

Montana Health Care Programs MESSENGER

Public Health Emergency Ending!

The COVID-19 public health emergency (PHE) will end May 11, 2023.

WHAT HAPPENED WITH MONTANA HEALTHCARE PROGRAMS ELIGIBILITY DURING THE COVID-19 PUBLIC HEALTH EMERGENCY?

A public health emergency (PHE) was declared in March 2020 in response to the COVID-19 pandemic. Montana's Department of Public Health and Human Services (DPHHS) adjusted its eligibility processes for the Montana Healthcare Programs, including Medicaid, Healthy Montana Kids (HMK) and Medicaid waivers, so individuals would keep their healthcare coverage during the emergency – called the continuous enrollment requirement. The changes to eligibility processes included:

- suspending the annual redetermination process of checking if individuals qualified for continued healthcare coverage;
- not processing reported/discovered changes in circumstances (such as changes in income or household size) that would normally cause an individual to lose coverage; and
- not ending an individual's coverage (in most cases) unless the individual requested it or moved out of state.

WHAT IS CHANGING?

Resumption of normal eligibility processes and requirements:

Following Federal guidance released in the December 2022 Omnibus Bill, continuous enrollment flexibilities were decoupled from the PHE declaration. In response, DPHHS will resume processing annual redeterminations and changes in Montana Healthcare Programs members' circumstances and adjusting members' coverage as appropriate on April 1, 2023. DPHHS will redetermine all



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Upcoming Service Changes

Many service changes were made to the Montana Healthcare Programs during the Public Health Emergency (PHE) to allow members and health care providers to obtain and provide needed care more easily.

Temporary Service Changes, Many are Ending

Some of the temporary service changes that will return to normal as of May 11, 2023 are:

- Primary care provider referral requirements for members enrolled in the Passport to Health Program;

cases over a 10-month period beginning in April. Members do not need to take action (other than updating their contact information) until they receive a notice from DPHHS.

If DPHHS finds that an individual is no longer eligible for Montana Healthcare Programs coverage, DPHHS will send them a notice telling them their coverage will end and provide information on how to pursue coverage through HealthCare.gov, the federal Health Insurance Marketplace.

What is the impact?

Some individuals will need to take action to keep their coverage.

As DPHHS begins processing redeterminations, some individuals' coverage will be able to be renewed through an automated process. Those individuals will receive a letter from DPHHS telling them they are eligible for continued coverage.

Individuals whose coverage cannot be renewed by the automated process will receive a packet in the mail. *It is imperative that individuals respond and complete their packet.* Individuals who receive a packet *must* take one of these actions – go online, return the mailed packet, or call – to complete their redetermination. *If the individual does not complete their redetermination, their healthcare coverage will end.* Households will have a minimum of 30 days to return their packet. DPHHS will send a follow up reminder notice and text message to encourage as many members to complete the process as possible.

The best way for an individual to complete a redetermination is online at apply.mt.gov or by calling the Public Assistance Helpline at 1-888-706-1535. Completing the process online or over the phone allows the individual to apply for or to recertify their SNAP or TANF benefits at the same time. If the individual completes the redetermination by mailing or faxing the packet back to DPHHS, they must report any changes on the form and must sign and date it.

WHAT IS CHANGING?

Elimination of 12-month continuous eligibility for adults:

Since the start of Medicaid expansion in 2016, Montana's Healthcare Programs have had a policy of 12-month continuous eligibility for most adults receiving

- Prior authorization requirements;
- Face-to-face requirements for some programs;
- Medication refill and preferred medication rules; and
- Case management services will need to be provided by case managers.

Permanent Service Changes

Some of the changes made during the PHE have already been made permanent. An example of this is:

- More services available through telehealth and electronic visits;
- Intensive Outpatient Therapy services for youth with Serious Emotional Disturbance; and
- Youth can continue to receive group community-based psychiatric rehabilitation and support services.

DPHHS continues to review each change enabled by the PHE to best determine which additional changes that should remain in place once the PHE ends.

If you need help navigating the Montana Healthcare Program renewal process or finding other healthcare coverage, remember, help can be found here:

Cover Montana, at
<https://covermt.org/>
or call
(844) 682-6837

healthcare coverage. This meant that while individuals were required to report any changes that might affect their eligibility within 10 days of knowing about the change, in most cases, their Medicaid coverage continued regardless of those changes for 12 months.

The 2021 Montana Legislature passed a budget that removed funding for 12-month continuous eligibility for most adults on Montana Healthcare Programs and directed DPHHS to end the policy. This change impacts adults covered by Medicaid Expansion as well as adults covered through the Parent/Caretaker Relative category of eligibility. DPHHS is now required to assess whether these individuals remain eligible for coverage each time DPHHS becomes aware of a change in their case, and to discontinue their coverage if they are no longer eligible.

What is the impact?

Potential loss of coverage

If individuals report a change or DPHHS discovers a change through database checks, and DPHHS finds they are no longer eligible for healthcare coverage, DPHHS will notify them that their enrollment will be ending. DPHHS will send their information to HealthCare.gov, which will check to see if they qualify for other reduced-cost health insurance.

If the individual does not have any changes that affect eligibility, coverage will continue for up to one year, at which time another eligibility determination will occur.

This change does not impact children covered children or the small number of adults with Severe Disabling Mental Illness. These groups will maintain 12-month continuous eligibility, so in most instances a reported change will not impact their healthcare coverage until their redetermination.

WHAT SHOULD MEMBERS DO?

Update contact information

Make sure to update your contact information with Montana Healthcare Programs. DPHHS will be sending important mail, and members need to make sure DPHHS has their current address, phone number and email. Updates to contact information can be made by doing any of the following:

- Complete a change of address form online at: apply.mt.gov. At apply.mt.gov, individuals can



More Information on Pharmacy Changes

During the Public Health Emergency (PHE), while provider offices and pharmacies were not always open and many members could not leave their homes, the pharmacy program made some changes to help maintain access.

Montana Healthcare Programs members were able to fill medications earlier than usual and most medications could be filled for 90 days. Also, for some drugs, we usually require the prescriber to call us every year and give us an update or we won't keep approving it. During the PHE, we did not require these phone calls. When the PHE ends on May 11th these will change back.

Members will still be able to fill prescriptions a few days early, but not as early as during the PHE. Some medications will still be allowed for 90 days, but not as many. Medications that are not preferred products or have criteria will require a phone call from your

also create an online account. An online account allows individuals to not only update their contact information, but also receive correspondence and complete the redetermination process for their coverage when it's time.

- Call the Public Assistance Helpline at 1-888-706-1535
- Mail a letter to: DPHHS,
PO Box 202925, Helena, MT 59620-2925
- Fax a letter to 1-877-418-4533
- Go to the local Office of Public Assistance

What else should members remember to do?

- Complete the redetermination process or requests for additional information by going to apply.mt.gov or calling the Montana Public Assistance Helpline at 1-888-706-1535.
- For help navigating the Montana Healthcare Programs redetermination process or finding other healthcare coverage, contact **Cover Montana at <https://covermt.org/> or (844) 682-6837**. Cover Montana will connect you with free, confidential, and local help with healthcare coverage.
- If you lose your Montana Healthcare Programs coverage you may apply for insurance through HealthCare.gov immediately so you do not have a gap in coverage. Contact Cover Montana for individual, one-on-one assistance if needed. Contact information is above. You may also contact HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325).
- Additional information for members can be found <https://dphhs.mt.gov/hcsd/medicaidupdates/>.



prescriber. The pharmacy will let the prescriber know to call us if they need to. Do not wait until you are out of medication to call the pharmacy, so there is time for them to call us.



More Information on Passport Changes

Passport to Health (Passport) is Montana Healthcare Program's Medical Home Program. Most Montana Healthcare Program members have a Passport provider. Your Passport provider should provide primary care and coordinate your access to other primary care or specialty care providers. Your Passport provider gives referrals to other health care providers so they can be paid.

During the Public Health Emergency, the Passport referrals were suspended. Members did not need referrals to see a specialist or a provider other than their Passport provider. The Public Health Emergency ends May 11, 2023. Starting

Key Contacts

Montana Healthcare Programs/Medicaid/HMK Plus Member Help Line

For questions regarding benefits or Passport to Health:

1-800-362-8312

[MT Healthcare Programs](#)

Montana Relay Service

For the deaf or hard of hearing.

1-800-253-4091 or 711

Montana Public Assistance Help Line

For eligibility questions.

1-888-706-1535

[MT PUBLIC ASSISTANCE](#)

Transportation Center

For questions regarding travel or approval. **Call before you travel, or you may not be reimbursed.**

1-800-292-7114.

May 12, 2023, you will again need to coordinate your care through your Passport provider.

If you cannot remember who your Passport provider is or if you want to change your Passport provider, you can call the **Member Help Line at 1-800-362-8312**

Monday through Friday from 8 a.m. through 5 p.m. You can also change your Passport provider online at <http://mtpassport.com>.

For a list of services that require Passport referral, see the table of services starting on page 15 of the Montana Healthcare Programs Member Guide located on the department website at [Montana Healthcare Programs Member Guide 03/01/2023 \(mt.gov\)](#).

You may also call the Member Help Line if you have questions about Passport, would like a list of Passport providers in your area, or would like program information or visit <http://dphhs.mt.gov/MontanaHealthcarePrograms>.

