____

Relationship of Authorized Representative _____

AUTHORIZATION REVOCATION

I no longer want my information shared.

Signature _____ Date _____

Jade Atkinson
Medicaid Program Manager,
Health & Community Services Division
jatkinson@mt.gov ~ 406-444-0337





Healthy People. Healthy Communities.

Department of Public Health & Human Services

HMK/HMK+/Adult Medicaid Benefits and Programs

Mission Statement: Our mission is to manage the delivery of healthcare to Montana Medicaid and Healthy Montana Kids (HMK) *Plus* members to improve quality and access, while optimizing the use of healthcare resources.

Differences Between HMK and HMK+ Programs

- Healthy Montana Kids Plus (HMK+) also known as children's Medicaid is an entitlement, which means that enrollment can't be restricted for eligible members.
- Healthy Montana Kids (HMK) is funded by the federal Child Health Insurance Program (CHIP) is not an entitlement and can have a waiting list.
- HMK and HMK+ have different provider networks, a few different benefits, and different authorization processes.
- HMK can have a copay of up to \$215 per family per year.
 - Native Americans are exempt from the copay if they notify the department either at enrollment or at a later time.

Differences Between HMK+(Children's Medicaid) and HMK (CHIP)

- The HMK Dental Program also has a limit of \$1,615 in paid dental reimbursement per state fiscal year (July-June).
- HMK+ members are enrolled in the Passport to Health Program while HMK members are not.

Differences Between HMK+(Children's Medicaid) and HMK (CHIP)

- Services covered by HMK+ (Medicaid) but not HMK (CHIP):
 - Private Duty Nursing;
 - Personal Care Attendants;
 - Targeted Case Management;
 - Orthodontia;
 - Comprehensive School and Community Treatment (CSCT);
 - CSCT Intervention, Assessment and Referral (IAR);
 - Extraordinary Needs Aide Services;
 - Therapeutic Foster Care; and
 - Permanency Therapeutic Foster Care;

What benefits are the same for HMK, HMK+ and Adult Medicaid:

- Pharmacy;
- Durable Medical Equipment;
- Federally Qualified Health Centers;
- Rural Health Clinics;
- Ambulance; and
- Eyeglasses.

How Members Learn About Their Benefits

- The HMK member guide, link to the provider network, and BCBSMT customer service phone number is found at <https://hmk.mt.gov>. The member help line phone number is 855-258-3489.
- HMK+/Medicaid member guide, Passport and customer service information is found at <https://dphhs.mt.gov/MontanaHealthcarePrograms>. The member help line phone number is 800-362-8312.

How To Access Benefits

- Both HMK/HMK+/Adult Medicaid members must see enrolled providers.
- HMK members must get prior authorization each time before seeing out-of-state providers.
- Emergency room visits out-of-state are covered for HMK members.

Out of State Benefits HMK+/Medicaid

- The out-of-state provider must become a Montana Medicaid provider to get paid. •
- A hospital provider, 100 miles or less outside the Montana border is considered an in-state provider and Medicaid or HMK Plus will pay for services if the provider is enrolled in Montana Medicaid or HMK+; •
- All out-of-state hospital inpatient services need prior authorization before services are provided unless services are for an emergency; and •
- Services received outside the United States, including Canada or Mexico, are not covered.

Passport Provider Role

- Enrolled Montana Medicaid provider
- Provide primary care
- Work in partnership with other care providers and Tribal Health Improvement Program Partners
- Passport/Team Care referrals
 - The referral requirement for Passport and Team Care are suspended during the COVID Public Health Emergency.
- Education and assistance

Passport Member Benefits

- Ensure access to primary care.
- Establish a partnership with the Montana Healthcare Programs/HMK Plus member.
- Provide continuous and coordinated care to maximize health outcomes.
- Improve the continuity of care.
- Encourage preventive healthcare.
- Promote Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
- Reduce inappropriate use of medical services and medications.
- Decrease non-emergent care in the emergency department (ED).

Nurse First Advice Line

1-800-330-7847

- Confidential nurse triage
- Free to members and providers
- 24/7/365
- Not for diagnosis or treatment

Team Care

- ❖ Educate members
- ❖ Frequent emergency room use can trigger team care enrollment
- ❖ Dual Passport and Team Care enrollment
- ❖ Team Care follows the same Passport rules and guidelines for referrals, enrollment/ disenrollment, prior authorization, and billing processes.

Team Care

- Members enrolled in Team Care are restricted from changing their PCP without good cause and are restricted to one pharmacy. This is called Locked In.
- Team Care members stay on the program for at least 24 months.
- The Team Care Handbook can be found at <https://dphhs.mt.gov/Portals/85/hrd/documents/teamcarehandbook.pdf>.
- Members may call the Medicaid Help Line if they need additional information or help. 800-362-8312

Passport and American Indians

- American Indian members may choose an IHS to be the Passport primary care provider (PCP), or they may choose a PCP other than an IHS;
- American Indian members may visit any IHS provider without a Passport referral; and
- If a member goes to an IHS and is referred to a third provider there is no Passport referral required for the service.

Passport Members

- Members choose one designated PCP (e.g., physician, mid-level, IHS, or clinic) to coordinate care;
- Access to the Member Help Line available 8-5 M-F at (800) 362-8312;
- Member outreach and education;
- Member guide; and
- Member website <http://dphhs.mt.gov/MontanaHealthcarePrograms>.



Member Auto-Assignment

- Passport auto-assigns members to an appropriate provider after 45 days, if they do not choose a provider themselves.
 - Algorithm (in order):
 - Previous Passport enrollment;
 - Claims history;
 - Family Passport enrollment (child/adult);
 - American Indians who have declared a tribal enrollment, and live in a county where there is an IHS/tribal provider; and
 - Random provider who has open slots on their caseload.
- Members who are auto-assigned are notified at least 10 days in advance to allow members to select a different provider.

Health Insurance Premium Payment

- The Health Insurance Premium Payment Program (HIPP) allows Medicaid funds to be used to pay for healthcare premiums.
- This program is for Medicaid and HMK+ members only.
- Members who have access to private insurance or employer-based insurance that is considered “cost-effective” to Medicaid may be asked to participate in this program.

Health Insurance Premium Payment

- Participation in HIPP means that the new insurance is now the primary coverage and allows a cost-saving to Medicaid.
- HIPP benefits providers by allowing a primary carrier that may pay more for medical services.
- The benefit of HIPP for Medicaid recipients is the potential for additional health care coverages for services not provided by Medicaid.

Overview of Montana Healthcare Programs' Pharmacy Program

- The Prescription Drug Program covers pharmaceuticals and limited pharmacist services, such as vaccine administration.
- Drug coverage is limited to those products where the pharmaceutical manufacturer has signed a rebate agreement with the federal government. Federal regulations further allow states to impose restrictions on payment of prescription drugs through prior authorization and preferred drug lists (PDL).
- All Montana Healthcare Programs members are eligible to receive pharmacy benefits.

Prescription Drug Coverage

- The following products are covered under the pharmacy program:
 - Rebate eligible products (must have a signed rebate agreement with Centers for Medicare & Medicaid Services (CMS))
 - Legend drugs, subject to the Preferred Drug List (PDL), clinical criteria and prior authorization requirements.
 - Prescription cough and cold medications, even for Medicare Part D members (quantity and limits apply).
 - Certain prescribed rebate eligible over-the-counter (OTC) products that are used to treat illness, and are listed in our State Plan, such as aspirin, antacids, and non-sedating antihistamines.
 - The full list of OTC products can be found within the Prescription Drug Program Provider Manual at <https://medicaidprovider.mt.gov/19>.
 - Compounds
 - Contraceptive supplies and devices
 - Prescription vitamins and minerals

Prescription Drug Coverage - Continued

- Maintenance medications, which are defined by the Department, can be dispensed in quantities sufficient for a 90-day or at 100 units, whichever is greater.
 - The complete list of maintenance medications can be found in the Prescription Drug Program Provider Manual at this link <https://medicaidprovider.mt.gov/19#187402956-provider-manuals>.
- Other medications may not be dispensed in quantities greater than 34-day supply, except where manufacturer packaging can't be reduced to a smaller quantity, such as some birth controls.

Non-Covered Items or Services

- Drugs supplied by manufacturers who don't have a rebate agreement.
- Drugs supplied by other public agencies, such as local health departments.
- Drugs covered under a member's Medicare Part D coverage, except otherwise stated.
- Drugs prescribed to:
 - Promote fertility;
 - For erectile dysfunction;
 - For weight reduction;
 - Cosmetic purposes or hair growth;
 - For an indication that is not medically necessary as determined by the Department in consultation with federal guidelines, the DUR Board, or the Department's medical and pharmacy consultants.

Non-Covered Items or Services - Continued

- Drugs designated as less-than-effective (DESI drugs) or drugs that are identical, similar or related to such drugs.
- Drugs that are experimental, investigational, or of unproven efficacy or safety.

Drugs dispensed in setting such as, inpatient hospitals, hospice, emergency rooms, other laboratory or x-ray services, renal dialysis, and incarceration.

- Free pharmaceutical samples.

Preferred Drug List (PDL)

- The Department of Public Health and Human Services uses this program to provide clinically effective and safe drugs to its members at the best available price.
- The PDL addresses certain classes of medications and provides a selection of therapeutically effective products for which the Montana Healthcare Programs will allow payment without restriction in those targeted classes. The Department, through its Formulary Committee, designates this listing of preferred drugs as “preferred” based primarily on clinical efficacy. In the designated classes, drug products that are non-preferred on the PDL will require prior authorization.
- The Department updates the PDL annually, and periodically, as new drugs and information become available.

PDL and IHS/Tribal 638 Pharmacies

- IHS/Tribal 638 pharmacies are exempt from following the Preferred Drug List (PDL) with the following exceptions:
 - A tribal member is filling a prescription at a non-IHS pharmacy.
 - When the prescribed medication requires clinical criteria (i.e. Suboxone, Hepatitis C Treatment, Inhaled Antibiotics).
 - For additional information on which classes require clinical criteria, you can access the PDL at <https://medicaidprovider.mt.gov/19#187402960-preferred-drug-information>.
 - The Drug Use Review (DUR) Board reviews and approves such criteria.

Montana Healthcare Programs – Pharmacy Staff Contact Information

Montana Healthcare Programs Pharmacy Program Staff	
Shannon Sexauer – Medicaid Pharmacist	Phone: 406-444-5951 Email: shannon.sexauer@mt.gov
Dani Feist – Pharmacy Program Officer	Phone: 406-444-2738 Email: dfeist@mt.gov
Dan Peterson – Allied Health Services Bureau Chief	Phone: 406-444-4414 Email: danpeterson@mt.gov

Montana Healthcare Programs – Other Staff Contact Information

Additional Montana Healthcare Programs Program Staff	
Mike Mahoney-Healthy Montana Kids Contract Manager	Phone: 406-444-0904 Email: mmahoney2@mt.gov
Elizabeth LeLacheur- Primary Care and Population Health Program Officer	Phone: 406-444-6002 Email: elelacheur@mt.gov
Mary LeMieux – Member Health Services Bureau Chief	Phone: 406-444-4146 Email: MLeMieux2@mt.gov
Lisa James – IHS/Tribal Section Supervisor	Phone: 406-444-5778 Email: Lisa.James@mt.gov
Olivia Roussan – Third Party Liability Section Supervisor (HIPP Questions)	Phone: 406-444-6004 Email: Oroussan@mt.gov



Upcoming

Check out the Cover Montana email update from this morning with links to upcoming trainings.

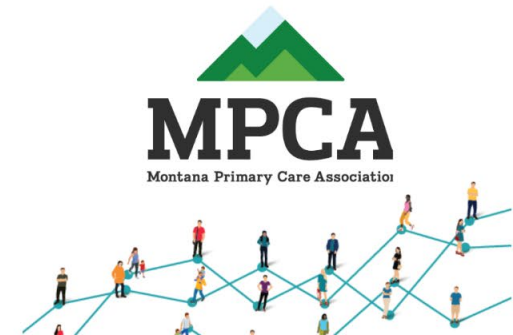
https://www.cvent.com/pub/eMarketing/Pages/WebEmail_New.aspx?emstub=d9e81409-31f5-4f33-bc5d-ba271fc59dd2

Every Tuesday at 9am – Office Hours – Next Tuesday, Focus on new Assisters!

Thursday, October 1st – Projecting income and APTC reconciliation



Questions? Updates?



Thank you for joining us and please reach out with questions

[Olivia Riutta](#)

oriutta@mtpca.org

(406) 880-3374

