

Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

March 1, 2016

Megan Lepore, Project Officer, CMS Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850

Richard Allen, Associate Regional Administrator, CMS Centers for Medicare & Medicaid Services 1961 Stout Street Denver, CO 80294

Subject: Section 1115 (a) Montana Health and Economic Livelihood Partnership (HELP) Demonstration Waiver Operations Protocol

Dear Ms. Lepore and Mr. Allen:

As part of the Section 1115 (a) Montana Health and Economic Livelihood Partnership (HELP) Demonstration (Project Number 11-W-00300/8) Waiver Special Terms and Conditions, Montana is submitting the Montana HELP Demonstration Operations Protocol ("Operations Protocol"). Through this Demonstration and a Section 1915(b)(4) Waiver authorizing a defined provider network, the State will charge premiums and copayments to applicable Demonstration participants under a specific set of business rules. Meeting the requirements within the 1115(a) HELP Demonstration Special Terms and Conditions, the Operations Protocol outlines these business rules and explains the State's methods of monitoring the operations and effects of the policy. The CMS-approved Operations protocol will be Attachment B to the Section 1115 (a) HELP Demonstration Waiver Special Terms and Conditions.

If you have questions, please contact Mary Eve Kulawik, Medicaid and CHIP State Plan Amendment and Waiver Coordinator at (406) 444-2584, mkulawik@mt.gov; or Rebecca Corbett, HELP Program Officer at (406) 444-6869, rcorbett@mt.gov. Thank you for your work with us on this Demonstration Waiver, and we look forward to your formal approval of the Operations Protocol.

Sincerely,

Mary E. Dalton, State Medicaid Director

Attachment: Montana HELP Demonstration Operations Protocol

Cc: Jo Thompson, Bureau Chief, DPHHS HRD

Duane Preshinger, Administrator HRD

Mary Eve Kulawik, Medicaid and CHIP State Plan Amendment and Waiver Coordinator, DPHHS

Rebecca Corbett, HELP Program Officer, DPHHS HRD

I. Purpose

The Operations Protocol describes Montana's policies and procedures for implementing premiums and co-payments for HELP Program participants.

II. Overview

HELP Program participants enrolled through the Third Party Administrator (TPA) will be required to pay premiums and co-payments. Responsibility for paying premiums and co-payments will encourage HELP Program participants to be more discerning health care purchasers, take personal responsibility for their health care decisions and develop health-conscious behaviors as consumers of health care services.

The following participants are excluded from the TPA and not subject to premiums: participants who (1) have been determined to be medically frail; (2) live in a region (which could include all or part of an Indian reservation) where the TPA was unable to contract with sufficient providers; (3) require continuity of coverage that is not available or could not be effectively delivered through the provider network offered by the TPA; and, (4) are otherwise exempted from premiums or cost sharing by federal law, and not within the scope of a waiver of that exemption, including participants with incomes up to 50% of the FPL. New adults who are excluded from the TPA or who have incomes below 50% of the FPL are not subject to premiums, but are subject to co-payments as set forth in the Cost Sharing State Plan Amendment (SPA).

Cost sharing for all participants under the Demonstration will be consistent with Medicaid regulations, and premium and co-payments will be subject to an aggregate cap of 5% of household income. TPA participants will receive a credit toward their co-payment obligation in the amount of their total premiums, such that they shall not accrue out of pocket expenses for co-payments until accumulated co-payments exceed 2% of aggregate household income.

In accordance with the Special Terms and Conditions (STCs), Federal regulation, and State legislation, the State will exempt certain services from co-payments. Preventive services that are exempt from co-payments are recorded in Attachment C of the STCs.

III. Premiums

1. Overview

TPA participants will be charged premiums equal to 2% of their individual income. The TPA will notify participants of their required monthly premium through a monthly invoice and, when applicable, through scripts used by the TPA's customer service representatives.

2. Payment

The TPA will administer and collect TPA participant premiums, providing multiple options for participants to remit payments. Participants can pay their premiums by check and money order. The TPA is currently developing an option for online payment of premiums via Automated Clearing House payments through the participant portal, which is scheduled to be implemented in mid-2016.

The TPA also has a process in place to accept third party contributions on behalf of participants. This includes ensuring that any amounts received are credited to the appropriate participant and the entity or individual who made the payment is tracked. State law does not limit which individuals or entities may contribute on the participant's behalf, and any third party's contribution will be applied directly to the participant's premium requirement. In the event excess funds are received, funds will be returned to the appropriate remitter as required by relevant law and regulation.

3. Consequences of Non-Payment

Consequences of non-payment of premiums vary depending on a participant's household income.

i. Participants with Incomes from 50 – 100% FPL

Participants with income at or below 100% of the FPL who fail to pay premiums will not be disenrolled from coverage. Unpaid premiums will be considered a collectible debt that may be collected or assessed by the State. Assessment occurs when the Department of Revenue sends a notice of debt to the participant and must occur no later than the end of each calendar quarter.

ii. Participants with Incomes from 101 – 138% FPL

Participants with incomes 101-138% FPL who fail to pay premiums will be dis-enrolled from coverage after appropriate notice and a 90 day grace period. Such participants may re-enroll in coverage when payment is made for the overdue premiums or after the State assesses past-due premium amounts. Assessment occurs when the Department of Revenue sends a notice of debt to the participant and must occur no later than the end of each calendar quarter.

Participants may be exempt from dis-enrollment if they meet two criteria listed in Senate Bill 405 Section 7 (6) (a) through (d).

4. Assessment

When a participant has a premium payment that is over 90 days past due it will be transferred to the State to be assessed quarterly for tax offset by the Department of Revenue. When the Department of Revenue has a tax refund, a notification will be sent to the participant to inform them that their tax return will be reduced by the assessed debt.

5. Premium Examples

Examples A and B illustrate how premiums will be applied to participants.

Example A: Participants with Incomes 50 – 100% FPL

A participant with no dependents has an annual income of \$8,830, around 75% FPL. The participant's annual premium contribution is \$177 or approximately \$15 per month. Upon enrollment in the TPA, the participant is notified of their monthly premium and options for payment through a welcome package issued by the TPA, as well as a monthly invoice. If the participant fails to make monthly premium payments, the unpaid amount will be considered a collectible debt subject to assessment and collection by the Department of Revenue. The participant will not be dis-enrolled for failure to pay the monthly premium.

Example B: Participants with Incomes 101 – 138% FPL

A participant has an annual income of \$25,000, around 125% FPL. The participant's annual premium contribution is \$500 or approximately \$42 per month. Upon enrollment in the TPA, the participant is notified of their monthly premium and options for payment through a welcome package issued by the TPA, as well as a monthly invoice. If the participant fails to make monthly premium payments, and the premium becomes more than 90 days past due, and does not meet exemptions listed in SB405, the participant will be dis-enrolled from the HELP Plan. In addition, the participant's outstanding premium balance will be transferred to the Department of Revenue for assessment and collection from their state income tax refund. The participant may re-enroll in the HELP Plan once they have remitted payment for unpaid premiums or after the Department of Revenue has assessed their debt.

IV. Co-payments

1. Overview

Participants in the HELP Demonstration will be subject to maximum allowable cost sharing under federal regulations subject to an aggregate cap of 5% of household income. In addition, all TPA participants will receive a credit toward their co-payment obligations in the amount of the 2% of income in premiums they owe, such that they shall not accrue out of pocket expenses for co-payments until accumulated co-payments exceed 2% of aggregate household income. Certain health care services, preventive services, and drugs will be exempt from co-payments; these services and drugs are documented in the Preventive Services Protocol.

2. Co-payment Billing and Payment

Co-payment is assessed based on the date of payment. The State will utilize the following billing and payment process:

- Providers will not charge co-payments to participants at the point of service.
- Providers will submit claims to claims payment vendors (TPA, Pharmacy Benefit Manager, and MMIS) in compliance with International Classification of Diseases (ICD) coding guidelines.
- The claims payment vendors will review the claims, consulting the list of healthcare services, preventive services, and drugs to determine whether the claim is subject to a co-payment.
 - Preventive health care services including primary, secondary, and tertiary preventive services will be identified by diagnosis codes and/or procedure codes.
 - Pharmacy claims will be identified through drug classes. DPHHS will maintain the list of exempt preventive services and drug classes and review and update the list at least annually.
- The claims payment vendors will process claims, taking into consideration the 2% credit toward co-payment obligations and the 5% aggregate household cap to ensure participants are not inappropriately billed for co-payments.
- The claims payment vendors will send remittance advice to the provider with copayment information.
- Providers will bill participants for applicable co-payments.
- The TPA will include direction in the provider manual outlining the requirement to monitor uncollected co-pay amounts for HELP Plan participants. The TPA will send an annual survey to providers requesting a summary of uncollected co-payments from HELP Plan participants and their efforts to collect the co-payments.

The State presumes all visits to the emergency department are not subject to cost sharing, unless the visit is determined to be non-emergent. This can only be determined if the hospital:

- 1. provides the individual with the name and location of an alternative nonemergency services provider;
- 2. determines that the alternative provider can provide services at a lower cost sharing amount; and
- 3. provides a referral to schedule treatment by the alternative provider.

In the event a visit is determined to be a non-emergency, the hospital may bill the patient for a co-pay once the co-pay amount is determined after adjudication of the claim. It is impossible for emergency room staff to determine the co-pay amount at the time of service because they do not have access to all information necessary to determine the amount of the bill.

Co-payment Examples

Examples C and D below illustrate how the co-payments will operate for participants 50 – 100% FPL and 101 – 138% FPL.

Example C: Participants with Incomes 50 - 100% FPL

The participant is married without children (household size of two) with a household income of 75% FPL. The participant has a premium credit of approximately \$239 or 2% of household income per year, or approximately \$60 per quarter. During the participant's first quarter in the HELP Demonstration, the participant is billed for the following services:

- One preventive care visit (No co-payment)
- One outpatient visit for a sinus infection (\$4 co-payment)
- One preferred prescription drug (\$4 co-payment)
- One outpatient physical therapy visit (\$4 co-payment)
- Two non-preferred prescription drugs (\$8 co-payment per drug)

Total co-payment: \$28

The participant is not charged co-payment for any of the above services at the point of service. Rather, the corresponding providers submit claims for the services and, upon processing by the claims vendor, receive remittance advice indicating that (1) the preventive care visit does not have a co-payment; and (2) the participant's premium credit is being applied to the remaining co-payment, such that the provider is being paid in full for the service and does not have to collect a co-payment from the patient. The participant will not owe a co-payment.

Example D: Participants with Incomes 101 – 138% FPL

The participant is a single male with an annual income of \$11,888, or 101% FPL, and has a premium credit of \$238 per year, or approximately \$59 per quarter. The participant has a maximum out of pocket cap of 5% of quarterly income, so will not be obligated to pay over \$149 each quarter for all out of pocket expenses (or \$59 in premiums plus \$90 in copayments). The participant is billed for the following services during the first quarter of enrollment:

- 1 preventive care visit (No co-payment) = \$0
- 2 outpatient visits (\$20 co-payment per visit, or 10% of the \$200 payment the State makes for each outpatient service) = \$40
- 6 preferred prescription drugs (\$4 co-payment per drug) = \$24
- 12 preferred non-prescription drugs (\$8 co-payment per drug) = \$96

Total co-payment: \$160

Premium credit for the quarter applied to co-payment: \$59 Maximum quarterly co-payments owed by participant: \$90

Cost sharing waived (amount above 5% cost share max allowed by CMS): \$11

The participant is not charged for any of the above services at the point of service. Rather, the corresponding providers submit claims for the services and, upon processing by the claims vendor, receive remittance advice indicating that (1) the preventive care visit does not have a co-payment; (2) the participant's premium credit is applied to the first \$59 in co-payment, such that the provider is being paid in full for the service and does not have to collect a co-payment from the patient: and (3) The participant will owe his maximum quarterly co-payments totaling \$90.

V. Tracking of Premiums and Co-payments Against the 5% Aggregate Household Cap

On a quarterly basis, the State, working with its claims payment vendors, will calculate the total incurred premiums and co-payments by each TPA participant to ensure that participants' total out-of-pocket payments do not exceed the aggregate 5% household cap. The State will track premiums and co-payments of all household members against the aggregate cap through data sharing across the TPA, MMIS, and Pharmacy Benefit Manager.

After each claim is received, a TPA participant will receive an Explanation of Benefits that summarizes service utilization as well as total amount of incurred premiums and co-payments obligation. The State is committed to ensuring the format and content of Explanation of Benefits are both responsive to the needs of the participant and support the purpose of the HELP Demonstration. Participants will have access to a Participant Help Line to assess whether they have reached their 5% aggregate household cap. The TPA is currently developing an enhancement to the participant portal which will display premiums, premium credit, and amount accumulated towards 5% maximum out of pocket expense.

If the State identifies a participant whose household has paid over the 5% aggregate limit, claims for which co-payments were inappropriately collected will be re-adjudicated and the provider will be required to refund the previously collected co-payment.

If a participant would like a reassessment of his or her family's aggregate limit due to a change in circumstances or a termination of enrollment due to failure to pay a premium, the participant will be directed to contact the Office of Public Assistance (OPA) and follow their outlined process.

If a participant disagrees with a decision on the aggregate limit, the participant has the right to a fair hearing. To request a fair hearing the participant will be directed to call the Office of Fair Hearings or submit a form with their complaint. The fair hearing process is documented in ARM

37.5.307. Information regarding how to access a fair hearing is also documented in the Participant Guide and each Explanation of Benefits.

VI. Participant and Provider Engagement

1. Participant Education and Outreach

a. TPA-led education and outreach

The State will ensure that the TPA has written policies regarding services exempt from copayment and will work with the TPA to develop and disseminate information to participants, including through the Participant Guide. Participants will be notified of the co-payment exemption policy and be provided with a list of co-payment exempted services within ten days of enrollment. The policy and list of exempted services will also be posted on the State and TPA's websites and will be available in hard copy upon a participant's request. The information provided to participants will comply with the Information and Communication Requirements detailed in the 1915(b)(4) Waiver STCs (Section 11), and will undergo revisions approved by DPHHS at least annually to ensure they are accurate and up to date.

The TPA will be responsible for providing sufficient staffing and other administrative support to respond to participant questions regarding premiums and co-payments, and will be obligated to educate participants on these topics. TPA-led education must include information on how to interpret and use account statements; how to make payments on required premiums and co-payments; and the process for submitting questions and complaints about premiums and co-payments.

In its Quarterly Reports to CMS, the State will describe actions the State and TPA have taken to inform participants about co-payment exempted services.

b. State-led education and outreach

In addition to TPA-led participant education and outreach activities, the State will ensure policies regarding premiums and co-payments are posted and accessible via the State's website as well as in hard copy upon participant request. Consistent with 42 CFR 447.57, the State makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, participants and providers are likely to have access to the information. State staff will also be periodically trained on the policies so that they may address or appropriately direct participant inquiries in a timely manner.

The TPA will regularly report to the State on the performance of its participant education and outreach activities. Should the State find the TPA's education and outreach activities to be ineffective, it will work with the TPA on a corrective action plan to meaningfully improve education and outreach performance.

c. Copies of participant-facing materials

The following materials will undergo revisions approved by DPHHS at least annually to ensure they are accurate and up to date:

- i. Welcome Letter [Appendix A]
- ii. Participant Guide [Appendix B]
- iii. Welcome Brochure [Appendix C]

d. Copies of participant notices

The following materials will undergo revisions approved by DPHHS at least annually to ensure they are accurate and up to date:

- i. Notice of Eligibility Determination [Appendix D]
- ii. Premium invoice [Appendix E]
- iii. Explanation of Benefits [Appendices F and G]

2. Provider Education and Outreach

a. TPA-led provider education and outreach

The State will ensure that the TPA has written provider education materials regarding copayment exemptions and will work with the TPA to develop and disseminate information to providers.

b. State-led provider education and outreach

The State of Montana uses provider Medicaid Manuals to impart this information. These can be found on the Montana Medicaid website, medicaidprovider.mt.gov.

c. Copies of provider-facing materials

The TPA conducted several provider webinars during the first two months after HELP implementation, providers may access the education slides, which contain several slides specific to premiums and co-payments [Appendix H].

Participant Survey Approach and Design

The State of Montana will partner with the TPA to develop and administer a yearly survey of the following populations:

- 1. Participants enrolled in the TPA;
- 2. Participants who have been dis-enrolled from the TPA; and
- 3. Individuals who are eligible to enroll in the TPA.

Although survey questions may be slightly altered to ensure the best quality enrollee information is gathered, the preliminary survey can be found in Appendix I.

The survey size will be large enough to produce statistically significant results and will be designed to evaluate whether potential applicants and participants understand the program policies, premiums and associated consequences, and whether the premiums affect participants' decisions about whether to apply for the program.

VII. Grievances

The State and TPA will follow participant grievance and appeals processes described in the 1915(b)(4) and 1115 Waiver STCs and consistent with federal law. In its Quarterly Reports to CMS, the State will describe actions, complaints, grievances, and appeals filed during the quarter regarding service exemptions and co-payments as well as any actions being taken to address significant issues evidenced by patterns of complaints or appeals.

Participants are provided information on the grievance and appeals process in the Participant Guide, Explanation of Benefits, and any service denial communications.





Dear HELP Plan Participant:

Welcome to the Montana Health and Economic Livelihood Partnership (HELP) Plan! The Montana Department of Public Health and Human Services (DPHHS), Blue Cross and Blue Shield of Montana (BCBSMT), and the doctors and hospitals of Montana, have come together to offer health coverage to Medicaid-eligible Montanans. This Welcome Kit includes the following:

- 1. Welcome Brochure tells you about the HELP Plan's covered benefits. Some benefits are managed at DPHHS and most benefits are managed at BCBSMT.
- 2. Blue Access for Members SM (BAM) Flier tells you how to go online and check claim status, see an Explanation of Benefits (EOB), verify eligibility, request identification (ID) cards or print a temporary ID card, and more.
- 3. HELP Plan Participant Guide tells you about covered benefits and gives directions about how to use your HELP Plan benefit plan.

You will get your HELP Plan participant ID card in a different mailing.

The HELP Plan encourages you to stay healthy with covered preventive health benefits such as yearly physicals and a Health Assessment. The HELP Plan only pays for care you get from HELP Plan network providers.

You should pick one medical doctor from the BCBSMT HELP Plan provider network as a primary care provider to manage your health care needs. This is the best way to use your benefits to get and stay healthy. A primary care provider can help coordinate your care between different types of providers, which will help you get the most from your HELP Plan benefit plan. A list of HELP Plan providers is at www.bcbsmt.com under 'Find a Doctor or Hospital.'

Since some benefits are managed at DPHHS, you have to get care from providers who accept Montana Medicaid for the following services to be covered by the Montana HELP Plan. A list of Montana Medicaid providers is at

https://mtaccesstohealth.acs-shc.com/mt/general/providerLocator.do.

- Audiology
- Community Health Centers/Federally Qualified Health Centers (FQHCs)
- Dental
- Eyeglasses
- Hearing Aids

- Indian Health Services (IHS)/Tribal Health
- Pharmacy
- Rural Health Clinics (RHCs)
- Transportation

Go to HELPPlan.mt.gov to get a copy of the HELP Plan Evidence of Coverage (EOC). The EOC has more detailed information about HELP Plan coverage and benefits. Call **1-877-233-7055**, to ask for a printed copy of the guide.

We look forward to serving your health care needs.

Sincerely,

Blue Cross and Blue Shield of Montana Montana HELP Plan

Claims Administrator * 560 North Park Avenue * PO Box 4309 * Helena, MT 59604-4309 * www.bcbsmt.com

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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MONTANA HELP PLAN PARTICIPANT GUIDE

www.bcbsmt.com HELPPlan.mt.gov

Thank you for choosing the Montana Health and Economic Livelihood Partnership (HELP) Plan as your health plan. This HELP Plan Participant Guide will help you learn more about the HELP Plan and how to use your HELP Plan benefits. The HELP Plan offers medical, behavioral health, dental, vision, prescription drug benefits, and much more. The HELP Plan works to keep you healthy, not just treat you when you are sick. When this HELP Plan Participant Guide is updated with covered services, copayment, or plan changes, it will be posted to bcbsmt.com and HELPPlan.mt.gov.

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Montana HELP Plan

The HELP Plan is just one of many programs sponsored by the Montana Department of Public Health and Human Services (DPHHS) to provide health care coverage to certain low-income Montanans. Most HELP Plan services are administered by Blue Cross and Blue Shield of Montana (BCBSMT).

Health Care Providers

The HELP Plan has many quality health care providers to serve you, from family doctors and dentists to physical therapists, behavioral health counselors, and most everything in between. Make sure when you are looking for medical care you check to see if a provider is a HELP Plan enrolled provider. The HELP Plan only pays for non-emergency services from covered health care providers.

For Medical and Behavioral Health Care Providers

Before seeing a medical or behavioral health provider, ask the provider if he or she is enrolled as a HELP Plan provider with BCBSMT. You can access provider and HELP Plan information at **bcbsmt.com**. If you don't have internet access, call BCBSMT Participant Services at 1-877-233-7055.

For Other Health Care Services Providers

You can visit **HELPPlan.mt.gov** where you'll find information for Medicaid enrolled health providers for: dental, pharmacy, eyeglasses, Rural Health Clinics, Federally Qualified Health Centers, hearing aids/audiology, transportation, Indian Health Services (IHS)/Tribal Health, and Community Health Center Services. If you don't have internet access, call the Montana Healthcare Programs Help Line at 1-800-362-8312.

For benefit or claim questions, call the Montana Healthcare Programs Help Line at 1-800-362-8312.

Online Access to Claims

View Your Medical or Behavior Health Claims Online

Register today with Blue Access for MembersSM at **bcbsmt.com** to see medical and behavioral claim status, medical benefits and eligibility information. You can also submit guestions to Participant Services online. Participant Services is available Monday through Saturday from 6 a.m. to 10 p.m. and Sunday from 9 a.m. to 6 p.m. Mountain Standard Time.

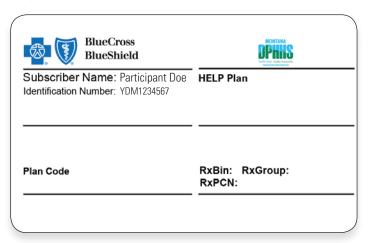
For medical or behavioral health benefit or claim questions, call BCBSMT Participant Services at 1-877-233-7055.

For benefit or claim questions for dental, eyeglasses, pharmacy, Rural Health Clinics, Federally Qualified Health Centers, hearing aids/audiology, or Community Health Center Services, call the Montana Healthcare Programs Help Line at 1-800-362-8312

Getting Started with the HELP Plan

Your HELP Plan Identification (ID) Card

BCBSMT will send you a HELP Plan ID card. Carry this card with you at all times and show it to your provider when you get care. This card is also used for buying prescription drugs. Call BCBSMT at **1-877-233-7055** if you do not receive a card in the mail within 4 weeks, or if you lose the card. You may also access Blue Access for Members at **bcbsmt.com** to request an ID card or to print a temporary ID card.



Moving?

If you move, please let us know by calling the Montana Public Assistance Helpline at 1-888-706-1535. Participants who move out of Montana are not eligible for the HELP Plan.

Coverage for Newborn Children

When a HELP Plan participant has a baby, the baby will automatically be enrolled in Montana Medicaid.

Your HELP Plan Rights

You have the right to:

- Expect quality medical care.
- Be treated politely and with respect by health care providers and their staff.
- Understand your medical condition.
- Be told about the treatment your doctor advises before it happens.
- Refuse treatment.
- Be told of possible results before accepting or refusing treatment.
- Talk to your HELP Plan provider and expect your records and conversations are kept confidential.
- Choose your own HELP Plan provider.
- Make a complaint about the HELP Plan and receive an answer.
- Understand how the HELP Plan works.
- Know what medical services are covered by the HELP Plan.
- Understand your copay responsibility for services received.
- Understand your premium responsibility and how it affects your copay amounts and out-of-pocket maximum.

Getting Started with the HELP Plan

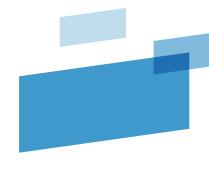
Your HELP Plan Responsibilities

You and your HELP Plan health care provider are a team in protecting your health. Your job is to help your HELP Plan health care provider give you the best health care. So, keep the following in mind:

- Call ahead for an appointment when you need to see a HELP Plan provider. Providers often have busy schedules and cannot always see drop-in patients.
- Be on time for your appointments. Call your HELP Plan health care provider ahead of time if you are going to be late or can't keep your appointment.
- Help your HELP Plan provider get your previous medical records.
- Tell your HELP Plan provider about your medical problems. Tell them the signs of trouble, pain, or changes you have
- Tell your provider about allergies and unusual health needs. Ask questions. Sometimes it helps to write a list of questions before you go to your appointment. Ask about risks, choices, and costs before treatment is given or drugs are prescribed.
- Fill all your prescriptions at the same pharmacy when possible. The pharmacist can answer questions about vour prescriptions.
- Get complete directions about all medications, treatments, or tests. Write them down, or ask your provider to write them down.
- Pay your HELP Plan health care provider the copayment after the claim has been processed and you have been billed by the provider.
- Take time to decide about having a treatment before it happens. Be careful to review your treatment choices. Discuss your options with your HELP Plan health care provider. For many procedures, your HELP Plan provider will need time to get preauthorization.
- The HELP Plan does not cover some services. Please refer to the HELP Plan Services Chart in this guide for HELP Plan covered and non-covered services. You are responsible to pay for services that are experimental, investigational, unproven, not provided in the right setting, not medically necessary, or services that are not covered if you have signed an Advance Benefit Notice (ABN). If you don't see the service listed or you are not sure if a service is covered, call Participant Services at 1-877-233-7055.
- HELP Plan providers may not bill you for services that are denied as not medically necessary, not provided in the right setting, experimental, unproven, investigational, and not covered unless you have signed an ABN.
- Don't sign anything you don't understand.
- Ask guestions until you do understand.

HELP Plan Nondiscrimination Policy

The HELP Plan does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in admission or access to, or treatment or employment in, its programs and activities. The BCBSMT Section 504 ADA Coordinator can be reached at 1-406-437-5285.



HELP Plan Services

This section tells if a service is covered by the HELP Plan. For details on these covered services, turn to the pages after the HELP Plan Services Chart. There may be other services that the HELP Plan will pay for that are not listed. Ask your HELP Plan provider if you're not sure if something is covered or requires preauthorization. HELP Plan Participant Services will also be able to help; call BCBSMT at **1-877-233-7055**.

Premiums, Copayments, and Maximum Out-of-Pocket Costs Premiums

As a participant of the HELP Plan you will have to pay a monthly premium. Your premium will help cover the cost of your health insurance. The HELP Plan premium cannot exceed two (2%) of your yearly household income. This total amount will be broken into monthly payments. BCBSMT will mail premium notices within the month prior to the due date. Premiums are due by the first of each month. The participant must return the invoice stub and a check payment to the mailing address indicated on the invoice.

For participants at or below one hundred (100%) percent of the Federal Poverty Level (FPL), which equals approximately \$980 per month for an individual, or \$2,020 per month for a family of four, failure to pay premiums will not result in dis-enrollment. Participants above one hundred (100%) percent of the FPL who fail to pay premiums may be dis-enrolled after a ninety (90) day grace period has passed. Unpaid premiums become a debt to the State and can be collected against future tax refunds. You can call Participant Services at **1-877-233-7055** to ask about your premium status.

Copayments

A copayment is a payment owed by you to your health care provider for health care services that you receive. You will be responsible to pay the provider after the claim has been processed. All participants will receive a credit toward copayments equal to the total owed premium amount for the quarter. Copayments will not be charged until the credit is met. You can call Participant Services at **1-877-233-7055** to ask about your copayment credit amount or other copayment questions.

Copayment Credit Example:

Annual Household Income: \$27,000
Premium is Equal to 2% of Household Income: \$540 Annually

Monthly Premium: \$45 (\$540 divided by 12)

Premium Credit for Each Quarter: \$135

Monthly Premium	Quarterly Copayment Credit Amount	Office Visit Copayment that would be taken without Premium Credit	Quarterly Copayment Credit Balance	Participant Responsibility
\$45	\$135 (3 x \$45)	\$4	\$131	0

The HELP Plan Services chart on the next few pages will let you know what the copayment cost is for services, if there is a copayment. A separate letter was sent to you when you enrolled that indicates what FPL level you are under, so you can look at your copayment column on the chart.

Note that providers cannot deny services for failure to receive copayments from participants at or below 100% of the FPL.

Individuals Not Responsible For Copayment

- Pregnant women, and
- Those age 20 and under.

Services With No Copayment

- · Preventive health screenings,
- Family planning,
- Eyeglasses,
- Transportation,
- Emergencies in the emergency room, and
- Medically necessary health screenings ordered by health care provider.

Maximum Out-of-Pocket Costs

Payments toward premiums and copayments will be applied to your maximum out-of-pocket amount. The maximum out-of-pocket amount cannot exceed 5% of the total household income. This is calculated on a guarterly basis. If you pay more than the maximum out-of-pocket amount in a guarterly benefit period, BCBSMT will reimburse you. You can check with BCBSMT at any time to find out about your premiums, credit status, copayment, or expected cost of copayments.

Lifetime Maximum Benefit

There is no lifetime maximum benefit

Preauthorization

Some HELP Plan services need to be approved before the HELP Plan will pay for them. Refer to the HELP Plan Services Chart to see if the services you need require preauthorization by your HELP Plan provider.

If you fail to get preauthorization for a service, you may be responsible to pay for that service if you signed an Advance Benefit Notification (ABN).

The description of the HELP Plan covered and non-covered services presented here is a guide and not a contract to provide medical care. Administrative Rules of Montana, Title 37, governs access and payment for HELP Plan services. The rules can be found at mtrules.org.

HELP Plan Services Chart – Services must be Medically Necessary.

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Abortion (see pg. 13 description)	Yes, in some cases	\$0	\$0	Yes
Acupressure	No	_	_	_
Acupuncture	No	_	_	_
Adaptive Equipment (reachers, appliances)	No	_	_	_
Ambulance (Emergency)	Yes	\$0	\$0	No. Call 1-800-292-7114 within 30 days.
Ambulance (Non-Emergency)	Yes	\$0	\$0	Call 1-800-292-7114 for authorization
Audiology Services (see Hearing Exams and Hearing Aids)	Yes	\$4	10% of the Allowable Fee	Yes
Bio-Feedback	No	_	_	_
Birth Center Services	Yes	\$0	\$0	No
Birth Control	Yes	\$0	\$0	No
Cardiac Rehabilitation	Yes	\$4	10% of the Allowable Fee	Yes
Case Management	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Chemical Dependency Treatment (hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Chemical Dependency Treatment (non-hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Chemical Dependency Treatment (non-hospital outpatient)	Yes	\$4	10% of the Allowable Fee	Yes
Chiropractic (for Adults)	No	_	_	_
Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Cochlear Implants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Comfort and Convenience Items	No	_	_	_
Community Health Centers Services	Yes	\$4	10% of the Allowable Fee	No
Comprehensive School and Community Treatment (CSCT)	No	_	_	_
Contact Lenses	No	_	_	_
Corrective Lenses (see Eyeglasses)	_	_	_	_
Cosmetic Surgery	Yes, under certain circumstances	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Dental Anesthesia	Yes	\$4	10% of the Allowable Fee	No
Dental Braces (orthodontia) through age 20 if medically necessary	Yes	_	_	Yes
Dental Implants	No	_	_	_
Dental Preventive/Diagnostic	Yes	\$0	\$0	No
Dental Treatment Subject to a \$1,125 limit (excluding: preventive/diagnostic, dentures and anesthesia)	Yes	\$4	10% of the Allowable Fee	No
Denturist	Yes	\$4	10% of the Allowable Fee	Yes
Developmental Disability Services	No	_	_	_
Diabetes Education	Yes	\$0	\$0	No
Dialysis (outpatient and training)	Yes	\$4	10% of the Allowable Fee	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Doctor Visits	Yes	\$4	10% of the Allowable Fee	No
Drugs (over-the-counter)	Yes	\$4	\$4	No
Drugs (prescription from a pharmacy — generic)	Yes	\$0	\$0	Yes, for some drugs
Drugs (prescription from a pharmacy — preferred brand name)	Yes	\$4	\$4	Yes, for some drugs
Drugs (prescription from a pharmacy — nonpreferred brand name)	Yes	\$8	\$8	Yes, for some drugs
Durable Medical Equipment (DME) and Medical Supplies	Yes	\$4	10% of the Allowable Fee	Yes (for services over \$2,500)
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), through age 20 if medically necessary	Yes	\$0	\$0	Yes, for some services
Emergency Room Services Emergency Services	Yes	\$0	\$0	No
Emergency Room Services Non-Emergency Services	Yes	\$8	\$8	No
Environmental Controls (air cleaners, heaters)	No	_	_	_
Exercise Programs or Equipment	No	_	_	_
Experimental Drugs or Treatments	No	_	_	_
Eye Exams	Yes	\$4	10% of the Allowable Fee	No
Eyeglasses (frames and lenses)	Yes	\$0	\$0	Yes, for some features
Family Planning	Yes	\$0	\$0	No
Genetic Testing and/or Counseling	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Aids	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Exams	Yes	\$4	10% of the Allowable Fee	No
Home Births	No	_	_	_

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Home Health	Yes	\$4	10% of the Allowable Fee	Yes
Home Infusion Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Homemaker	No	_	_	_
Homeotherapy	No	_	_	_
Hospice	Yes	\$0	\$0	Yes
Hospital (inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Hospital (outpatient)	Yes	\$4	10% of the Allowable Fee	No
Hot Tubs or Spas	No	_	_	_
Hypnotherapy	No	_	_	_
Inclusive Services	No	_	_	_
Indian Health Services/ Tribal Health Services	Yes	\$0	\$0	Yes, for some services
Infertility Treatment	No	_	_	_
Interpreter	Yes	\$0	\$0	No
Lab (laboratory services)	Yes	\$4	10% of the Allowable Fee	No
Massage	No	_	_	_
Medical Marijuana	No	_	_	_
Medical Services Received Outside the U.S.A.	No	_	_	_
Medical Supplies and Equipment (see Durable Medical Equipment)	Yes	\$4 provider	10% of the Allowable Fee	Yes (for services over \$2,500)
Mental Illness Treatment (non-hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Mental Illness Treatment (non-hospital outpatient)	Yes	\$4	10% of the Allowable Fee	Yes
Mental Illness Treatment (hospital inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Naturopathic Physician Services	No	_	_	_
Neurofeedback	No	_	_	_
Nurse Advice Services	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
OB (obstetric) Services	Yes	\$0	\$0	No
Occupational Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Orthodontia (dental braces) through age 20 if medically necessary	Yes	\$0	\$0	Yes
Orthotics	Yes	\$4	10% of the Allowable Fee	Yes, over \$2,500
Out-of-State Services (covered in some cases)	No	_	_	_
Paternity Tests	No	_	_	_
Personal Assistant	No	_	_	_
Pharmacy (see Drugs)	_	_	_	_
Physical Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Pregnancy and Childbirth	Yes	\$0	\$0	No
Prescription Drugs (see Drugs)	_	_	_	_
Preventive Care Services	Yes	\$0	\$0	No
Private Duty Nursing (through age 20 if medically necessary)	Yes	_	_	No
Professional Counselor	Yes	\$4	10% of the Allowable Fee	No
Psychiatric	Yes	\$4	10% of the Allowable Fee	No
Psychology Services	Yes	\$4	10% of the Allowable Fee	No
Public Health Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Radial Keratotomy	No	_	_	_
Radiology (MRI, PET Scans, GI Radiology, CT Scans)	Yes	\$4	10% of the Allowable Fee	Yes
Respiratory Therapy	Yes	\$4	10% of the Allowable Fee	No
School-Based Services (through age 20 if medically necessary)	Yes	_	_	Yes
Service Animals (including purchase, training and maintenance costs)	No	-	_	_
Shots (immunizations)	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Social Work (see clinical)	Yes	\$4	10% of the Allowable Fee	No
Speech Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Sterilization (excludes reversal of voluntary sterilization)	Yes	\$0	\$0	Yes
Stress Management	No	_	_	_
Surgery (inpatient)	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Surgery (outpatient)	Yes	\$4	10% of the Allowable Fee	No
Swim Programs	No	_	_	_
Telemedicine Services	Yes	\$4	10% of the Allowable Fee	No
Telephone Service	No	_	_	_
Temporomandibular Joint Treatment (TMJ) Surgery	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Therapies (occupational, physical, and speech)	Yes	\$4	10% of the Allowable Fee	Yes
Tobacco Cessation Counseling	Yes	\$0	\$0	No
Tobacco Cessation Drugs	Yes	\$0	\$0	No
Transplants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Transportation	Yes	\$0	\$0	Call Medicaid Transportation at 1-800-292-7114 for authorization.
Urgent Care	Yes	\$4	10% of the Allowable Fee	No
Vitamins	Yes	\$0	\$0	Yes
Weight Loss Clubs or Clinics	No	_	_	_
Weight Loss Surgery (gastric bypass, gastric banding or bariatric surgery, including all revisions)	No	_	_	_
Weight Scales	No	_	_	_
Whirlpools	No	_	_	_
X-Rays	Yes	\$4	10% of the Allowable Fee	No

This list includes examples of HELP Plan services. Not all services are listed and not all details about a service are shown. Ask your doctor or health care provider for more information. You can also call BCBSMT at 1-877-233-7055 for more information.

All covered treatments and services must be medically necessary. The participant receiving services must be enrolled at the time the service is delivered.

Abortion

Abortion is only covered if:

- Necessary to save the mother's life, or
- Pregnancy caused by an act of rape or incest

Preauthorization is required. Call BCBSMT at 1-877-233-7055.

Ambulance Services

Emergency ambulance services are covered for emergency ground or air transports. Call **911** or your local emergency number for services. An emergency means a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

Licensed ground and air ambulance services are covered to the nearest hospital equipped to provide necessary treatment when:

- The service is to treat a life-threatening illness or injury, or
- It is medically necessary meaning other forms of getting to care would endanger the participant's health.

Ambulance services must be medically necessary. If you are not sure you should go to the emergency room, call your HELP Plan provider or Nurse Advice Line at 1-877-213-2568. The call is free. Registered nurses are available 24 hours a day, 7 days a week to help you decide.

If you used an ambulance for emergency travel, you must call the Medicaid Transportation Center at 1-800-292-7114 within 30 days of the emergency in order to be considered for payment. Scheduled non-emergency use of an ambulance may be necessary in some cases, but you must receive preauthorization before travel takes place. Call the Medicaid Transportation Center at 1-800-292-7114.

Audiology Services

(see Hearing Aids and Hearing Exams, pg. 20)



Birth Center Services

Birth center services are provided in a state-licensed health care place or hospital but are more home-like. They also encourage family and friend participation in the birth.

Birth Control

Pills, shots and most other types of birth control, and family planning supplies are covered. Birth control must be prescribed for you by a covered provider.

Chemical Dependency Services

There are several different kinds of alcohol and drug treatment services:

- Non-hospital inpatient treatment this service is 24 hours a day, 7 days a week, and patients live in the facility,
- Intensive non-hospital outpatient treatment,
- Hospital inpatient and outpatient treatment,
- Partial hospitalization, and
- Individual, group, or family counseling.

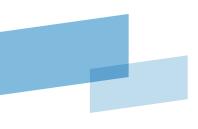
Preauthorization is required. Call BCBSMT at 1-877-233-7055.

Case Management

In the event of a high-cost medical problem, the HELP Plan may be able to recommend medically appropriate, cost-effective treatments for you and your provider to consider. A case manager will evaluate your condition with your HELP Plan provider. For additional information, call BCBSMT at 1-877-233-7055.

Examples of illnesses where case management is valuable are:

- Severe diabetes,
- Cancer,
- Chronic illness (such as asthma, pneumonia, and lung problems),
- Acute injuries (such as head injuries),
- Heart problems,
- Multiple therapies (physical, speech or occupational therapies),
- Cystic fibrosis,
- Behavioral health conditions, and
- High-risk pregnancy.



Cochlear Implants

Cochlear implants and associated components require preauthorization. Call BCBSMT at 1-877-233-7055.

Corrective Lenses

(see Eyeglasses, pg. 19)

Dental Services – HELP Plan Dental Treatment Services

A HELP Plan participant may receive up to \$1,125 in dental treatment services per benefit year. The benefit year runs from July 1 through June 30. Each July 1st, HELP Plan participants become eligible for \$1,125 of dental treatment services (treatment frequency limits apply). Services that are covered, but not included in the \$1,125 benefit period treatment limit, are preventive/diagnostic, anesthesia, and dentures.

You will have to pay for services that go over the \$1,125 HELP Plan Dental Treatment limit. Any amount over the \$1,125 limit is a private arrangement between you and your Medicaid dental provider.

Some dental services require Medicaid copayments. Make sure you know how much your services cost, and if you have reached your \$1,125 dental treatment limit.

What Dental Services Are Not Covered?

- Dental Implants, and
- Cosmetic Dentistry

NOTE

Surgical repair of the mouth and gums due to an accident or congenital defect may be covered under the medical benefits of your HELP Plan. Contact BCBSMT for more information at 1-877-233-7055. Dental services needed for an accidental injury to healthy, natural teeth and gums are covered for up to 12 months from the date of the accident.

Finding a HELP Plan Dentist

A list of Medicaid enrolled dentists is available at **HELPPlan.mt.gov** by clicking on the "Find a Health Care Provider" option.

Contact Medicaid enrolled dentists in your area to make an appointment and ask if they accept new HELP Plan patients. If your dentist is not currently a Medicaid enrolled dentist but would like to become one, the dentist may contact the HELP Plan Dental Program at 1-800-362-8312.

If you have guestions about HELP Plan dental services, you may contact the Montana Healthcare Programs Help Line at 1-800-362-8312

Diabetes Education

The HELP Plan covers outpatient diabetes education services. Covered services include programs for self-management training and education as prescribed by a doctor. Diabetic supplies are covered under the section entitled "Supplies for Use Outside of a Hospital, page 25." Also refer to Durable Medical Equipment, page 17.

Dialysis

Dialysis is covered for participants who have chronic end-stage renal disease. Services covered at dialysis clinics include:

- · Outpatient dialysis, and
- Training for self-dialysis.

Doctor Visits

Visits to your doctor's office are covered. Physician assistants (PAs) and nurse practitioners (NPs) can provide some of the services a doctor gives. Most services you get from a doctor are covered.

Examples of doctor services include:

- Treating high blood pressure,
- · Office visits,
- Physicals (exams),
- Operations, and
- Shots (immunizations).

Drugs (Over-the-Counter)

The following over-the-counter drugs are covered if they are prescribed for you by your HELP Plan provider or Medicaid enrolled provider:

- Aspirin,
- Insulin,
- Laxatives, antacids, head lice treatment,
- Stomach products such as Zantac® and Prilosec OTC®,
- Allergy products such as Claritin[®],
- Levonorgestrel,
- Ketotifin ophthalmic solution,
- Pyridoxine,
- Doxylamine,
- Nasacort AQ,
- Oxybutynin Transdermal, and
- Folic Acid.

Drugs (Prescription)

Many prescription drugs are covered. Some prescription drugs may need preauthorization. To find out if a drug you need is covered or to find out if a drug needs preauthorization, talk to your pharmacist or the person who prescribed the drug.

The HELP Plan will pay for a 34-day supply of drugs. Participant may get a 90-day supply of some drugs at the time for heart disease, high blood pressure, or birth control. Early refills may be authorized if the person who writes the prescription changes your dose. Early refills will not be granted for lost or stolen medication, or for vacation or travel.

Prescription drugs are only covered if you go to a Medicaid enrolled pharmacy. To find out if your pharmacy is enrolled, go to **HELPPlan.mt.gov**, and then click on the "Find a Health Care Provider" option.

Out-of-state pharmacy benefits will be paid only to Medicaid enrolled providers. Check the link to find out if your out-of-state provider is enrolled. Call the Montana Healthcare Programs at **1-800-362-8312** for more information.

Durable Medical Equipment (DME) and Medical Supplies

Medical supplies include things like wound dressings and diabetic needles, lancets, test strips, and devices for monitoring glucose.

DME includes things like oxygen equipment, wheelchairs, prosthetic limbs, and orthotics. DME items must be the least costly option to treat the medical condition and used in your home, school or work place. You will need preauthorization for DME items that cost \$2,500 or more. For answers to DME questions, ask your medical provider, your DME provider, or call BCBSMT at 1-877-233-7055.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT services are comprehensive and preventive health care services for Participants through age 20. EPSDT services include:

- · Comprehensive health and developmental history, physical exam, immunizations, lab tests and health education,
- Vision services, including diagnosis, treatment, and eyeglasses,
- Dental services, and
- Hearing services.



Emergency Room Services, Emergency Services

Emergency services are covered in the HELP Plan. An emergency is a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

The HELP Plan pays for all medically necessary covered care that you get from HELP Plan providers. The HELP Plan covers emergency care and urgent care if you follow the rules below.

You should notify your primary care provider as soon as possible that you are receiving emergency care. You should arrange follow-up care with your primary care provider.

If you go to the Emergency Room for an emergency medical condition, you will not owe a copay. However, if you go to the emergency room for a non-medical emergency condition, you will be charged an \$8 copay.

Eve Exams

Eye exams and the fee to fit your eyeglasses are covered. There is a small copayment for these services.

Optometric services for the medical treatment of diseases or injury to the eye by a licensed doctor or optometrist are covered.

To find an ophthalmologist or optometrist near you, refer to the HELP Plan Provider Directory on the website at **bcbsmt.com**.

If you have questions, contact BCBSMT Participant Services at **1-877-233-7055**.



Eyeglasses

Eyeglasses are provided through a contract with Walman Optical Co. The HELP Plan will only pay for your eyeglasses if they are covered under the Walman contract. When ordering eyeglasses from the eyeglasses provider, make sure the provider carries eyeglasses covered under the Walman contract. If you choose to purchase frames or lenses which are not covered under the contract, it is your responsibility to pay for the purchase.

The HELP Plan pays for one pair of glasses every 365 days. However, if you have a medical condition that requires more frequent prescriptions, new lenses (but not new frames) may be covered more often.

All frames have a 24-month warranty to guard against defects. The warranty does not replace damaged frames other than manufacturer defects. You must return defective parts of the glasses for repair. Your HELP Plan provider may charge you a small handling fee for returning glasses for repair.

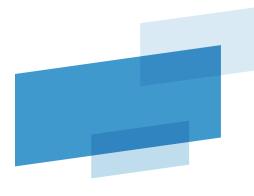
The HELP Plan does not replace lost or stolen eyeglasses. The HELP Plan does not pay for contact lenses. If you have questions, contact the Montana Healthcare Programs at 1-800-362-8312.

Family Planning Services

Most family planning services are covered, including, but not limited to:

- Physical exams, with breast exams,
- Pap test (to test for pre-cancerous conditions),
- Pregnancy tests,
- Birth control,
- Sexual health counseling (how to prevent unintended pregnancy and sexually transmitted infections),
- Testing and treatment for sexually transmitted infections,
- Shots for German measles (to prevent pregnancy complications), and
- Shots for HPV

Please contact your primary care provider to receive family planning services.



Hearing Aids

Hearing aids, hearing aid supplies, including batteries, and hearing aid repairs are covered when provided by a Medicaid enrolled provider. The Medicaid enrolled provider must request preauthorization for hearing aids. The HELP Plan participant must be enrolled on the date of the preauthorization request and on the date of service, including the date the hearing aid is provided to the HELP Plan participant.

For additional information on hearing aids, supplies and warranty, go to the Montana Healthcare Programs website at HELPPlan.mt.gov.

Cochlear implants and associated components require preauthorization. The HELP Plan provider must request preauthorization. Call BCBSMT at 1-877-233-7055.

Hearing Exams

Hearing exams are covered. For additional information on hearing exams, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Home Health Services

Home health services are provided by a licensed and certified agency. The services must be ordered by a HELP Plan provider. These services are covered but must be preauthorized. Call BCBSMT at **1-877-233-7055**.

Covered services include:

- Part-time care in your home from a skilled nurse,
- Home health aide care services for a short, definite period of time to assist in the activities of daily living and care of the household to keep you in your home,
- · Physical, occupational, or speech therapy,
- Non-routine medical supplies suitable for home use, and
- Medical social worker services.



Home Infusion Therapy

Some drug treatments must be given in your veins (intravenously). These treatments may be given in your home. Infusion therapy in your home is covered, along with the cost of the person who comes to your home to give you the drug treatments. For additional information on Home Infusion Therapy, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Hospice

Hospice is end-of-life comfort care. Hospice manages all care related to the illness. Grief counseling is also available for the family. Hospice is provided by a licensed and certified agency. Hospice services are covered, but must be preauthorized. Call BCBSMT at 1-877-233-7055.

Hospital Services

Services you get in a hospital, whether you stay in the hospital overnight or not, are covered. Some examples of services you might get in a hospital are:

- · Emergency Room services,
- Medical services for which your HELP Plan provider admits you to the hospital,
- Physical therapy,
- Lab services,
- X-Rays,
- Cardiac rehabilitation.
- Pulmonary rehabilitation, and
- Surgery.

When you know ahead of time that you are going in the hospital, call BCBSMT at 1-877-233-7055. Hospital services must be preauthorized before you go. If you have an emergency and are admitted to the hospital, BCBSMT should be contacted within 24 hours or the next working day. If the hospital you are admitted to is a participating provider, it is the provider's responsibility to notify BCBSMT. If the hospital you are admitted to is not a participating provider, it is your responsibility to notify BCBSMT for preauthorization.



Indian Health Services (IHS) and Tribal Health Services

The HELP Plan partners with IHS, Tribally Operated Health Care Clinics, and Urban Indian Health Clinics. These clinics provide medically necessary services for some enrolled participants. Native American participants never have a copayment.

Interpreter Services

Interpreter services will be provided if you do not speak fluent English, are hearing impaired, or are otherwise in need. Interpreter services are covered if you get a covered service. You and your HELP Plan provider determine if an interpreter is required and your provider can arrange for a qualified interpreter to provide services. You may request a friend or family participant to be your interpreter. There is no cost to you for interpreter services.

Lab (Laboratory) Services

X-Ray and lab services must be ordered by a HELP Plan provider and are covered only if a HELP Plan provider gives them. Verify your HELP Plan provider is sending the X-Ray or lab work to another HELP Plan provider. Call BCBSMT at 1-877-233-7055.

Medical Supplies and Equipment

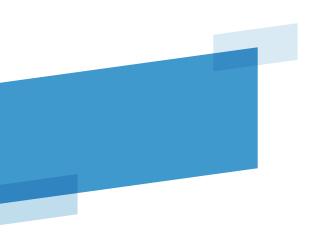
(see Durable Medical Equipment, pg. 17)

Mental Illness Services

The HELP Plan covers these behavioral health services for all participants:

- · Individual, group, and family counseling,
- Group therapy,
- Outpatient behavioral health assessments,
- Acute inpatient hospital services (preauthorization is required), and
- Psychological testing.

Preauthorization is required. Call BCBSMT at 1-877-233-7055.



Nurse Advice Line

Nurse Advice is a free telephone advice line you can call when you are sick, hurt or have a health question. Call 1-877-213-2568. Nurses are there 24 hours a day, 7 days a week. Nurses at Nurse Advice can help you save time and money by guiding you to the right care at the right place and at the right time.

Nurse Advice can help you with problems like:

- Fever.
- Ear ache and headache,
- Flu and sore throat.
- Skin rash.
- · Vomiting or upset stomach,
- · Colds and coughing, or
- · Back pain.

If you have just found out you have diabetes, heart disease, high cholesterol or any other health issue, Nurse Advice may be able to give you some information and help answer your questions.

Don't call nurse advice when:

- You have a health concern you are sure is life threatening. In this case, call **911** or go directly to the emergency room.
- You've seen your doctor for a specific health problem and a follow-up appointment is needed. Call the office directly to schedule the appointment.
- You've seen your doctor for a specific health problem, and she refers you to a specialist. Call the specialist's office directly to set up an appointment.
- You need regular services such as transfusions or dialysis. Make this series of appointments directly with the doctor's office

OB (Obstetric) Services

Prenatal visits, delivery and checkups for the mother after she gives birth are covered. A baby's delivery must be in a licensed hospital or birth center to be covered.

Occupational Therapy

(see Therapies, pg. 26)

Out-of-State Services

You may need to get medical services outside of Montana.

- If you have an accident, crisis or something that cannot wait until you're back in Montana, seek help at a hospital. Call BCBSMT at 1-877-233-7055; toll free, as soon as possible to see if a covered provider is close to you.
- All out-of-state hospital inpatient services need preauthorization before you get services unless you have an emergency. Call BCBSMT at 1-877-233-7055.
- Other HELP Plan services require preauthorization as shown on the HELP Plan services chart in this HELP Plan Participant Guide.
- Services received outside the United States, including Canada or Mexico, are never covered.

Physical Therapy

(see Therapies, pg. 26)

Physician Services

(see Doctor Visits, pg. 16)

Pregnancy

(see OB, pg. 23)

Prescription Drugs

(see Drugs, Prescription, pg. 17)

Preventive Care Services

The HELP Plan covers preventive care services, and there are no out-of-pocket costs to you. Preventive care helps keep you health and includes:

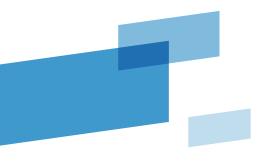
- · Regular checkups,
- · Dental checkups,
- · Eye exams,
- · Mammograms, Pap tests, and other cancer screening, and
- Treatment for some chronic conditions.

Pulmonary Therapy

(see Therapies, pg. 26)

Respiratory Therapy

(see Therapies, pg. 26)



HELP Plan Services Described

Social Work Services

Social work services are covered if provided by a licensed clinical social worker who is a HELP Plan provider. These services may be individual, group, or family therapy.

Specialty Care

Specialty care is any health care your primary care doctor advises but cannot provide. Examples are X-Rays, therapy, or tests to spot a health issue. It is best if all of your health care services are managed by your primary care doctor. If you need specialty care, your primary care provider will refer you to a HELP Plan specialist. Referrals are not required for specialty care, including obstetrical and gynecological care, as long as you see a HELP Plan participating provider. However, treatment received from a provider who is not in the HELP Plan network will not be covered without preauthorization.

If specialty care is needed and a HELP Plan participating provider is not available in your area, contact BCBSMT at **1-877-233-7055**. We will give you information on how to obtain specialty care.

Speech Therapy

(see Therapies, pg. 26)

Supplies

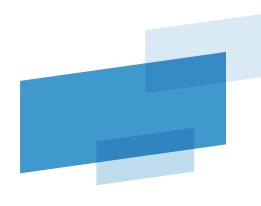
(For Use Outside of a Hospital)

Supplies used outside of a hospital are covered ONLY:

- If they are prescribed by a Medicaid enrolled provider and are necessary to treat a condition that is covered by the HFI P Plan.
- Examples of these supplies are diabetic needles, test strips or lancets, or wound dressings. Also refer to Durable Medical Equipment, (pg. 17).

Surgery

Most medically necessary surgeries are covered, whether done in a hospital or surgery center. Some surgeries must be preauthorized; call BCBSMT at 1-877-233-7055.



HELP Plan Services Described

Telemedicine Services

Telemedicine services are covered when they are provided by HELP Plan providers. The services must be for covered benefits. Telemedicine services are provided through a secure electronic connection. The provider and the participant are not at the same site. There must be both an audio and video portion to the visit. Both the provider and participant must take part in the discussion.

Therapies

Covered therapies are:

- · Occupational therapy,
- · Physical therapy,
- · Respiratory therapy,
- Speech therapy,
- · Cardiac therapy, and
- · Pulmonary therapy.

Therapy services must be ordered by your HELP Plan provider and must be preauthorized; call BCBSMT at 1-877-233-7055.

Tobacco Cessation

Tobacco cessation drugs and counseling are covered by the HELP Plan. You can also get help to stop smoking or chewing by calling the Montana Tobacco Quit Line at **1-800-QUIT-NOW** or **1-800-784-8669**.

Transplants

Organ and tissue transplants are covered. Transplant benefits include:

- Heart, heart/lung, single lung, double lung, liver, pancreas, kidney, simultaneous pancreas/kidney, bone marrow/stem cell, small bowel transplant, cornea and renal transplants.
- For organ and tissue transplants involving a living donor, transplant organ/tissue procurement and transplant-related medical care for the living donor are covered.
- Transplants of a nonhuman organ or artificial organ implant are not covered.
- Donor searches are not covered.

For certain transplants, BCBSMT contracts with a number of Centers of Excellence that provide transplant services.

BCBSMT highly recommends use of the Centers of Excellence because of the quality of the outcomes at these facilities.

Participants being considered for a transplant procedure are encouraged to contact BCBSMT Participant Services to discuss the possible benefits of utilizing the Centers of Excellence.

Inpatient services must be preauthorized; call BCBSMT at **1-877-233-7055**.



HELP Plan Services Described

Transportation

The HELP Plan will assist with travel costs when participants need to travel for medically necessary HELP Plan medical and behavioral health benefits. Participants need preauthorization for each trip before they travel to an appointment. The mileage allowed per trip is based on the nearest provider who can provide the service, regardless of where the participant chooses to receive health care. HELP Plan participants can get approval and more information about help with travel costs by calling the Medicaid Transportation Center at **1-800-292-7114**.

The HELP Plan may pay for you to get to your health care provider or other health care service, if the service is covered by the HELP Plan, and if you have no other way to get there. The following rules are used to decide if travel funds will be given:

- You must use the least costly way to travel that still meets your needs.
- All transportation must be approved before you go, and if your appointment is changed, you must get your transportation approved again. The number to call for approval is 1-800-292-7114.
- Travel funds can be provided for out-of-town or out-of-state if the service is not available near you. Advance payments will be on a case-by-case basis.
- You must be eligible for the HELP Plan on the date of the medical appointment.

If you used a personal vehicle for emergency travel, you must call the Medicaid Transportation Center at 1-800-292-7114 within 30 days of the emergency in order to be considered for payment.

There are different rules for different kinds of transportation, such as taxicabs, buses, wheelchair-accessible vans, and non-emergency ambulances. Sometimes friends or family members can get paid for using their cars to take you to appointments. Be sure to call the Medicaid Transportation Center at 1-800-292-7114 before you arrange travel. You will be paid after you travel, if you have followed the above steps. The Medicaid Transportation Center will contact your doctor's office to make sure that you went to your appointment before paying.

Urgent Care

Some situations require prompt medical attention although they are not emergencies. In these situations, call your primary care provider and describe the situation. He or she will help direct your care. Examples include, but are not limited to:

- Sprains,
- Non-severe bleeding,
- · Sore throats, or
- Ear aches.

Unless you get preauthorization, you must receive urgent care from HELP Plan providers. If you receive services from non-HELP Plan providers, you may have to pay for the services. You may also call the Nurse Advice Line at 1-877-213-2568. Registered nurses are available 24 hours a day, 7 days a week. There is no charge for this call.

Vitamins

Vitamins are covered for certain conditions. For example, prenatal vitamins are covered during your pregnancy. You must have a prescription and you may need preauthorization; call the Montana Healthcare Programs at **1-800-362-8312**.

HELP Plan Eligibility and Key Contacts

Eligiblity

For any issue related to your HELP Plan eligibility, you can contact the Montana Public Assistance Help Line at 1-888-706-1535 or covermt.org. You will reach the Montana Public Assistance Help Line.

Key Contacts

For any issue or question related to services administered by DPHHS, you can contact the Montana Healthcare Programs toll-free phone number 1-800-362-8312.

For any issue or question related to services administered by BCBSMT, you can contact the toll-free phone number 1-877-233-7055. The hours are 8 a.m. to 6 p.m. Monday through Friday (Mountain Time). This toll-free number will receive incoming phone calls made from anywhere in the U.S.A.

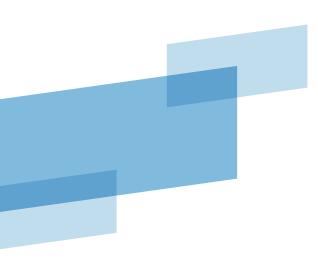
Montana Relay Services

Telecommunications assistance for the hearing impaired.

1-800-833-8503 Voice, TTY 1-406-444-1335 Voice, TTY relay@mt.gov

Interpreter Services

For forms and information on interpreter or translator services, call BCBSMT at 1-877-233-7055 or visit http://medicaidprovider.mt.gov/forms for forms and additional instructions.



More HELP Plan Information

Do You Disagree with a Service Decision?

If you disagree with a decision made about a service, there are a few things you can do. Make sure to read this HELP Plan Participant Guide to see if the service is covered by the HELP Plan. If you are not sure, you can talk with the contacts listed under the Key Contacts section of this manual. If you still do not agree, you can appeal.

First Level Appeal

If you do not agree with a denial, or partial denial of a claim, you have 180 days from when you received the denial to appeal. To request an appeal, the request:

- · Must be in writing,
- · Must detail your objections, and
- And must include any documents and information which you wish DPHHS to consider in the appeal review.

Appeal requests will be sent to different locations based on the service. Each of these DPHHS representatives will let you know when they got your request for appeal. You will receive a written response within 45 days. If you do not agree with the decision, you can make a second appeal. See the process for a second appeal later in this section.

Claims Administered by BCBSMT (for example, medical, behavioral health, rehabilitation therapy) Mail, call, or deliver your request for appeal to:

> Appeals and Grievances Department Blue Cross and Blue Shield of Montana PO Box 27838 Albuquerque, NM 87105-9705 Phone: 1-877-232-5520

Claims Administered by Montana Healthcare Programs (for example, pharmacy, dental, eyeglasses) Mail, call, or deliver your request for appeal to:

> Montana HELP Plan Program Officer 1400 Broadway, Room A206 Helena, MT 59601 Phone: **1-800-362-8312**



More HELP Plan Information

Second Level Appeal

Regardless of who made the first appeal decision, the Office of Fair Hearings will handle your second appeal. Within 90 days of receiving the first decision, if you do not agree with the decision, you may mail or fax your second appeal request to:

Office of Fair Hearings

Department of Public Health and Human Services
PO Box 202953

Helena. MT 59620-2953

Fax: **1-406-444-3980**

What If It Is a Discrimination Issue?

Participants enrolled in the HELP Plan have a right to:

- Equal access to services without regard to race, color, national origin, age, physical or behavioral disability, marital status, religion, creed, sex, sexual orientation, political belief, genetic information, veteran status, culture, social origin or condition, or ancestry,
- · An interpreter or translator if needed, and
- Other help understanding benefits and services.

You can file a complaint if you believe you were discriminated against. If you need additional information regarding these protections, please contact:

Office of Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426

Denver, CO 80294 Phone: **1-303-844-2024** DD: **1-303-844-3439**

If You Don't Want HELP Plan Coverage Any More

You have the right to ask to end HELP Plan coverage. To end the HELP Plan, call the Montana Public Assistance Help Line at **1-888-706-1535**.

Alternative Accessible Format

Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in the HELP Plan, should contact BCBSMT at **1-877-233-7055**.

OTHER USEFUL PROGRAMS AND SERVICES

Organization or Service	Website	Phone Number
AIDS or Sexually Transmitted Diseases Questions	dphhs.mt.gov/publichealth/hivstd	1-406-444-3565
Behavioral Health Ombudsman	mhombudsman.mt.gov/default.mcpx	1-888-444-9669
Child Abuse and Neglect	dphhs.mt.gov/cfsd	1-866-820-5437
Child Support Customer Service	dphhs.mt.gov/csed	1-800-346-5437
Childhood Lead Poison Prevention Information	dphhs.mt.gov/publichealth/lead	1-406-444-0273
Children's Special Health Services	dphhs.mt.gov/publichealth/cshs	1-800-762-9891
Citizen's Advocate (Governor's Office)	citizensadvocate.mt.gov	1-800-332-2272
HELP Plan Transportation Approval	dphhs.mt.gov	1-800-292-7114
Legal Services	montanalawhelp.org	1-800-666-6899
Medicaid Fraud Line	dphhs.mt.gov/medicaid/fraudandabuse	1-800-201-6308
National Alliance on Mental Illness – Montana	namimt.org	1-406-443-7871
National Domestic Violence Hotline	thehotline.org	1-800-799-7233
Offices of Public Assistance (OPA)	dphs.mt.gov/hcsd/officeofpublicassistance	1-888-706-1535
Poison Control	dphhs.mt.gov/publichhealth/emsts/poison	1-800-222-1222
Social Security	socialsecurityofficelocations.com/state/MT.html	1-800-772-1213
Suicide Prevention	prevention.mt.gov/suicide	1-800-273-8255
Teen Dating Abuse Helpline	loveisrespect.org	1-866-331-9474
Tobacco Quit Line	dphhs.mt.gov/publichealth/mtupp/quitline	1-800-784-8669
WIC Nutrition Information	dphhs.mt.gov/wic/	1-800-433-4298

For questions about this guide, contact:

BCBSMT 560 North Park Avenue Helena, MT 59602 1-877-233-7055











Montana HELP Plan

Welcome

Effective January 1, 2016

www.bcbsmt.com/ or HELPPlan.mt.gov

Contact Us

We are glad you chose the Montana Health and Economic Livelihood Partnership (HELP) Plan as your health plan! We want you to get the health care you need, when you need it. This HELP Plan brochure will help you get started. Keep it handy to answer some of your most common health plan questions.

IMPORTANT HELP PLAN PHONE NUMBERS

We are open:

Monday – Friday

8 a.m. to 8 p.m. MT

Voice mail is available 24 hours a day seven days a week.

Your call will be returned within one business day.

Alternate technologies (for example, voicemail) will be used on the weekends and federal holidays. The call is free.

24/7 Nurse Advice Line	1-877-213-2568, TTY/TDD 711
Audiology	1-800-362-8312
Behavioral Health Services	
Dental	
Eligibility Questions or Changes	1-888-706-1535, TTY/TDD 711
Emergency Care	
Eyeglasses	
Federally Qualified Health Centers (FQHCs)	1-800-362-8312
Fraud and Abuse	1-800-543-0867, TTY/TDD 711
Grievances and Appeals	1-877-232-5520, TTY/TDD 711
Hearing Aids	1-800-362-8312
Indian Health Services (IHS)/Tribal Health	1-800-362-8312
National Poison Control Center	1-800-222-1222
Calls are routed to the office closest to you.	
Pharmacy Services	1-800-362-8312
Rural Health Clinics (RHCs)	1-800-362-8312
Transportation	1-800-292-7114
Community Based Programsdphhs.mt.gov/publichealth/cl	hronic disease/community based programs
Web	www.bcbsmt.com/ or HELPPlan.mt.gov

CALL 911 IF YOU HAVE AN EMERGENCY.

PLEASE NOTE: For help to translate or understand this item, please call **1-877-233-7055** TTY/TDD **711**. You can get this document in Braille, or speak with someone by calling **1-877-233-7055**. The call is free.

The Importance of a Primary Care Provider (PCP)

YOUR PRIMARY CARE PROVIDER (PCP)

Your PCP is your main health care provider. You can see a BCBSMT in-network specialist without a referral from your PCP, but it is important that your PCP knows which doctors you see.

A PCP can be a:

- · Family or general practitioner,
- Obstetrician/gynecologist (OB/GYN),
- Internist (Internal Medicine),
- Nurse Practitioner (NP) or Physician Assistant (PA), or
- A clinic such as a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

TO DO

It is recommended that you choose a PCP from the Montana HELP Plan Provider Network at **bcbsmt.com**.

Look in the Provider Directory to:

or General Practice.

Ш	Choose a PCP for a pregnant participant
	under OB/GYN, Family Practice, Internal
	Medicine, or General Practice.
	Choose a PCP for adults in your family
	under Family Practice, Internal Medicine,

You can call **Participant Services** at **1-877-233-7055** for help choosing a PCP. You can also ask Participant Services to mail you a Provider Directory. The website has an online directory and a tool called Provider Finder®.

MAKING AN APPOINTMENT

To make an appointment, please follow these steps:

- Call your PCP's office ahead of time.
- Tell the office that you are a HELP Plan participant and have your ID card handy.
- You may also contact your assigned Care Coordinator if you have one, for assistance.

If you go to your PCP's office, or another provider's office without an appointment, the provider may not be able to see you. Please call your provider before you go to the office.

YOUR CARE COORDINATOR

As a HELP Plan participant, you can get care coordination support. A Health Assessment (HA) form will be in your HELP Plan Welcome Kit. If we have not received your completed HA within 60 days of joining the HELP Plan, we will call to complete your HA over the phone. This HA will be done at least once a year after that.

The HA helps us find the level of care coordination support you may need and could mean we provide you with a care coordinator. A care coordinator will work with you and others involved in your care, like your PCP, to help with your health care needs and make a care plan that helps you reach your health care goals.

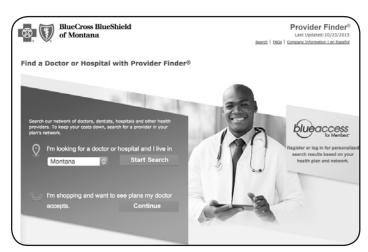
Care Coordinators also do these things:

- Plan in-person visits or phone calls with you,
- Listen to your concerns,
- Help get you or your family the services you need, like transportation,
- Help set up care with doctors and other health care team members,
- Help you, your family and your caregiver better understand your health condition(s), medications, and treatments, and
- Refer you to managed wellness programs.

Provider Finder®

The Provider Finder lets you search for medical and behavioral health providers and hospitals in the Montana HELP Plan Network. Go online to use Provider Finder: **www.bcbsmt.com** or **HELPPlan.mt.gov**.

- Search by name, city, state, or ZIP code; specialty, or service,
- Search for providers who are accepting new patients,
- Get a list of provider names, phone numbers, and addresses,
- Learn the providers' specialties, languages they speak, and genders, and
- Google Maps[™] lets you see the provider's location and get directions.



Getting Medical Care

WHAT DO I DO IF I NEED TO SEE A DOCTOR RIGHT AWAY?

If waiting to be seen by a doctor would endanger your health or seriously harm you, call **911** or go to the nearest emergency room (ER).

- 1. Call your PCP's office. Ask if he or she can see you that day.
- If you can't see your PCP right away, call the 24/7 Nurse Advice Line at 1-877-213-2568.
 You can talk to a registered nurse. The nurse can talk with you about your options.
- If you still need to see a doctor, you can also go to an urgent care provider.
 Call Participant Services at 1-877-233-7055 if you need help finding a provider.

WHEN I SHOULD GO TO THE ER?

Go to the ER or call **911** if you or a covered family member has any of these symptoms:

- · Chest pain,
- Shortness of breath or severe trouble breathing,
- Heavy bleeding,
- Is about to deliver a baby,
- Fainting or seizures,
- Intense or sudden pain,
- Sudden dizziness, weakness, or change in vision, speech, or mental state,
- Severe or persistent vomiting or diarrhea,
- · Coughing or vomiting blood,
- Head, neck, or traumatic injury (such as a gunshot or stab wound),
- Major broken bones,
- Severe burns, or
- Poisoning or drug overdose.

Getting Medical Care

If you go to the ER, be sure to bring:

- · Your participant ID card, and
- Your PCP's name and phone number.

If you can, also bring:

- · A list of any medicines you take, and
- A list of any medical conditions and drug allergies you have.

Seeing your PCP regularly can help reduce your chances of needing to go to the ER. You can also call the **24/7 Nurse Advice Line** at **1-877-213-2568**. The nurses can help you decide if you should see your doctor, go to urgent care, or go to the ER. Do not use the ER for routine care.

WHAT IS PREVENTIVE CARE?

Preventive care helps keep you healthy and is covered by your health plan. Preventive care includes:

- · Regular checkups,
- Dental checkups,
- Eye exams,
- Immunizations,
- Mammograms, Pap tests, and other cancer screenings,
- Treatment for some chronic conditions, and
- Other services described in your HELP Plan Participant Guide.

To get preventive care, make an appointment with your PCP. There are no out-of-pocket costs for participants receiving preventive care.

NETWORK PROVIDERS AND PRIOR AUTHORIZATION

WHAT ARE IN-NETWORK PROVIDERS?

In-network providers are providers that have contracted with us to accept special payment rates for the services they provide to HELP Plan participants. To have your services paid by the HELP Plan, you must use in-network providers, unless you have a prior authorization from us.

There are certain services that are covered when you use an out-of-network provider such as emergency or urgent care services. See your HELP Plan Participant Guide for details and exceptions.

WHEN DO I NEED PRIOR AUTHORIZATION?

You will need prior authorization from BCBSMT to go outside of the plan network of providers. Your primary care doctor has to get permission from BCBSMT before you can be admitted to the hospital, or receive certain services, such as home health care. Contact **Participant Services** at **1-877-233-7055** for a complete listing. BCBSMT may not approve the request. If the request for these types of services is denied, you and your provider will be contacted and the reason for the denial will be explained.

HOW DO I GET PRIOR AUTHORIZATION?

Your PCP will know which procedures need prior authorization and will contact BCBSMT for you. To find out if your prior authorization has been approved, call **Participant Services** at **1-877-233-7055**. See your HELP Plan Participant Guide for details.

WHAT IS A SPECIALIST?

Specialists treat medical conditions requiring specialized knowledge beyond that of your primary care doctor. Examples include heart problems, allergies, and diabetes. The specialist must be an in-network provider to be covered.

The benefit information provided is a brief summary, not a complete description of benefits. For more information refer to your HELP Plan Participant Guide included in your Welcome Kit or at **bcbsmt.com**.

Getting Medical Care

BEHAVIORAL HEALTH CARE

You have benefits for behavioral health services. This includes mental and emotional problems, alcoholism, and drug-related problems. A care coordinator can help you find which services are covered and if prior authorization is needed for the service.

You can call **Participant Services** at **1-877-233-7055**. They will help you find a provider or help you speak to a care coordinator to get further assistance.

In an emergency (such as if you feel like hurting yourself or others, or if you are not able to take care of yourself) call **911** or go to the ER.

See your HELP Plan Participant Guide for more information about your behavioral health coverage.

PREMIUMS AND COPAYMENTS

As a participant of the HELP Plan, you will have to pay a monthly premium. Your premium will help cover the cost of your health insurance. The HELP Plan premium cannot be more than two percent (2%) of your yearly household income.

A premium notice will be mailed to you within the month before the due date. Premiums are due by the first of each month. You must return the invoice stub and payment to the mailing address on the invoice. If you are above 100 percent (100%) of the Federal Poverty Level (FPL) and fail to pay premiums, you may be dis-enrolled from the HELP Plan after a (90) day grace period has passed. Unpaid premiums become a debt to the State and can be collected against future tax refunds.

A copayment is a payment owed by you to your health care provider for health care services that you receive. Your monthly premiums will go toward any copayments you owe. You will get a statement/bill for the copayment from your provider after the health care service claim has been processed. If the amounts of your copayments are more than your premiums in a given quarter, you will get a bill for your copayments after your provider visit.



Premiums and copayments will not exceed more than five percent (5%) of the total yearly household income. Please refer to the Help Plan Participant Guide for more detailed information on premium, copayments, and consequences of non-payment of premium.

The following individuals are exempt from copayments:

- · Pregnant women, and
- Those age 20 and under.

The following service categories are exempt from copayments:

- Preventive health screenings,
- Family planning,
- Eyeglasses,
- Transportation,
- Emergencies in the emergency room,
- Immunizations, and
- Medically necessary health screenings ordered by a health care provider.

If you have questions about your copayments or premiums, call **Participant Services** at **1-877-233-7055**.

Getting Medical Care

NOTES			

The benefit information provided is a brief summary, not a complete description of benefits. For more information refer to your HELP Plan Participant Guide included in your Welcome Kit or at **bcbsmt.com**.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

This project is funded in whole or in part under a contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.

Office of Public Assistance PO BOX 202925 Helena. Montana 59620-2959

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



Steve Bullock GOVERNOR

Richard H. Opper DIRECTOR

PO BOX 4210

STATE OF MONTANA —

www.dphhs.mt.gov

Print Date:

HELENA, MT 59604-4210

Case #: Document #:

1

15589920 02/02/2016

Contact Phone:

1-888-706-1535

About Your Case

Dear

The first part of this letter is a summary of your benefits.

Please report changes according to each program's reporting requirements so your benefits can be determined correctly.

Health Coverage

Your health coverage information is listed below. Please read this entire letter.

Date of Redetermination: 01/29/2016

Effective Date	Action	Person(s)	Monthly Charge	Explanation
01/01/2016	Approved	R	\$52.00	For more information, please see the Information on Your Health Coverage, Additional Services Available to You, and Your Health Coverage Change Reporting Requirements Section.

¹This health coverage is dependent upon waiver approval from Centers for Medicare and Medicaid Services (CMS). The premium amount may be reduced or eliminated for some individuals based on final approval from CMS.

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

Your Health Coverage Benefits

Information on Your Health Coverage

Third Party Administrator (TPA) will send you an insurance card and a member guide within 2 weeks after your coverage begins. Please review the member guide since it has important information about your benefits. The member guide will include information regarding any premium you owe. Always take your insurance card to all medical and dental appointments. This enrollment letter can be used as proof of health coverage until your card arrives. Please call BCBSMT at 1-855-258-3489 for assistance if you need a prescription filled before you get your insurance card or if you have any questions about your benefits.

Information on Your Health Coverage

Case #:

Page 1 of 3

Document #: 15589920

If you feel you have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home, please contact us at the Montana Public Assistance Helpline at 1-888-706-1535.

Wellness Program

The goal of this program is to improve the overall health of participants using innovative models of care, participant education, and other wellness services. Examples of services may include: health screenings, nutrition awareness, active lifestyle education, tobacco cessation, and disease management. For more information, please visit TPA website.

Additional Services Available to You

HELP-Link, a Montana Department of Labor and Industry workforce program

For more information about this program, please visit **www.jobs.mt.gov** or stop by your local Job Service Office. This high quality, free program will provide you with a customized employment plan, connect you with local employers, and open access to training resources to help you find employment or grow your own earning capacity.

To find out what services are covered or not covered, copayment amounts, and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services go to the member page at http://dphhs.mt.gov/MontanaHealthcarePrograms. Here you can see the member guide and find out how to get a copy sent to you, member newsletters, and phone numbers for the Member Helpline and Nurse First Advice Line.

Your Health Coverage Change Reporting Requirements

It is important to report all changes within 10 days of knowing about the change. Report changes in: address; marital status; composition of your household; income and expenses.

Important things to remember about Medicaid:

- Tell your health care provider (doctor, hospital, clinic, etc.) you have Medicaid. Ask if your provider accepts Medicaid. If they don't, you may be responsible for the bill.
- Take your Montana Access to Health card or Healthy Montana Kids Plus card to each medical visit. If you need a new card, call the Montana Public Assistance Helpline at 1-888-706-1535.
- Medicaid does not cover some services. Check with your provider to see if the service is covered.
- Some people may pay a small amount (co-payment or cost share) for some medical services.
 There is no co-payment if you are under 21, pregnant, or an enrolled Native American or Alaska Native
- Call Medicaid Transportation at 1-800-292-7114 if you need help paying for travel to get to a doctor's appointment or other medical service.

If you have questions about Medicaid services, ask your medical provider, review the Medicaid member guide online at http://dphhs.mt.gov/MontanaHealthcarePrograms/Welcome/MemberServices, or call the Montana Medicaid Helpline at 1-800-362-8312 to have a copy mailed to you.

If you enroll in new health insurance coverage, your new carrier may require proof of past health insurance coverage, including Medicāid. Call the Montana Public Assistance Helpline at 1-888-706-1535 if you need proof of the dates you were covered by Medicaid.

If health insurance is available for your household, report it to the Montana Public Assistance Helpline at 1-888-706-1535.

Legal basis for this action is:



Name:	Case #	Phone:
Address:	City:	Zip Code
Montana (Control of the Control of t	<u> </u>	
Address, if different from above:		
Phone, if different from above:		

This letter is your notice that on 02/02/2016 the Department of Public Health and Human Services (DPHHS) has made a decision regarding the Health Coverage benefits in your case.

If you think the decision is wrong and want someone to review this action, you may request a hearing. You must appeal the decision and request a hearing by 05/02/2016.

TWO WAYS TO REQUEST A HEARING

	na, MT 59620 or fax to: Office of Fair Hearings, 406-444-3980.
a.	I disagree with DPHHS' decision and I appeal the decision about my:
	Supplemental Nutrition Assistance Program (SNAP) benefits (Oral requests are allowed for SNAP. Call 1-888-706-1535.)
	Temporary Assistance for Needy Families (TANF) benefits.
	Health Coverage benefits
b.	I appeal the decision because:
c.	
C.	If you receive SNAP or Health Coverage benefits, the benefits may automatically contast allowable, unless you tell us you do not want continued benefits. TANF cash assistant different from other programs and does not continue unless you tell us you want continue benefits. You must repay the amount of continued benefits if the fair hearing decision is no your favor.
C.	as allowable, unless you tell us you do not want continued benefits. TANF cash assistant different from other programs and does not continue unless you tell us you want continue benefits. You must repay the amount of continued benefits if the fair hearing decision is not continued benefits.
c.	as allowable, unless you tell us you do not want continued benefits. TANF cash assistant different from other programs and does not continue unless you tell us you want continue benefits. You must repay the amount of continued benefits if the fair hearing decision is no your favor.
c. d.	as allowable, unless you tell us you do not want continued benefits. TANF cash assistant different from other programs and does not continue unless you tell us you want continue benefits. You must repay the amount of continued benefits if the fair hearing decision is negative your favor. I do NOT want benefits to continue for:

If you want an attorney but cannot afford one, the Montana Legal Services Association at 1-800-666-6899 may help you.

hearing.





The HELP Plan is administered by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Toll-free: 1-877-233-7055 (TTY can call: 711) Monday through Friday 8:00 am – 8:00 pm MST

Participant ID: <INID_BLEI_ID>
Notice Date: <PRINT_DATE>
Payment Due Date: <BLBL_DUE_DT>

Activity Description	Amount
Outstanding Balance as of <blbl_due_dt and="" month="" year=""></blbl_due_dt>	\$ <db_outstand_bal></db_outstand_bal>
Montana HELP Premium for < BLBL_DUE_DT MONTH AND YEAR>	\$ BLBL_BILLED_AMT>
Any payments received after Current Month, 1 Current Year will be reflected on your next statement.	
If payment has been sent, please disregard this notice.	
Total	\$ <db_outstand_bal- BLBL_BILLED_AMT</db_outstand_bal-

Please Note: Unpaid premiums could result in an end to your health care coverage. If you have unpaid premiums for more than 90 days, the unpaid balance will be communicated to the Department of Revenue for collection against your future state income tax refunds. In addition, unless you have individual circumstances that allow you to remain in the HELP Plan, your health care coverage will end. Please see the reverse side of this invoice for HELP Plan Participant - Premium Rights and Obligations.

If this is your first statement, please note that an outstanding balance may have resulted due to late enrollment in a prior month's coverage period. If you have any questions or concerns please contact customer service at 1-877-233-7055 (TTY can call: 711)

For	your records:	Date Paid:	Check#:	Amount:	
•	check or money ant ID number	on it. Do not send	Montana HELP and cash. Do not staple this	Participant I INID_BLEI_FIRST_NAI INID_BLEI_MIDDLE_I INID_BLEI_LAST_NAN Group ID GRGR_ID>	ME> NITIAL>
Total amount due Date due BLBL I		D_BAL+ BLBL_BILLED_AM	IT>	Participant ID <inid_blei_id></inid_blei_id>	Statement Number <bliv_id></bliv_id>
Date due BLBL 1	JUE DI>		A A	mount Enclosed:	\$

The HELP PlanP.O. Box 650213
Dallas TX 75265-0213

HELP Plan Participants – Premium Rights and Obligations

As a participant of the HELP Plan, you are required to pay a monthly premium. The monthly premium will total 2% of your yearly income billed monthly. BCBSMT will send you a monthly bill for your premium. Submit your payment with the payment stub included in your monthly bill. Premiums are due on the 1st of each month.

WHAT IF I CANNOT PAY MY PREMIUM?

Even if you cannot pay your premium, you may still be able to keep HELP Plan coverage. You will remain in the HELP Plan if:

A. Your income is under 100% of the federal poverty level, which is approximately \$981 a month for an individual, or \$2,021 a month for a family of four.

Or

- B. You meet two of the following:
 - You have been discharged from the United States military service within the previous 12 months;
 - You are enrolled for credit in any Montana University System unit, a tribal college, or any other accredited college within Montana offering at least an associate degree;
 - You are participating the Department of Labor's HELP-Link program;
 - You see a primary care provider who is part of a patient-centered medical home;
 - You are in a substance use treatment program; or
 - You are in a DPHHS approved health behavior activity program administered by DPHHS or BCBSMT. The list of approved programs is located at HELPPlan.mt.gov or call 1-855-324-6259.

As long as you are in the HELP Plan, you will continue to have access to the health care services covered by the plan. You are still responsible for the payment of your premiums. If your payments become more than 90 days past due, the unpaid premium balance will be transferred to the Department of Revenue for collection from your state income tax refund.

WHAT IF I CANNOT PAY MY PREMIUM AND DO NOT QUALIFY TO REMAIN ON THE HELP PLAN?

Your monthly premium payment is a condition of participation in the HELP Plan. If your premium payment is over 90 days past due, and you do not meet the conditions listed above, you will lose your HELP Plan coverage. In addition your outstanding premium balance will be transferred to the Department of Revenue for collection from your state income tax refund.

CAN I REENROLL IN THE HELP PLAN IF I HAVE UNPAID PREMIUMS?

Yes, you may reenroll after

- A. You have paid your unpaid premium balance in full, or
- B. You have received notice from the Department of Revenue that they have assessed your unpaid premium balance against your future state income tax. This assessment occurs once per calendar quarter.

Participants that would like to reenroll should contact the Montana Public Assistance Help Line at (844) 792-2460 or apply.mt.gov.

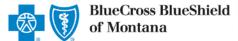
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- <INID_BLEI_ADDR1>
- <INID_BLEI_ADDR2>
- <INID_BLEI_ADDR3>
- <INID_BLEI_CITY>, <INID_BLEI_STATE> <INID_BLEI_ZIP>

Participant: <MEMBER_NAME>

<ADDRESS1> <ADDRESS2> <ADDRESS3>

<CITY>, <STATE> <ZIP>

ID: <MEMBER_ID>





MT HELP Plan Explanation of Benefits

This is NOT a bill. This explains the amount you are responsible to pay.

<PRINT_DATE>

		Servicing Provider: <prpr_name> NPI: <prpr_npi></prpr_npi></prpr_name>				Claim Number: <clcl_id> Plan: <pdds_desc></pdds_desc></clcl_id>			
	Dates of Total Charges Patient Responsibility		ibility		Plan Disallow	Amount Paid	Remarks		
	Service		<100% FPL Copav	>100% FPL Copav	Non-Cove	ered			
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Participant: <MEMBER_NAME>

<ADDRESS1> <ADDRESS2>

<ADDRESS3> <CITY>, <STATE> <ZIP>

ID: <MEMBER_ID>





Reason Codes

<LIST_CDML_DISALL_EXCD> <LIST_EXCD_SHORT_TEXT>

If you do not agree with this decision please review the attachment.

For Participant Services Call BCBSMT <1-877-233-7055>

Hours of Operation: <8:00a.m.-8:00pm MST >

TTY for the hearing impaired <711>

COMMITMENT AGAINST FRAUD:

If you feel you or the Plan has been billed for services you did not receive, please contact the confidential hotline at: <1-800-543-0867>

IMPORTANT INFORMATION (Retain for your records)

If we have denied your claim for benefits, in whole or in part, for a requested treatment or service then this document serves as part of your notice of an adverse determination. Contact us at the number on the back of your ID card if you need assistance understanding this notice or your adverse determination.

Your First Level (Internal) Appeal Rights

What if I don't agree with this decision? If you disagree with a decision, or partial denial of a claim, you have 90 days from when you received the denial to appeal. To request an appeal, the request:

- Must be in writing, and
- Must detail your objections, and
- Must include any documents and information which you with the Department to consider in the appeal review.

Appeal request will be sent to different locations based on the service. Each of these department representatives will let you know when they got your request for appeal. You will receive a written response within 30 days. If you do not agree with the decision, you can make a second appeal.

Who may file an internal appeal? You or someone you name to act for you (your authorized representative) may file an appeal. You may designate an authorized representative by completing the necessary forms. For more information on how to do so, contact us at the number on the back of your ID card.

How do I file an internal appeal? For claim appeals, you may contact us at the number on the back of your ID card and request an internal appeal or send a written request.

Blue Cross Blue Shield of Montana Attn: Appeals and Grievances Department P.O. Box 27838 Albuquerque, NM 8715-9705 Telephone: 1-877-232-5520 Confidential Fax: 1-888-240-3004

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be completed within 3 business days. An urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your doctor you experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by calling the number on the back of your ID card to request the necessary forms.

Can I provide additional information about my claim? Yes, you will be informed about how to supply additional information once you initiate your appeal. You will also have the option of presenting evidence and testimony. In addition, we will provide you with any new or additional evidence, rationale, documents, or information used or relied upon in your adverse determination so you have a reasonable opportunity to respond before a final decision is made.

Can I request copies of information relevant to my claim? Yes, you may request and receive copies relevant to your claim free of charge. For example, upon request, you may receive the diagnosis and treatment codes (and their corresponding meanings) associated with an adverse determination. In addition, if we rely on a rule or guideline (such as a provision excluding certain benefits within your policy booklet) in making an adverse determination, we will provide that rule or guideline to you free of charge upon request. You can request copies of this information by contacting us at the number on the back of your ID card.

Your Second Level (External) Appeal Rights

What happens next? You may do the following:

If you do not agree with the First Level appeal determination, you may choose to make a Second Level Appeal with the Department of Public Health and Human Services.

You may fax your Second Level appeal request to (888)-240-3004 within 90 days of receiving the First Level determination or mail it to the address below:

Office of Fair Hearings

Montana Department of Public Health and Human Services
P.O. Box 202953

Helena, MT 59620-2953

Fax: 1-406-444-3980

The Office of Fair Hearings will contact you to conduct an impartial Administrative Review and/or a Fair Hearing. The Hearing Officer will research statutes, rules, regulations, policies, and court cases to reach conclusions of law. After weighing evidence and evaluating testimony, they issue written decisions that are binding unless appealed to the state Board of Public Assistance, the Department Director, or a district court.

Other Resources to Help You

For questions about your rights, this notice, or for assistance, you can contact a consumer assistance program or ombudsman.

Montana

Office of the Commissioner of Securities and Insurance 840 Helena Ave Helena, Montana 59601 www.csi.mt.gov

Telephone: (800)332-6148

You may be eligible to receive your adverse determination and this notice in a language listed below. In addition, you may call us to receive assistance in these languages.

SPANISH (Español): Para asistencia en Español, por favor llame al numero ubicado en la parte posterior de su tarjeta de identificación.

TAGALOG (Tagalog): Upang humingi ng tulong sa Tagalog, paki tawagan ang numero na nakasulat sa inyong kard.

CHINESE (中文): 如果需要中文幫助, 請撥打您卡上的電話號碼。

NAVAJO (Dine): Dinék'eh ji áka'a'doowoo ł biniiyé, t'áá shóodí ko ji hodíilníh béésh bee hane'í bi numbo bee néé ho'dólzínígií biniiyé nanitinígií bine'déé' bikáá'



http://helpplan.mt.gov





HELP Plan background

- During the 2015 Legislative session, the Montana Legislature enacted Senate Bill 405, the Montana Health and Economic Livelihood Partnership (HELP) Act, which expands health care services for state residents between the ages of 19 and 64, whose household income is 138% or less of the federal poverty level.
- This Medicaid expansion program is referred to as the "HELP Plan".
- The HELP Plan creates affordable health plan coverage and access to providers for this segment of the State's population.
- Blue Cross and Blue Shield of Montana (BCBSMT) were selected as the third party administrator (TPA) of the HELP Plan.





Eligibility for TPA services

- Montana residents
- Not enrolled in or qualified for Medicare
- Adults between the ages of 19-64 years of age, with an income at or below 138% of the Federal Poverty Level (FPL) i.e. \$16,424 for an individual
- May not be incarcerated (some exceptions may apply for IP service > 24 hours)
- Must be a United States Citizen or documented, qualified alien.





Non-TPA Expansion Populations

Benefits are administered through the Medicaid State Plan for:

- American Indians/Alaska Natives;
- Individuals determined to be medically frail; and
- Individuals exempt by federal law.

Benefits may be through the Medicaid State Plan for:

- Individuals who live in a geographical area with insufficient health care providers; and
- Individuals in need of continuity of care that would not be available or cost-effective through the TPA.





How participants can apply

- Over the phone at the Federal Marketplace at (800) 318–2596, 24 hours a day / 7 days a week
- Online at <u>healthcare.gov</u> or <u>apply.mt.gov</u>
- By mail
- In person at community health centers or at local Offices of Public Assistance.





ID Card details - HELP Plan

- ID card: Includes DPHHS and BCBSMT logos
- "YDM" prefix
- Individual enrollment
- Card for each participant
- Portal displays 00 + 7 digit ID#





ID card for HELP Plan participants





Subscriber Name:

<F_NAME M_INIT L_NAME>

Identification Number:

YDM<SBSB_ID>

HELP Plan

Plan Code 752

RxBin: 610084 RxGroup: 1509040

RxPCN: DRMTPROD





www.bcbsmt.com



BlueCross BlueShield of Montana

Providers medical and accident-related dental claims: BCBSMT PO Box 3387 Scranton, PA 18505, 1-877-233-7055. Inpatient Admissions and Major Medical procedures: BCBSMT 1-877-296-8206.

This participant has limited benefits outside of Montana. Providers should request eligibility/benefit information.

Participant Services 1-877-233-7055 HELP Med Services 1-877-296-8206 24/7 Nurse Advice Line 1-877-213-2568

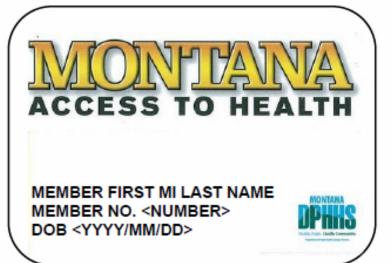
Dental, pharmacy and other benefits administered by DPHHS 1-800-362-8312.

BlueCross and Blue Shield of Montana, an independent licensee of BlueCross and Blue Shield Association, provides claims processing only and assumes no financial risk for claims.





Traditional Medicaid card



Members: This is your permanent Medicaid ID card. Present this card to your Medicaid provider. For information on covered services, refer to your Medicaid Handbook or call 1-800-362-8312 or visit www.dphhs.mt.gov/medicaid/member/.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES

Providers: Verify Medicaid number eligibility through the WebPortal or Faxback. For assistance, contact Medicaid Provider Relations at 1-800-624-3958 or MTPRHelpdesk@ACS-inc.com. For Passport enrollment or caseload questions, contact 1-800-362-8312 or visit www.mtmedicaid. org. Send paper claims to: Claims Processing Unit, P.O. Box 8000, Helena MT 59604.





Claims processed by TPA (BCBSMT)

- Hospital, physician and other professional services
 - Mid-levels
 - Provider administered drugs and biologicals
- Behavioral health
- Outpatient surgery
- Post-acute care, including home health, SNF, swing
- Telehealth
- Outpatient lab, radiology, rehabilitation
- Wellness screening and health improvement plans





Claims processed by DPHHS

- FQHC and RHC visits
- Prescription drugs Pharmacy dispensed
- Adult dental (incl. preventive diagnostic and dentures)
- Dental treatment up to \$1,125 annual limit (not including anesthesia, dentures, or preventive/diagnostic)
- Hearing aids
- IHS and Tribal health services
- Audiology
- Eyeglasses (hardware only) 1 pair per year
- Transportation





Benefits

- Outlined in the Evidence of Coverage/Participant Guide and include:
 - Essential health benefits
 - Duration, scope and limits
 - Non-covered services
 - Copayment requirements
 - Emergency services
 - Out of state coverage (urgent/emergent and preauthorized)
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 - Family planning services
- PCP selection not required but highly encouraged
- Referrals are not required





Utilization Management Program

- Utilizes MCG care guidelines, ASAM and BCBSMT Medical policy
- Incorporates EPSDT requirements and criteria into the review process
- All staff must pass an Inter-rater Reliability Exam at least annually with a score of 90% or higher
- The clinical team regularly collaborates on the UM Intake function in order to continually improve processes and the participant and provider experience
- Emergency and stabilization services do not require prior authorization
- For the designated medical and behavioral health services, clinicians, nurses and psychiatrists are available 24 hours a day, 7 days a week to provide emergency inpatient prior authorization telephonically.
- Peer to peer physician discussions regarding physical health adverse determinations may be scheduled through this toll free number - 1-800-981-2795
- All prior authorizations may be obtained through the following processes:
 - Telephonic
 - Secured Fax
 - I-Exchange





Physical Health PA Requirements (high level)

- Preauthorization must be requested before the Participant's scheduled Inpatient admission
- All Inpatient Facility Admissions require plan approval.
- Inpatient surgical procedures
- Selected outpatient surgical
- High Dollar Radiology
- Selected DME, Medical Supply and Prosthetic/Orthotic Services
- Home Health Care
- Outpatient Therapies
- Select specialty and infusion medications





Behavioral Health PA Requirements (high level)

- All Inpatient Facility Admissions require plan approval.
- Residential Treatment
- Mental Health and Substance Abuse Partial Hospitalization and Intensive Outpatient
- Psychological Testing and Neuropsychological Testing
- ECT





HELP Plan Copays

Service Description	Copayments for Individuals With Incomes At or Below 100 Percent FPL	Copayments for Individuals with Incomes Above 100 Percent FPL
Other	\$4	10 percent of the payment the State makes for the service
Other Medical Professionals	\$4	10 percent of the payment the State makes for the service
Outpatient Facility	\$4	10 percent of the payment the State makes for the service
Primary Care Physician	\$4	10 percent of the payment the State makes for the service
Specialty Physician	\$4	10 percent of the payment the State makes for the service
Pharmacy - Generics	-	-
Pharmacy - Preferred Brand Drugs	\$4	\$4
Pharmacy - Non-Preferred Brand Drugs, including specialty drugs	\$8	\$8

Premiums and copayments combined may not exceed 5 percent of family household income.



HELP Plan Copays

Service Description	Copayments for Individuals With Incomes At or Below 100 Percent FPL	Copayments for Individuals with Incomes Above 100 Percent FPL
Behavioral Health – Inpatient	\$75/stay	10 percent of the payment the State makes for the service
Behavioral Health – Outpatient	\$4	10 percent of the payment the State makes for the service
Behavioral Health – Professional	\$4	10 percent of the payment the State makes for the service
Durable Medical Equipment	\$4	10 percent of the payment the State makes for the item
Emergency Room Services	-	-
Non-Emergency Room Services	\$8	28
Lab and radiology	\$4	10 percent of the payment the State makes for the service
Inpatient (Medical)	\$75/stay	10 percent of the payment the State makes for the service





Services exempt from co-pays:

- Emergency services
- Preventive health care services including primary, secondary or tertiary preventive health care services
- Family planning services
- Pregnancy related services
- Generic drugs
- Immunizations
- Medically necessary health screenings ordered by a health care provider
- Transportation (requires approval from Transportation Center at MPQH)
- Eyeglasses





Copay rules

- Providers are not allowed to collect the copayment at the time of the service. The copayment should be collected according to the information returned on the PCR/PCS showing the participant responsibility, after claims adjudication.
- Providers are required to track uncollected copayments
 - BCBSMT will perform an annual survey
 - Details are forthcoming





Website information

DPHHS:

- Fee schedules
- Enrollment forms & how to apply
- Retro enrollment requirements and processes
- Benefits Public Notice
- HELP Plan Evidence of Coverage
- HELP Plan Rules

2. BCBSMT:

- Eligibility
- Evidence of coverage
- Copayment table
- Claims only finalized claims initially available





Unpaid premiums

- Participants above one hundred (100%) percent of the FPL who fail to pay premiums may be dis-enrolled. After a ninety (90) day grace period has passed, unpaid premiums become a debt to the State and can be collected against future tax refunds.
- Failure to pay premiums will not result in retro dis-enrollment.
- If provider has checked eligibility and the participant shows eligible on the date of service, but ultimately does not pay premiums during the 90 day grace period, the provider will be paid for services. No refunds/adjustments will be made as a result of the nonpayment.





Claims Submission and Payment

- Claims may be filed to BCBSMT electronically through your clearinghouse. Please contact your clearinghouse to determine the correct payer id.
- HeW Payer ID for the HELP Plan is 66004.
- Hard copy claims may be submitted to BCBSMT the following address:

BCBSMT HELP Medicaid Claims:

P. O. Box 3387

Scranton, PA 18505

 Claims for specific services will be processed by DPHHS/XEROX.





Participant & Provider Services Center

- 8:00 a.m. 8:00 p.m., MT, Monday-Friday
- Closed on Weekends and CMS and Montana State Observed Holidays
- Toll-free numbers:
 - Participant 1-877-233-7055
 - Provider 1-877-296-8206
- Participant and Provider Can Connect Directly with Plan Representative After Call Center Hours (24 hours a day, 7 days a week)
- Voicemail is Available (Calls Returned Next Business Day)
 For Non Urgent calls





Provider Finder

- On-line tool at <u>www.bcbsmt.com</u>
 - Updated daily
- Print page or entire directory
- HELP Plan participants may also call Participant Services
- https://www.bcbsmt.com/provider/network-participation/the-helpplan, or
 - https://www.bcbsmt.com
 - "Provider" at the top of the page
 - "Network Participation" on the top-left
 - "The HELP Plan"





Who to contact?

- Provider Customer Services contact ——— BCBSMT 1-877-296-8206
- Pharmacy services contact DPHHS's Drug Preauthorization Unit, Mountain Pacific Quality Health.
- Dental Services and Eyeglasses
- Federally Qualified Health Clinic or Rural Health Clinic services

DPHHS 1-800-624-3958





Local BCBSMT Provider contacts

- Western Region
- Christy McCauley, 406-437-6068, christy_mccauley@bcbsmt.com
- Leah Martin, 406-437-6162, <u>leah_martin@bcbsmt.com</u>
- Central Region
- Floyd Khumalo, 406-437-5248, theathquad-to-khumalo@bcbsmt.com
- Eastern Region
- Susan Lasich, 406-437-6223, <u>susan_lasich@bcbsmt.com</u>
- Troy Smith, 406-437-5214, <u>troy_smith@bcbsmt.com</u>





BCBSMT web site information:

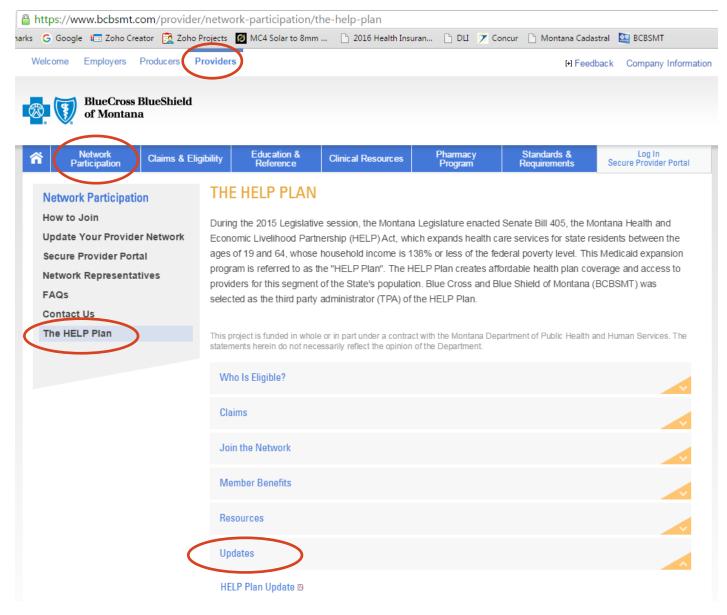
https://www.bcbsmt.com/provider/network-participation/thehelp-plan, or

- https://www.bcbsmt.com
- "Provider" at the top of the page
- "Network Participation" on the top-left
- "The HELP Plan" on the left

This presentation can be found under "Updates"















Montana HELP Plan





SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this: ⊠Yes.....Go to Question 1

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-844-543-1445.

1.	Our records show that you are now a Montana HELP Plan	
١.	Member through Blue Cross Blue Shield of Montana. Is that correct?	YOUR HEALTH CARE IN THE LAST 12 MONTHS
1 2 2.	☐ YesGo to Question 3 ☐ NoGo to Question 2 What is the name of your health plan? (Please print, then Go to Question 8)	These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits. 8. In the last 12 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?
	PRIOR KNOWLEDGE OF THE HELP PLAN	YesGo to Question 9 NoGo to Question 10 In the last 12 months, when you needed care right away,
3.	When you enrolled, did you understand you had to pay a monthly premium to be in the HELP Plan?	how often did you get care as soon as you needed?
	☐ Yes ☐ No	1 ☐ Never 2 ☐ Sometimes
4.	Did you understand that you may be dis-enrolled for non-payment of monthly premium?	3 ☐ Usually 4 ☐ Always
	☐ Yes ☐ No	10. In the last 12 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?
5.	Did having to pay a premium affect your decision to apply for the HELP Plan?	YesGo to Question 11 NoGo to Question 12
1 2	☐ Yes ☐ No If yes, please explain:	11. In the last 12 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?
	<u> </u>	1 ☐ Never 2 ☐ Sometimes
6.	Do you understand that your monthly premium is credited towards your co-payment amounts when you visit a health care provider?	2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always
	Yes	- Li Aiways
7.	□ No Did the information in your HELP Participant Guide clearly	
1.	explain your premium and copay responsibility?	
1	☐ Yes	
2	□ No	
	If no, please explain:	

12. In the last 12 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's	YOUR PERSONAL DOCTOR
office or clinic to get health care for yourself? □ NoneGo to Question 20 □ 1 timeGo to Question 13	20. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
2 ☐ 2Go to Question 13 3 ☐ 3Go to Question 13	1 ☐ YesGo to Question 21 2 ☐ NoGo to Question 29
4 ☐ 4	21. In the last 12 months, how many times did you visit your personal doctor to get care for yourself? O □ NoneGo to Question 28 I □ 1 timeGo to Question 22
13. In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?1 \(\subseteq \text{ Yes} \)	2 ☐ 2Go to Question 22 3 ☐ 3Go to Question 22 4 ☐ 4Go to Question 22
 No In the last 12 months, did you and a doctor or other health provider talk about starting or stopping a prescription 	5 ☐ 5 to 9Go to Question 22 6 ☐ 10 or more timesGo to Question 22
medicine? 1 YesGo to Question 15	22. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
² No Go to Question 18	 Never Sometimes
15. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?	3 ☐ Usually 4 ☐ Always
1 ☐ Yes 2 ☐ No	23. In the last 12 months, how often did your personal doctor listen carefully to you?
16. Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?	¹ ☐ Never
¹ ☐ Yes ² ☐ No	2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always
17. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	24. In the last 12 months, how often did your personal doctor show respect for what you had to say?
1 ☐ Yes 2 ☐ No	¹ ☐ Never ² ☐ Sometimes
18. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the	 3 ☐ Usually 4 ☐ Always 25. In the last 12 months, how often did your personal doctor
last 12 months? Worst health care Best health care possible possible 0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ 00 01 02 03 04 05 06 07 08 09 10	spend enough time with you? 1 Never 2 Sometimes 3 Usually 4 Always
19. In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?	26. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?
1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	1 Yes Go to Question 27 2 No Go to Question 28

seem informed and up-to-date about the care you got from	YOUR HEALTH PLAN						
these doctors or other health providers?							
¹ ☐ Never	plan.						
² ☐ Sometimes	33. In the last 12 months, did you look for any information in						
³ ☐ Usually	written materials or on the Internet about how your health plan works?						
⁴ Always	1 YesGo to Question 34						
28. Using any number from 0 to 10, where 0 is the worst	2 No						
personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal	34. In the last 12 months, how often did the written materials or						
doctor?	the Internet provide the information you needed about how						
Worst personal Best personal	your health plan works?						
doctor possible doctor possible	¹ ☐ Never						
0 1 2 3 4 5 6 7 8 9 10	² ☐ Sometimes						
	³ ☐ Usually						
00 01 02 03 04 05 06 07 08 09 10	4 Always						
	 Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as 						
GETTING HEALTH CARE FROM SPECIALISTS	care from a specialist, physical therapy, a hearing aid, or						
When you answer the next questions, do not include dental visits	oxygen.						
or care you got when you stayed overnight in a hospital.	In the last 12 months, did you look for information from						
29. Specialists are doctors like surgeons, heart doctors, allergy	your health plan on how much you would have to pay for a						
doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you make	health care service or equipment?						
any appointments to see a specialist?	1 YesGo to Question 36						
¹ ☐ YesGo to Question 30	² NoGo to Question 37						
² No Go to Question 33	36. In the last 12 months, how often were you able to find out						
30. In the last 12 months, how often did you get an	from your health plan how much you would have to pay for						
appointment to see a specialist as soon as you needed?	a health care service or equipment?						
1 Never	¹ ☐ Never						
² Sometimes	² Sometimes						
³ ☐ Usually	3 ☐ Usually						
4 Always	4 Always						
31. How many specialists have you seen in the last 12 months?	37. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be						
O NoneGo to Question 33	different for prescriptions filled by mail instead of at the						
1	pharmacy.						
²	In the last 12 months, did you look for information from						
3 □ 3Go to Question 32 4 □ 4Go to Question 32	your health plan on how much you would have to pay for						
5 G to Question 32	specific prescription medicines?						
32. We want to know your rating of the specialist you saw most	1 ☐ YesGo to Question 38 2 ☐ NoGo to Question 39						
often in the last 12 months. Using any number from 0 to 10,	38. In the last 12 months, how often were you able to find out						
where 0 is the worst specialist possible and 10 is the best	from your health plan how much you would have to pay for						
specialist possible, what number would you use to rate that specialist?	specific prescription medicines?						
Worst specialist Best specialist	¹ ☐ Never						
possible possible	² Gometimes						
0 1 2 3 4 5 6 7 8 9 10	3 ☐ Usually						
	⁴ □ Always						
00 01 02 03 04 05 06 07 08 09 10							

39.	In the last 12 months, did you get information or help from your health plan's customer service?	46.		ossi	ble a	nd 10	is th	ne be	est h	ealth	plan	pos	sible,	
1	YesGo to Question 40					you us	e to	rate	e you					
	□ NoGo to Question 42			orst he ssible		plan				E	sest n		n plan ssible	
40.	In the last 12 months, how often did your health plan's						4							
	customer service give you the information or help you needed?		0	1 П	2 П	_	4 □	5 □	6 □	7 □	8 □	9 □	10	
	Never		00	01	02	03	04	05	06	07	08	09	10	
	Sometimes						۸D		- VO					
	Usually								ГΥО					
	□ Always	47.	In ger	neral,	how	would	l yo	u rat	te yo	ur ov	erall	hea	ith?	
	In the last 12 months, how often did your health plan's	1		xcelle	ent									
	customer service staff treat you with courtesy and respect?	2			ood									
1	□ Never	3		Good										
2	☐ Sometimes	4		air										
3	☐ Usually			oor	_		-							
4	☐ Always	48.	In ger emoti				l yo	u rat	e yo	ur ov	erall	mer	<u>ıtal or</u>	
42.	In the last 12 months, did your health plan give you any	1				.11 f								
	forms to fill out?													
	YesGo to Question 43				ooa									
	NoGo to Question 44													
43.	In the last 12 months, how often were the forms from your health plan easy to fill out?			air										
1	Never		☐ P		a her	ithar s	flu	eho	t or f	lu en	rav ii	n the	nose	einca
	Sometimes	43.	July 1			illiei a	ıııu	3110	. 01 1	iu sp	iay ii	1 1116	; 11036	SIIICE
		1	□ Y											
	Usually													
	Always			on't k	(now									
44.	In the last 12 months, how often did your health plan handle your claims quickly?	50.	Do yo	u no	w sm			ettes	or u	ise to	bacc	:o e\	ery d	ay,
1	□ Never	1		•	•			Que	etio	n 51				
	□ Sometimes			-	-									
	☐ Usually				-									
4	Always													
	☐ Don't know		In the								ou a	dvis	ed to	quit
45.	In the last 12 months, how often did your health plan handle your claims correctly?		smok	ing o	r usiı	ng tob r plan'	acc			•				•
•	□ Never	1		lever										
2	Sometimes	2		omet	imes									
(³ □ Usually	3	Πl	Jsuall	y									
4	Always	4		lways	S									
	Don't know			•										

52.	In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	60. Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause. 1 ☐ Yes
	Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	² □ No
1	□ Never	61. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
2	□ Sometimes	1 YesGo to Question 62
	Usually	² NoGo to Question 63
	Always	62. Is this medicine to treat a condition that has lasted for at
55.	In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other	least 3 months? Do <u>not</u> include pregnancy or menopause.
	than medication to assist you with quitting smoking or	1 Yes
	using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or	² □ No 63. What is your age?
	cessation program.	1 □ 18 to 24
1	□ Never	² □ 25 to 34
2	□ Sometimes	3 □ 35 to 44
3	☐ Usually	4
	Always	5 □ 55 to 64
	Do you take aspirin daily or every other day?	6 □ 65 to 74
	Yes	⁷ 75 or older
	□ No □ Don't know	64. Are you male or female?
	Do you have a health problem or take medication that	1 ☐ Male
00.	makes taking aspirin unsafe for you?	 Female What is the highest grade or level of school that you have
1	☐ Yes	completed?
2	□ No	1 ☐ 8 th grade or less
3	☐ Don't know	² Some high school, but did not graduate
56.	Has a doctor or health provider ever discussed with you the	³ ☐ High school graduate or GED
	risks and benefits of aspirin to prevent heart attack or stroke?	⁴ ☐ Some college or 2-year degree
1	☐ Yes	5 4-year college graduate
	□ No	6 ☐ More than 4-year college degree
57.	Are you aware that you have any of the following	66. Are you of Hispanic or Latino origin or descent?
	conditions? Mark one or more.	 Yes, Hispanic or Latino No, Not Hispanic or Latino
	High cholesterol	67. What is your race? Mark one or more.
	High blood pressure	a ☐ White
	Parent or sibling with heart attack before the age of 60 Has a doctor ever told you that you have any of the	
J0.	following conditions? Mark one or more.	c ☐ Asian
а	☐ A heart attack	d ☐ Native Hawaiian or other Pacific Islander
b	☐ Angina or coronary heart disease	e ☐ American Indian or Alaska Native
С	☐ A stroke	f Other
	☐ Any kind of diabetes or high blood sugar	68. Did someone help you complete this survey?
59.	In the last 12 months, did you get health care 3 or more times for the same condition or problem?	1 YesGo to Question 69
1	YesGo to Question 60	² NoGo to Question 70
	□ NoGo to Question 61	

69.	How did that person help you? Mark one or more.	76.										s definitely
а	☐ Read the questions to me											ld renew, how
b	☐ Wrote down the answers I gave											mbership with .P Plan at you
С	☐ Answered the questions for me		next				ieia	OI WIC	mtana	ı ını t	ne net	.P Pian at you
d	☐ Translated the questions into my language		III OAL	o p p o		٠, ٠						ı
е	☐ Helped in some other way	n	efinitely	, wa	ıld no	+			Dofin	nitoly.	would	No experience
70.	Now we would like to ask you a few more questions about		new	WOU	iiu iiu				Delli	•	renew	Don't know
	your health care and health plan. Your health plan is very	0	1	2	3	4	5	6	7 8			11
	interested in your responses to these questions.	Ιŏ					о П Г		, , , ,	, 1 Г		
	Do you have Internet access to look up health plan	00	01	02					 07 0		9 10	11
	information?	77	If you	rata	א אסי	ur lik	aliba	and to	wan	+ + 0 r	o opro	I in Blue
1	Yes	11.										in less than 8
2	□ No		in Qu	estic	n 76	, plea	ase e	xplai	n the	reas	on(s).	For example,
71.	If you visited bcbsmt.com in the last 12 months, what type of information were you seeking? (Check all that apply)		was i							, pro	vider n	etwork,
1	☐ Benefits and covered services											
2	☐ Provider information											
3	☐ Co-payment, co-insurance and deductible information											
4	☐ Claims information											
5	☐ Membership											
6	☐ Prescription drug information	78.										t at all likely to
7	☐ Referrals											mmend, ow likely are
8	☐ Health management programs											Montana to
9	□ Other ()		your	famil	y and	d frie	nds	if the	y nee	ded l	health i	nsurance?
10	□ I did not visit the website		Not	at a	ll likel	y to				Extr	emely I	ikely to
72.	How easy was it to find and understand information using			omm		,					-	<u>nmend</u>
	the Blue Cross Blue Shield of Montana HELP website?		0	1	2	3	4	5	6	7	8 9	10
1	Very easy											
2	Somewhat easy		00	01	02	03	04	05	06	07	08 09	10
3	Somewhat hard	79.	If you	rate	d vo	ur lik	eliho	ood to	reco	mme	end Blu	e Cross Blue
	☐ Very hard										ion 78,	
	☐ I did not try to find information using the website										as it rela	
	Do you have a smart phone?		Custo				provi	ider r	netwo	rk, b	enefit c	lesign or
	Yes go to question 74		prem	iuiii	บอเจ) i						
2	□ No go to question 76											
74.	Did you know that Blue Cross Blue Shield has a free, downloadable application that you can download to a											
	smartphone to access your health insurance information?											
	Yes											
	No											
	Have you downloaded and do you use this Blue Cross Blue Shield application on your smart phone?											
	Yes											
	□ No											
If no	, please explain:											
		1										