



Medicaid 101 & Changes at the end of the Public Health Emergency

*An introduction to Medicaid & Overview of Coming Changes
October 2022*

Introduction

Overview

- ❖ **Title XIX** of the Social Security Act is a federal-state matching entitlement program that pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources.
- ❖ Federal – State match
 - ❖ 65% Federal
 - ❖ 35% State
- ❖ Medicaid is the largest program funding medical and health-related services for America's poorest people.
- ❖ Montana has over 70 different Medicaid programs

Program Administration

- ❖ Medicaid is administered in cooperation by Federal and State governments.
 - ❖ Centers for Medicare and Medicaid Services (CMS) and Montana's Department of Health and Human Services (DPHHS)
- ❖ The Federal government provides guidelines established by federal statutes, regulations and policies. The State of Montana:
 - ❖ Establishes its own eligibility standards
 - ❖ Determines the type, amount, duration and scope of services
 - ❖ Sets the payment rate for services
 - ❖ Administers its own program
- ❖ Based on the above, individuals eligible for Medicaid in Montana may not be eligible in another state and vice versa.

Application Processing

Application

- ❖ Anyone who wants to apply for Medicaid must have the opportunity to do so without delay. Applications must be voluntary and initiated by the person in need, their authorized representative, or if the applicant is incompetent or incapacitated, someone acting responsibly for them.
- ❖ Applications can be submitted in person, by fax, online or via the Public Assistance HelpLine (PAHL).
- ❖ Only a signed first page is required to establish the application date, but Medicaid cannot be approved/authorized until a completed and signed application is received.
- ❖ An interview is not required for Medicaid, but if an interview is requested, one must be scheduled.

Application

- ❖ If applying for Medicaid only, the FFM (healthcare.gov) will be the fastest for a determination.
- ❖ Applying for Medicaid only through the State (apply.mt.gov) may take longer as we now have pre-eligibility verification. This means we check data sources for income and if there is a discrepancy, we must verify before making an eligibility determination.
- ❖ If applying for both Medicaid and SNAP you can only apply through the State - the FFM does not make determinations for SNAP. The best method for a combo application would be to call the Public Assistance Helpline (PAHL) at 1-888-706-1535 as an interview must be completed for SNAP benefits.

Application

❖ Steps

1. Apply
2. Interview (required for SNAP, can request for Medicaid only)
3. Notice sent to individual and authorized representative (if one is listed on the application) requesting any verifications if needed.
4. Application is processed after all requested verifications are received

Processing Timeframes

Eligibility must be determined within:

- ❖ 90 days for applications requiring a disability determination
 - ❖ 45 days for all other applications
- ❖ Medicaid cannot be denied simply because necessary verification is not provided within 45 days (or 90 days, as applicable) of the application. These timeframes can be extended based on continued communication with the client.
- ❖ As long as the individual is making appropriate attempts to obtain verification and requests an extension prior to the 45th or 90th day timeframe, 10-day extensions are granted.

Public Assistance Helpline (PAHL) and the Health Coverage Unit

- ❖ The PAHL number is 1-888-706-1535
 - ❖ Hours of operation are Monday – Friday from 7am – 6pm
 - ❖ Current wait times are 20-30 minutes
 - ❖ Individuals have the ability to request a specific call back
 - ❖ Beginning of the month is always busier
- ❖ Health Coverage Unit
 - ❖ Can be reached via the PAHL by pressing 0, 1, 3, 1, 3
 - ❖ Can help with:
 - ❖ eligibility questions

Documentation

- ❖ For some programs we only require documentation for the starred (*) items below, the rest is self attestation or client statement
- ❖ Citizenship *
- ❖ Immigration Status *
- ❖ Identity *
- ❖ Income
- ❖ Age
- ❖ Resources such as bank statement, property deeds, life insurance, annuities, trusts
- ❖ Social security numbers must be furnished for each person requesting Medicaid, a copy of the card is not required
- ❖ Other necessary information unique to the applicant's situation

Documentation continued

The starred items are the only eligibility factor that must be “hard copy” verified for ACA coverage.

As of 01/01/2020 Montana has gone from post-eligibility verification to pre-eligibility verification – what does this mean

- We take the applicant’s self-attested income and run data matches
- If the self-attested income is within 10% compatible with the data matches, we authorize ACA Medicaid based on the self-attested income.
- If the self-attested income is outside 10% compatible with the data matches, we ask for a reasonable explanation. If still discrepant, we will then request hard copy verification of income.

For ABD (Aged, Blind, Disabled) Medicaid we require hard copy verification of all eligibility factors before authorization.

Coverage Groups

ACA Coverage Groups

❖ ACA (Affordable Care Act) Coverage Groups

- ❖ Healthy Montana Kids Plus
- ❖ Healthy Montana Kids
- ❖ Parents/Caretaker Relatives
- ❖ Pregnant Women
- ❖ Adult Medicaid
- ❖ Former Foster Care Children
- ❖ Department of Corrections
- ❖ Plan First

Aged, Blind, and Disabled (ABD) Programs

❖ Aged, Blind, Disabled (ABD)

❖ Medicare Savings Programs

- ❖ Qualified Medicare Beneficiary (QMB)
- ❖ Specified Low-Income Medicare Beneficiary (SLMB)
- ❖ Qualifying Individuals (QI)

❖ Medicaid for recipients of SSI Cash Assistance

❖ Medically Needy

- ❖ Has a spend down

❖ Medicaid for residents in nursing facilities

❖ Medicaid for Workers with Disabilities (MWD)

❖ Home and Community Based Services Waiver Medicaid (Waiver)

Income Eligibility

Income Guidelines

Varies by group

- ❖ 133% Federal Poverty Level (FPL) to cover adults and parents/caretaker relatives
- ❖ 143% FPL to cover children – HMK Plus
- ❖ 157% FPL to cover pregnant women
- ❖ 211 FPL to cover family planning services
- ❖ 250% FPL to cover individuals with breast and/or cervical cancer
- ❖ 261% FPL to cover children over HMK Plus income levels-HMK

Income Eligibility for ACA programs

- ❖ Modified Adjusted Gross Income (MAGI) for ACA programs
 - ❖ Based on IRS rules for counting income
 - ❖ Taxable Income and Non-taxable income
 - ❖ Wages, unemployment, work study – taxable
 - ❖ Plus Social Security, Interest, and Foreign Income
 - ❖ Child support, workman's compensation – non-taxable
 - ❖ Expenses
 - ❖ Student loan interest deduction
 - ❖ IRA deduction
- ❖ Self-attestation is accepted as verification with a pre-eligibility check of data sources.

Filing Units/Household Composition

Filing Units for ACA and Family Medicaid

❖ ACA

- ❖ Based on IRS tax filing rules
 - ❖ Does individual expect to file taxes or be claimed as a dependent
 - ❖ Does the individual live with a spouse
 - ❖ Meet a dependent exception
- ❖ Filing unit is built for each individual

Immigration Status

Immigration Status

- ❖ In order to be eligible for full Medicaid, an immigrant must meet certain criteria.
- ❖ Must meet a 5 year ban and have 40 quarters of work:
 - ❖ LAPR (lawfully admitted for permanent residence)
 - ❖ Battered Spouse or Child
 - ❖ Conditional Entry
 - ❖ Parolee
 - ❖ Veteran or Active Duty Military (40 quarters only)

Immigrant children (age 18 or younger) are not subject to the 5 year ban or 40 quarters

Spouses can use each other's quarters

Self-employed must have income required to file a tax return in order to receive a work quarter

Immigration Status

- ❖ Seven years of eligibility from date of entry:
 - ❖ Afghan and Iraqi Special Immigrants
 - ❖ Amerasian Immigrants
 - ❖ Asylee
 - ❖ Cuban/Haitian Entrant
 - ❖ Deportation Withheld
 - ❖ Refugee
 - ❖ Victim of Severe Form or Trafficking
- ❖ American Indians born in Canada
 - ❖ Must show 50% American Indian Blood

Residency

Residency

Once the Public Health Emergency ends, we will have to start verifying individual's residency as a condition of eligibility. This is a result of Legislative action.

CMS has given us 6 months after the end of the PHE to verify residency on all current Medicaid beneficiaries.

- We will run Lexis Nexis (an identity interface) on all current beneficiaries at some point during this time.

New applications:

- Residency will need to be verified before approving Medicaid
 - Running interfaces 1st and then requesting hard copy verification if cannot verify with interfaces

Renewals

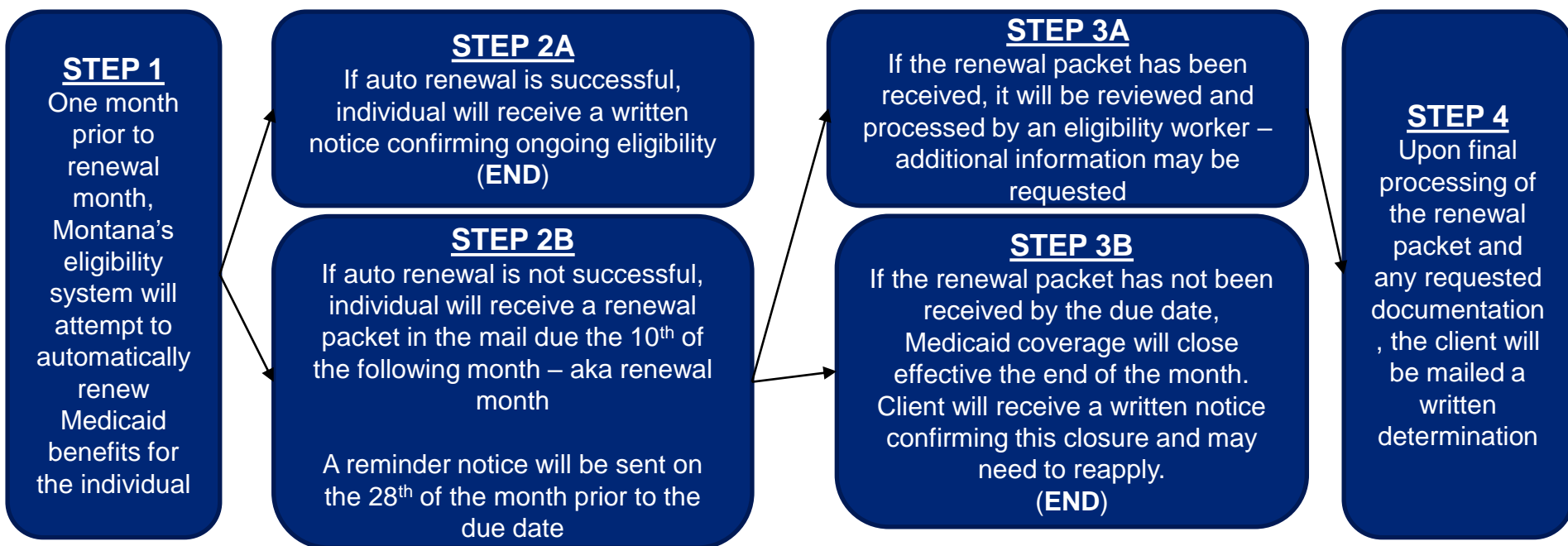
Renewals – Past, Present and Future

- ❖ Historically, Medicaid coverage has had to be renewed annually
- ❖ During the COVID Public Health Emergency, renewals were suspended
- ❖ Once the PHE ends, DPHHS will be required to renew the coverage of every single Medicaid member

Renewals for ACA Medicaid

- ❖ Renewals are completed annually.
- ❖ The State has an automated renewal process.
- ❖ CHIMES EA identifies all ACA benefit recipients that are due for Renewal and verifies those which are reasonably compatible with regard to Demographic and Income information.
- ❖ This is completed using our electronic data sources
- ❖ If all demographic and income information are compatible (within 10%), the individual's benefits are renewed and a notice is sent.
- ❖ If the automated renewal process is not successful, the individual will be sent a renewal form. The form does not need to be returned, but new information must be sent in to the State along with a signature. The signature can be verbal, electronic, or hand written. For the PHE unwind, we are asking that the form be completed, signed, and returned if the individual does not renew via the PAHL or online.
- ❖ Renewals can be completed by mailing or faxing in the information, online at apply.mt.gov, in person, or over the phone by calling the Public Assistance Help Line (PAHL) at 1-888-706-1535.

Renewal Process



Renewals for ABD Medicaid

- ❖ All ABD (Aged, Blind, Disabled) renewals will need to be manually processed at the end of the PHE

Transitional Medicaid

Transitional Medicaid

A transitional coverage period for parent/caretaker relatives exceeding eligibility criteria for ACA PCR, ACA Adult Medicaid, and ACA Adult coverage and who meet the following criteria:

A parent/caretaker relative must have:

- A qualifying child under the age of 19 living with them (the child must meet citizenship criteria)
- Been included in the family assistance unit when coverage was lost (coverage cannot have been Family Medically Needy)
- Or is a dependent child receiving SSI

Experience a qualifying event where they lose eligibility due to new or increased earned income, and/or self-employment income

Must have been issued ACA PCR, ACA Adult Medicaid, or ACA Adult in three of the past 6 months; The qualifying child(ren) must be actively covered by a Montana Medicaid program

Transitional Medicaid

Transitional Medicaid can last up to 6 months as long as:

- There is a qualifying child in the home (under age of 19)
- They cooperate with Third Party Liability (TPL) and Program Compliance
- They continue to live in Montana

Transitional Medicaid

QUALIFYING ADULT: A qualifying adult includes those individuals whose needs and income were included in the assistance unit in the eligibility determination of ACA PCR, ACA Adult Medicaid, and ACA Adult at the time the case closed/became medically needy.

QUALIFYING CHILD: A qualifying child is one who:

1. Is under age 19;
2. Meets U.S. citizenship, U.S. National or qualified alien status and:
 - a. Was included in the ACA PCR, ACA Adult Medicaid, and ACA Adult household and related as child/stepchild or other related within 5th degree of kinship (niece/nephew, grandchild) at the time the case became medically need/closed; or
 - b. Is a dependent child receiving Supplemental Security Income (SSI).

QUALIFYING EVENT: To be eligible for TMA, the family must have:

1. Received non-medically needy ACA Medicaid in Montana during three of the previous six months prior to the case closing/becoming medically needy and case closed/became medically needy due to a new or increased earned income to the household; AND
2. At least one qualifying child remains in the household.

Transitional Medicaid

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If you have any questions, please call the Montana Public Assistance Helpline at 1-888-706-1535.

Your Health Coverage Benefits

Extended Health Coverage

Your income is over the limit for the health coverage you've been receiving. The following people are eligible for up to 6 months of continued coverage under an extended Medicaid program.

- [REDACTED]
- [REDACTED]

Coverage under this program will continue through 02/29/2020 as long as the following requirements are met:

- Continue to live in Montana
- A dependent child remains in the home

Additional Services Available to You

Case #: [REDACTED] Page 2 of 6 Document #: [REDACTED]

Self-Employment/Corporations

Self-Employment/Corporations

Income rules and reporting requirements are the same for individuals that are self-employed as they are for someone receiving a paycheck.

This includes those:

- . Filing a schedule C or schedule F (self-employed)
- . Partnerships (form 1065)
- . S-Corporations (schedule E or 1120-S)
- . Limited Liability Company (LLC) (can be 1065, schedule C, schedule E, or 1120-S)
- . Corporations (schedule E or 1120)
- . We ask for the individuals federal tax return along with all schedules and forms. We also request the K-1, this is the partner's or shareholder's share of the corporations/partnerships income).

Premiums

Premiums

As of December 31, 2022 we are no longer allowed to charge premiums for health coverage per direction from CMS.

Certifi is the company that handles all premium invoices and payments for the Department, and they will be handling the messaging to clients.

The following language has been added to the Premium Payment Portal and will be included in the October, November, and December payment invoices:

Effective December 31, 2022, the Department of Public Health and Human Services will no longer be invoicing the HELP Premium Payments. The December invoice will be the last premium payment you owe.

If you have any questions, please contact:

- Premium, 1-866-471-9621
- Eligibility, 1-888-706-1535 and choose the HCU options of 0,1,3,1,3

Integrity Fee

Taxpayer Integrity Fee

What is the integrity fee?

The integrity fee is a part of the HELP Act as well as the new Expansion Bill that was passed by the last Legislative session. It assesses a fee on individuals that are receiving or have received Medicaid Expansion benefits (ACA Adult and/or ACA Adult Medicaid).

What is the fee based on?

The fee is based on real property, vehicles, and agricultural land that exceed particular values. The Department of Revenue runs an asset check on all Expansion individuals and will send out integrity fee letters. These letters instruct the individual on the integrity fee, where to go to complete the questionnaire, and the number to call for questions.

Integrity Fee

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MONTANA
Department of
REVENUE

Governor **Greg Gianforte**
Director **Brendan Beatty**

Letter Date: February 2, 2022
Letter Id: [REDACTED]

RE: 2022 Integrity Fee Asset Test for participants in Montana HELP Program

Dear [REDACTED],

Our records indicate you have enrolled in the Montana Health and Economic Livelihood Partnership (HELP) program. The Montana HELP program, through the Montana Department of Public Health and Human Services, uses Medicaid funds to provide health care services for eligible Montanans.

The Integrity Fee is a monthly fee that certain participants in the HELP program must pay in addition to their premiums. Participants who meet at least **ONE** of the three asset tests listed below may be subject to this fee:

- Your equity in the real property and improvements you own is more than \$369,000.
- You own more than one light vehicle with a combined Manufacturer's Suggested Retail Price (MSRP) greater than \$20,000, and your total equity in these vehicles is greater than \$25,000.
- The taxable value of agricultural land you own is more than \$1,500.

Please complete the questionnaire by visiting IntegrityFee.mt.gov to determine if you need to pay the fee.

Please contact us if you have questions.

Sincerely,

Montana Department of Revenue
Business and Income Taxes Division
P.O. Box 5835
Helena, MT 59604-5835
Phone: (406) 444-6937
Fax: (406) 444-7723
Email: DORHelp@mt.gov

2086707200 - 587

MTRevenue.gov ▲ (406) 444-6900 ▲ Montana Relay dial 711

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Changes Coming at the End of the Public Health Emergency

Background

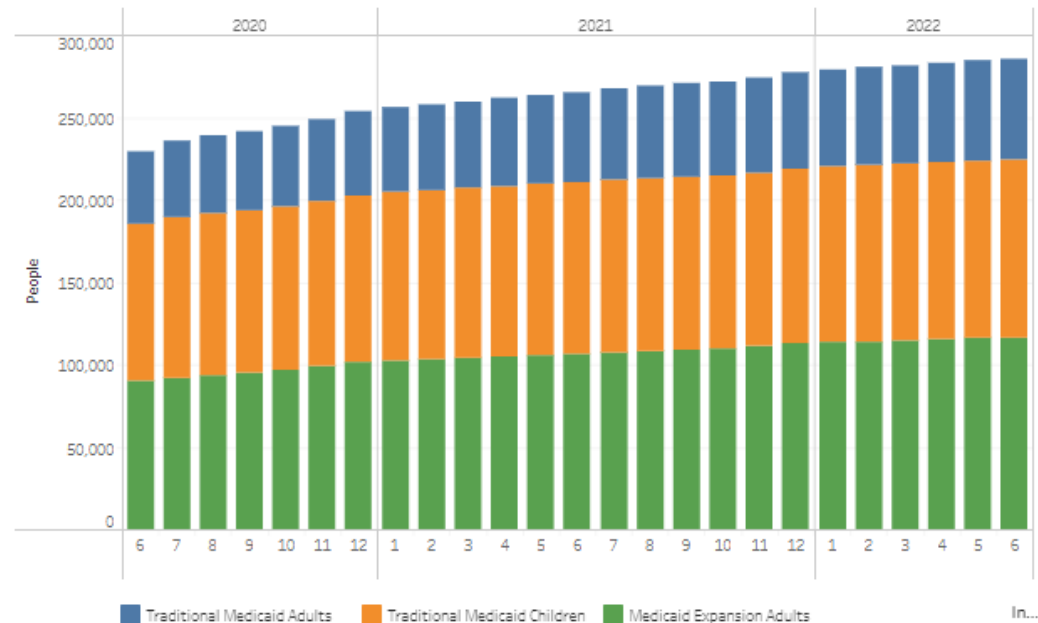
- In March 2020, federal COVID-19 legislation established the “continuous enrollment condition,” which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for all individuals**, even if they are no longer eligible, through the end of the month that the federal COVID-19 PHE ends.
- Montana and many other states implemented the same policy change for Healthy Montana Kids (CHIP) enrollment.
- The continuous enrollment condition and temporary state changes to HMK policies have **prevented beneficiaries from losing health coverage during the PHE.**

Background

As a result of COVID-19-related legislation to Medicaid and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) enrollment has grown to a record high.

Nearly 300,000 Montanans are enrolled in health coverage through Medicaid and HMK.

This represents an increase of over 50,000 individuals, more than 20%, between February 2020, the month before the federal public health emergency (PHE) was declared, and January 2022.



Changes Coming at the End of the PHE: Resuming Renewals

Resuming Normal Eligibility and Enrollment Operations After the Public Health Emergency Ends

- After the PHE, states will resume normal operations, including restarting full Medicaid and HMK eligibility renewals and ending coverage of ineligible enrollees – a year-long process known as “unwinding.”
- Medicaid and HMK enrollees normally have their eligibility renewed at least once each year. During the twelve-month unwinding period, state agencies will need to **renew the eligibility of every individual** enrolled in their program.
- Montana will need to redetermine eligibility for all 300,000 Medicaid and HMK enrollees. The state has up to 14 months to complete these redeterminations. Montana is working to complete all redeterminations over a 10 month period.
- Termination of coverage may begin the month after the PHE ends.

Renewal Schedule

Renewal Initiation Date	Renewal End Date (end of mo.)	Aligned with SNAP/TAN F	MAGI Only	ABD, LTC, Med Needy, Waiver	Estimated # of Individuals	Percent of Total
Dec 2022	Jan 2023	6,000	9,000	-	15,000	5%
Jan 2023	Feb 2023	6,000	32,000	-	38,000	13%
Feb 2023	Mar 2023	6,000	32,000	-	38,000	13%
Mar 2023	Apr 2023	6,000	22,000	9,000	43,000	15%
Apr 2023	May 2023	6,000	10,000	9,000	25,000	9%
May 2023	Jun 2023	6,000	10,000	9,000	25,000	9%
Jun 2023	Jul 2023	6,000	10,000	9,000	25,000	9%
Jul 2023	Aug 2023	6,000	10,000	9,000	25,000	9%
Aug 2023	Sep 2023	6,000	10,000	9,000	25,000	9%
Sep 2023	Oct 2023	6,000	10,000	9,000	25,000	9%
Totals:		60,000	155,000	63,000	284,000	100%

Changes Coming at the End of the
PHE:

Continuous Eligibility for Adults

Continuous Eligibility

Definition: Continuous medical coverage even if the family/individual experiences a change that would otherwise impact eligibility; typically, continuous eligibility spans 12-months

Changes:

GROUP	CONTINUOUS ELIGIBILITY PRIOR TO PHE	CONTINUOUS ELIGIBILITY POST PHE
Children (under age 18)	YES	YES
Adults (18+) (Medicaid Expansion, PCR, Family Medicaid)	YES	NO
Adults (18+) SDMI	YES	YES
Age, Blind, Disabled	NO	NO

Continuous Eligibility

Change: Continuous eligibility for adults in the ACA Parent/Caretaker Relative, ACA Adult Medicaid and ACA Adult categories will no longer have 12 months continuous eligibility. This becomes effective at the end of the Public Health Emergency.

Why: The 2021 Montana Legislature passed a budget that removed funding for the 12-month continuous eligible for most adults (see categories above) and directed DPHHS to end this policy.

What does this mean: Individuals must report changes in their circumstances, such as a change in income or size of their household, within 10 days of knowing of the change. The change(s) reported could make the individual ineligible for health coverage. If the person is no longer eligible for Medicaid, they will be given timely notice of the closure and receive a referral to the Health Insurance Marketplace.

If the changes reported don't affect eligibility: If the individual does not have any changes that affect eligibility, coverage will continue for up to one year, at which time a redetermination/renewal must be completed, and another eligibility determination will occur.

Continuous Eligibility

Sample notice:

Dear [NAME],

This letter tells you about changes to your Medicaid coverage.

Why am I getting this letter?

The rules for your Medicaid coverage will be changing on [DATE]. These changes may affect your coverage.

What is changing?

The Department of Public Health and Human Services (DPHHS) had a rule that in most cases, your Medicaid coverage lasted for a year. We didn't need to check if you still qualified when you reported certain changes, like changes in income. Your coverage continued. At the end of 12 months, we would check if you still qualified. If you did, we would renew your coverage for another year.

As of [DATE], the rule will change. Now we must check if you qualify to keep your coverage every time, we become aware of a change in your case.

This rule change does not apply to children covered by Medicaid or Healthy Montana Kids, or adults covered by Medicaid for people with Severe Disabling Mental Illness. In most cases, their coverage will continue for 12 months even if they have a change in circumstances.

What does this mean for me?

Changes in your circumstances, like changes in income or who is living in your household, could cause your

Next Steps when an Individual is No Longer Eligible for Medicaid

What happens when an individual is no longer eligible for Medicaid?

- They will receive a notice from DPHHS that says their coverage will be ending
- The notice includes contact information for Cover Montana
- For individuals who complete their renewal or are found ineligible after reporting a change mid-year:
 - Some individuals with children will be eligible for up to 6 months of additional Medicaid coverage through Transitional Medicaid – but they *must complete their renewal in order to qualify*
 - Individuals not eligible for Transitional Medicaid will be referred to the Health Insurance Marketplace
 - DPHHS will automatically send their information to the Marketplace
 - Individuals not eligible for Transitional Medicaid will need to take action quickly to ensure they don't have a gap in coverage

DPHHS Preparations for the End of the PHE

DPHHS Actions to Prepare for the End of the PHE and Continuous Eligibility

- Develop an unwinding plan to prioritize and distribute renewals when the PHE ends.
- Obtain updated contact information, including addresses, emails, and phone numbers to ensure that individuals receive information on renewals.
- Establish a partnership with Cover Montana
- Engage community partners, health plans, and the provider community to encourage individuals to update their contact information and to provide assistance with renewals.

DPHHS Actions to Prepare for the End of the PHE and Continuous Eligibility

- Update Your Contact Info Outreach
 - New web form linked from apply.mt.gov for easy contact updating
 - Nearly 3,000 households have submitted updated contact info via form
 - Text messages with Update Your Contact Info message
 - Sent nearly 34,000 texts May-June 2022
 - Easy Public Assistance Helpline option added for updating addresses

Partnership with Cover Montana: Outreach



**Changes are coming to
Medicaid & Healthy Montana Kids.**

*Don't risk losing your coverage.
Update your contact information.*

Need help? Cover Montana can update your contact information and answer questions. Call (844) 682-6837.

 **COVER MONTANA**
(844) 682-6837 | covermt.org

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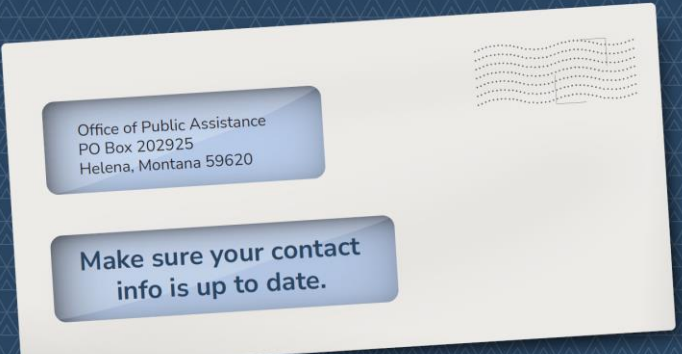
Update your contact info with Montana Medicaid and HMK:

1. The fastest way to update your contact information is using the Montana Department of Public Health and Human Service online form at <https://bit.ly/DPHHSform>. It doesn't require an email address and takes about a minute!
2. Call the Cover Montana Help Line and we can help you update your contact info over the phone. 1 (844) 682-6837. Se habla español.
3. Update your info at apply.mt.gov. You must create or log into your account, and it requires an email address. This allows you to update your contact info, get your notices online, review your benefits, and more!
4. Stop by your local Office of Public Assistance.
5. Update your info by mail to PO Box 202925, Helena, MT 59620 or fax at 1-877-418-4533. Include case number and first and last names.

 **COVER MONTANA**
(844) 682-6837 | covermt.org



**Changes are coming to
Medicaid & Healthy
Montana Kids**



Office of Public Assistance
PO Box 202925
Helena, Montana 59620

**Make sure your contact
info is up to date.**

 **COVER MONTANA**
(844) 682-6837 | covermt.org

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How You Can Help

How You Can Help

What You Can Do NOW

- Help prepare educate Medicaid and HMK enrollees about the upcoming changes and prepare them for the renewal process. This includes making sure that enrollees have updated their contact information with the DPHHS OPA and are aware that they need to act when they receive a letter from DPHHS OPA about completing a renewal form.

Key Messages for Partners to Share

- **NOW:** Update your contact information—Make sure DPHHS OPA has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or HMK coverage.
- *Future: Check your mail— DPHHS OPA will mail you a letter about your Medicaid or HMK coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or HMK.*
- *Complete your renewal form (if you get one) –Fill out the form and return it to DPHHS OPA right away to help avoid a gap in your Medicaid or HMK coverage.*

How You Can Help

- Updates to contact information can be made by doing any of the following:
 - Complete a change of address form online at: apply.mt.gov. At apply.mt.gov, individuals can also create an online account. An online account allows individuals to not only update their contact information, but also receive correspondence and renew their coverage when it's time.
 - Call the Public Assistance Helpline at 1-888-706-1535
 - Mail a letter to: DPHHS, PO Box 202925, Helena, MT 59620-2925
 - Fax a letter to 1-877-418-4533
 - Go to the local Office of Public Assistance
- Additional information: [Changes Coming to Montana Medicaid May 2022 \(mt.gov\)](#)

PAHL Scenarios

Scenarios

Cover Montana PAHL Scenarios 9.28.2022 - Read-Only															
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Atkinson, Jade															
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Clipboard Font Alignment Number Styles Cells Editing Sensitivity Add-Ins															
B21 How do I add my newborn?															
	A	B	C	D	E	F	G	H	I	J	K	L	M		
1	Topic	Potential Questions	Action to take	Transfer Code	Direct Phone Number										
17		I received a notice I have to do an interview for SNAP	The SNAP interviews are conducted by eligibility workers at the OPA office either in person or by phone. If you would like to do yours over the phone, I can transfer you	0-2-2-1	N/A										
18		I need to apply for SNAP/TANF	If you have not completed an application, you will need to do that first. You can apply online at apply.mt.gov , go to your local office, call the PAHL, or I can transfer you	0-2-2-1	N/A										
19	Verifications for Medicaid	What do I need to provide for my Medicaid coverage?	The system shows that the Department is looking for XYZ with a due date of MM/DD/YYYY. You can submit verification these ways. Do you have additional questions regarding this verification? If yes, transfer to the OPA	0-1-3-4	N/A										
20		Can I turn this verification into you now?	No, you need to provide this verification to DPHHS and can do so in the following ways	0-1-3-4	N/A										
21		How do I add my newborn?	You can complete a change form at your local OPA or online at apply.mt.gov . You can also call the OPA and report your newborn over the phone. They will probably request your certificate of live birth to confirm your baby's name and DOB.	0-1-3-4											
22		Can you help me get this verification?	No, you can talk to an eligibility worker at the OPA if you are having trouble getting the verification and they may be able to help you.	0-1-3-4	N/A										
23		Can you tell me what specific documents would be acceptable to support the verification they are asking for?	No, you will need to speak to an eligibility worker at the OPA to answer those questions. I can transfer you now.	0-1-3-4	N/A										
24		I need to apply for ABD or MSP (I am over 65, and/or Medicare eligible and/or disabled through SSA)	If you have not completed an application, you will need to do that first. You can apply online at apply.mt.gov , go to your local office, call the PAHL, or I can transfer you	0-1-3-4	N/A										
		What services does my Medicaid program	Unfortunately, I am unable to speak to the services provided for each type of assistance. You can call the phone number on the back of your Medicaid card, or I can transfer you to that number	0-1-3-3-1	1-800-624-3958										

Scenarios

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B21 How do I add my newborn?															
	A	B	C	D	E	F	G	H	I	J	K	L	M		
1	Topic	Potential Questions	Action to take	Transfer Code	Direct Phone Number										
26	Medicaid Coverage	Who do I talk to about billing for services I received?	Unfortunately, I am unable to speak to billing questions. You can call the phone number on the back of your Medicaid card, or I can transfer you to that number now? Which would you prefer? Please make sure to have your SSN or Medicaid ID ready.	0-1-3-3-1	1-800-624-3958										
27		I need to change my passport provider	You can do that online at dphhs.mt.gov/montanahealthcareprograms/passport or you can call Medicaid directly	N/A	1-800-624-3958										
28		I received a Third Party Liability Questionnaire, what do I do?	This questionnaire is typically sent after you, or someone in your household, received medical care. The questionnaire is to determine if another insurance source (other than Medicaid) is responsible for payment. You must complete this questionnaire and turn it in to the ADDRESS ON THE FORM, or you risk losing your Medicaid coverage	N/A	1-800-624-3958										
29		I went to the doctor and was told my Medicaid is inactive. What's going on with my case?	<p>I can look at the status of your case to see if it is approved or denied.</p> <p>* If showing denied - you many provide the denial reason and either help them apply again or refer to the OPA</p> <p>* If showing approved and provider is indicating it is inactive, transfer to an eligibility worker to look further into the case</p>	0-1-3-4	<p>* If showing approved and provider is indicating it is inactive, check the MMIS or MATH provider portal, if this MMIS or MATH portal is showing inactive, email: xxxx@mt.gov and let the client know DPHHS will look into the issue and get back to them (this should be very rare)</p>										
30		I got a notice, now what?	Please review the "What we need from you" Section and any additional comments in the "Please Note" section.	0-1-3-4	N/A										

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B21	How do I add my newborn?														
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1	Topic	Potential Questions	Action to take	Transfer Code	Direct Phone Number										
32	Notices	How do I know the due date of my verifications?	It will state a due date in the "What we need from you" section. If verifications are not received in the office by this date, your benefits could be closed, denied or decreased.	0-1-3-4	N/A										
33		Can I turn this verification into you now?	no, these will need to be turned into the OPA. You can do that online at apply.mt.gov, at your local office or by faxing	0-1-3-4	N/A										
34		Can I use XYZ to verify my XYZ as requested?	You will need to contact the OPA to verify your documents are acceptable	0-1-3-4	N/A										
35		Why are they asking for XYZ?	All programs have specific guidelines and verifications to determine eligibility. The requested verifications help determine your eligibility. I can transfer to the OPA for more specific information	0-1-3-4	N/A										
36	General Questions	I can't get anyone to answer my call/Don't want to wait on hold	The phone lines are open 7 am to 6 pm. There can be less traffic in the earlier or later times. You can also schedule a call back and an eligibility worker will call you at a scheduled time.	0-2-1-2 (SNAP/TANF) 0-1-3-4 (Medicaid)	N/A										
37		I turned in everything needed and I still don't have my benefits	The offices are busy and work verifications in the order they have been received. You can call and speak with an eligibility worker or stop by your local OPA if you have more questions.	0-2-1-2 (SNAP/TANF) 0-1-3-4 (Medicaid)	N/A										
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Questions



Thank you

Jade Atkinson

jatkinson@mt.gov

Amanda Harrow

aharrow@mt.gov