Welcome

Medicaid’s Mission

To assure that necessary medical care is available to all eligible Montanans within available funding resources.

You are part of something Big

You are in good company. Medicaid and HMK Plus insure an average of *99,692 Montanans each year. Almost 15,000 doctors, hospitals, nurses, therapists, counselors, clinics and other providers are enrolled with Medicaid to meet your health care needs. Every year Medicaid pays more than *$962 million for health care services and the majority of that money is spent in Montana.

Montana Medicaid Members

Children Under 19 Years Old, 60%
Parents of Medicaid Children, 14%
People With a Disability, 20%
Members Over 65, 7%
Members

You Matter

Being a member of something as big as Medicaid is great. It means you’ll be able to get help with most any health matter. Getting or keeping you healthy matters to us. Medicaid has a number of staff and programs to meet your healthcare needs. This guide will help you map out your plan for good health. Let’s get started.

*From DPHHS report to the 2013 Legislature: “The Montana Medicaid Program”
Numbers include persons now eligible for Healthy Montana Kids Plus
About Montana Medicaid and Healthy Montana Kids *Plus*
Montana Medicaid and Healthy Montana Kids Plus

Montana Medicaid is health care coverage for some low-income Montanans. Medicaid is run by DPHHS (the Montana Department of Public Health and Human Services).

Healthy Montana Kids Plus (HMK Plus) is health coverage for low-income children in Montana and is also run by DPHHS.

The State of Montana pays about one-third of the cost of Medicaid and HMK Plus and the federal government pays the rest.

Medicaid and HMK Plus do not pay money to you. Instead, payments for health care services are sent directly to your health care providers.

If Medicaid and HMK Plus pay for health care:

- Services must be medically necessary.
- Services must be provided by a health care provider who is a Montana Medicaid or HMK Plus provider.
- Services must be Medicaid or HMK Plus covered services (See Section 4, Covered Services).

Did you get a Medicaid or HMK Plus Card?

Adults with Medicaid will get a plastic “Montana Access to Health” card in the mail. Kids with HMK Plus will get a plastic “Healthy Montana Kids Plus” card in the mail. Each person will get his or her own card. Keep your card in a safe place, like your purse or wallet. Always take your card when you get medical services and show it when you check in.

If the information on your card is not right, tell the case manager at the OPA right away. If you haven't gotten your health coverage card before you need medical care, tell the case manager.

Keep your card, even if your Medicaid or HMK Plus ends. If you get Medicaid or HMK Plus again in the future, you will use the same card. The front of your card has your name, your member number and your birth date. The member number is not your Social Security Number.

The back of your card has information about using the card and the Medicaid/HMK Plus Help Line phone number, 1-800-362-8312. The back of the card also has information for your medical provider.

Here is what a Montana Access to Health card looks like.

Here is what a Healthy Montana Kids Plus card looks like.

If you lose your card contact your Office of Public Assistance.
If you move, get married, have a baby or have other changes

Tell the case manager within 10 days if you have changes in your household. Some examples are:
• moving to a different address
• moving to a nursing home
• getting married or divorced
• becoming pregnant
• having a baby
• changing jobs
• getting insurance
• changes in your assets
• getting extra income

The case manager will tell you if you are still eligible for Medicaid or HMK Plus.

How does Medicaid or HMK Plus work, and how do I use my health care coverage?

The programs or services you will read about on the next few pages can help you learn to make the most of your coverage.

Nurse First Advice Line

Nurse First is a free telephone advice line you can call when you are sick, hurt or have a health question. Call 1-800-330-7847 - 24 hours a day, 7 days a week. Nurse First is for people with Medicaid or Healthy Montana Kids Plus health coverage.

Before you go to your doctor or the emergency room, call Nurse First. You may be able to treat the problem at home. Nurses at Nurse First can help you save time and money by guiding you to the right care at the right place and at the right time.

Nurses at Nurse First (1-800-330-7847) can help you with problems like:
• fever
• earache and headache
• flu and sore throat
• skin rash
• vomiting or upset stomach
• colds and coughing
• back pain
• a crying baby

If you have just found out you have diabetes, heart disease, high cholesterol or any other health issue, the Nurse First Advice Line may be able to give you some information and help answer your questions.
Don’t call Nurse First when:

- You have a health concern you are sure is life threatening. In this case, call 911 or go directly to the emergency room.
- It’s time for your child’s next Well Child checkup or immunizations (shots). Call your doctor’s office directly to schedule an appointment.
- 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, or your child, need regular services such as transfusions or dialysis. Make this series of appointments directly with your doctor’s office.

Remember, if you are not sure you should go to the emergency room, call the Nurse First Advice Line at 1-800-330-7847. The call is free. Registered nurses are available 24 hours a day, 7 days a week to help you.

Montana Health and Wellness Website

The Montana Health and Wellness website has information on thousands of health topics such as diseases, symptoms, medical tests, medications and much more. Use this site to check on a topic of personal interest or learn more about health and wellness. You can find the Montana Health and Wellness website by going to www.medicaid.mt.gov and clicking on the “Montana Health and Wellness Information” link, on the left.

My Health Record

You can view your health record information online at www.medicaid.mt.gov. At the “Member Information” link click on “My Health Record Website” link on the left, then on “My Health Record Website,” Click on “Register New User” and enter your information. You can see a summary of Medicaid bills that have been paid. If you have questions about drugs or services in your summary, you can call the Nurse First Advice Line at 1-800-330-7847. If you have problems finding your information call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

Health Improvement Program

If you have Passport to Health, you are enrolled in the Health Improvement Program. This program can provide extra help for people with serious health issues. This program can also help patients prevent serious illness.

A nurse or health coach will contact you by letter and then by phone if you need extra help.

Services that may be offered:

- Health assessment (questions asked by a nurse or health coach to see what your needs are)
- A written plan to help you manage your health
- Help with scheduling tests and follow-up care
- Help with taking care of yourself before or after a hospital stay
- Help with managing medicines you are taking
- Help with finding other services that may help you take care of yourself (such as transportation)
• Education about how to help yourself with diet, exercise, or medicine
• Reminders to make appointments or schedule other services you may need
• Keeping a record of your progress
• More information about your health condition

The nurses and health coaches work at health centers across Montana. They will work with your Passport doctor to help you get the care you need. If you receive a letter and phone call from a nurse or health coach, you will be asked to answer questions about your health and can learn about extra services. You can choose any of the services offered or you can choose not to get the services.

I have other questions or concerns.

How much will I pay?

Children with HMK Plus do not pay a copay on services.

Some people with Medicaid pay a “copay” to the provider when they get medical care, if they are:
• 21 years old or older
• not living in a nursing home
• not pregnant

Copay is paid at the time a service is received, unless your provider lets you pay later. Be sure to get a receipt for all copays you pay.

Copay amounts:
• $1-$5 for each prescription, but not more than $25 added together in a month
• $1-$9 for each visit to a provider
• $100 for each hospital stay

If you have another health insurance plan (for example, BlueCross BlueShield, or Medicare) that pays for the service you need, you will not pay a copay for that service if your provider agrees to accept both Medicaid and your other health insurance.

The chart of covered services beginning on page 19 tells you the services that have copays. Here is a list of Medicaid services that do not have copays:
• Emergency services
• Family planning services
• Eyeglasses
• Hospice services
• Personal assistant services
• Transportation services
• Services at IHS or referred by IHS
• Home and Community Based Waiver services
• X-ray and independent lab services

Note: Sometimes when you receive Medicaid services, you may need to pay more than one copay amount – one amount for each provider and one amount for the hospital or office. Here are some places where you might pay two copays:
• Hospital
• Surgical Center
• “Provider-based” clinic

What if I get a bill?

You should receive a bill from your provider telling you what service or treatment you received, the date you received the service, the cost of the service, and how much you paid. The bill should also tell you how much Medicaid or HMK Plus paid. Do not pay a bill for services covered by Medicaid or HMK Plus. You don’t have to pay more than the copay for services covered by Medicaid.
If you think a provider is billing both you and Medicaid or HMK Plus for the same service, or is charging Medicaid, HMK Plus or you for services you did not receive, call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

Your provider can bill you for a service that is not a Medicaid or HMK Plus covered service if you signed a private pay agreement before you got the service. You will have to pay for the service if you signed the agreement.

Medicaid and HMK Plus usually do not pay your provider the full amount the provider charges for services. Your provider has agreed to get a lower amount. You do not have to pay the amount Medicaid or HMK Plus does not pay. If you have questions about a bill from your provider, try to work with your provider’s office to get an answer. If you still need help, call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

Can I get help getting to my appointment?

Medicaid and HMK Plus may pay for you to get to your health care provider or other health care service, if the service is covered by Medicaid or HMK Plus, and if you have no other way to get there. See page 34.

I have a problem speaking English. Is there someone who can speak my language?

If English is not your first language, please ask your case manager or Medicaid provider for an interpreter who speaks or signs your language. The interpreter will explain Medicaid or HMK Plus for you. Interpreters are free and available in most languages, including sign language.

I have trouble hearing.

If you are deaf or hard of hearing, you can call the Montana Telecommunications Access Program (MTAP) at 1-800-833-8503. They will give you more information about amplified phones, captioned telephones and hands free devices.

If you are deaf or hard of hearing and want direct call relay service, the Montana Relay call service will relay your phone calls – just call 711 or 1-800-253-4091. The Montana Relay customer service number is 1-800-833-8503.

I want the most from my health care and to stay healthy. What can I do?

As a partner in your health care and the health care of your family, it is up to you to help keep health care costs as low as possible. Go to the Montana Health and Wellness website, www.medicaid.mt.gov, and click on "Montana Health and Wellness Information" link to find information on healthy eating and exercise. The following sections list things you can do to get the most from Medicaid and HMK Plus.

**Stop smoking**

*Never smoke when you are pregnant.* Smoking causes many serious illnesses, such as:
- lung cancer
- emphysema and other breathing problems
- heart disease

**Stop drinking or limit alcohol**

Alcohol is linked to major birth defects, serious injuries, and many health problems, including
cirrhosis of the liver, brain and heart damage, and cancer. If you decide to drink alcohol, drink lightly. *Never drink alcohol when you are pregnant.*

**Exercise regularly and maintain a healthy weight**

Try to get at least 30 minutes of activity every day. The activity can be done at different times during the day to add up to 30 minutes. Something as simple as three 10-minute walks can help you control your weight. Talk to your doctor about your best weight.

**Eat a balanced diet with different foods**

Choose many kinds of grains, fruits, vegetables and lean meat daily. Choose drinks and other foods that are low in sugar. Choose and prepare foods that are low in salt.

Visit [www.heart.org](http://www.heart.org) and click on “Getting Healthy.” Here you’ll find recipes, tips on grocery shopping, information on how to follow an eating plan, and other good facts about healthy eating.

**Practice safe sex**

Use protection to avoid unplanned pregnancies and sexually transmitted diseases. Careful use of birth control will reduce risks of unplanned pregnancies. Using condoms will reduce risks of getting sexually transmitted diseases. For more information on Medicaid and HMK Plus family planning services, see page 28 of this manual.

**Get regular health checkups with one doctor**

Have one regular doctor so he can:

- keep all of your medical records in one place.
- keep your health history.
- have a chance to learn about you while you are well.
- be there if you need care after office hours.
- suggest a specialist if you need one.

**Use preventive health benefits**

- Ask about getting cholesterol, blood pressure and other tests.
- Ask about when you should get regular checkups.
- For females, have regular mammograms and pap tests.

**Ask for a second opinion**

If you have a serious medical condition, you may want a second opinion. If you see another provider for a second opinion, be sure to take test results and X-rays with you so those tests won’t need to be done again. If you have Passport to Health, be sure to get a referral from your Passport doctor to get a second opinion.

**Make sure children get enough rest**

Children’s muscles, bones and brains need plenty of rest to grow and work right. Set a regular bedtime for your children and stick to it. Children under six years old usually need regular daytime naps, too.

**Never smoke when you are pregnant**

Smoking can cause serious harm to your baby. Smoking while you’re pregnant puts your baby at risk for asthma, ADD (Attention Deficit Disorder), SIDS (Sudden Infant Death Syndrome), and low birth weight.
Live in a smoke-free home

Children who grow up in homes where people smoke are sick more often than other children and can have serious breathing problems. If you smoke, your second-hand smoke can harm your children and may cause ear infections, bronchitis and asthma.

Never drink alcohol or take illegal drugs while you are pregnant

Alcohol and drugs can cause severe injury to your baby, and can cause an alcohol or drug-addicted baby.

Never drink and drive, especially with children in the car

Help children exercise and be active

Plan family activities like hiking, biking, or playing in the yard or park. Try to have children be active at least 30 minutes a day. Help children make exercise a part of their lives – use stairs instead of elevators, walk the dog every day, choose active and fun activities.

Help children eat a balanced and healthy diet

Choose many kinds of foods, including plenty of whole grains, at least five servings of fruits and vegetables each day, low-fat dairy, and lean meat. Let children decide how much food to eat. For drinks, skip the soft drinks. Always have water available. Offer 1% or skim milk with meals and 100% fruit juice no more than twice a day.

Help children brush their teeth and floss every day

Take children to the dentist at least once every six months and ask about fluoride treatments.

Make sure children have Well Child visits and shots

Well Child visits and shots help protect children from serious diseases such as mumps and measles. See pages 34-35 for the schedule of Well Child visits and shots.

I have not had Medicaid for months. How do I reapply?

To reapply for Medicaid, complete a Medicaid application and give it to any county OPA (Office of Public Assistance), either in person or by mail. OPAs are part of DPHHS. To find the phone number and location of your local OPA call the Montana Citizens’ Advocate Office toll free at 1-800-332-2272. You can find a full list of OPAs at the Medicaid home page: www.medicaid.mt.gov, click on the “Office of Public Assistance” link.

To apply for HMK Plus, complete an HMK application and mail it to the address on the application or drop it off at any OPA. Application information for HMK Plus can be found on-line at www.hmk.mt.gov.

Pregnant women can apply for Medicaid at places such as county health departments, community health centers, migrant health centers, family planning clinics, or IHS (Indian Health Services). If eligible, she will be covered by Medicaid right away.

You can apply for Medicaid and HMK Plus online at www.dphhs.mt.gov.
Your Passport to Health
Passport to Health

Passport to Health is a medical home program.

What is a medical home?

A medical home is not a building. It is when you choose one doctor and ideally one pharmacy that will coordinate most all of your health care needs. That means any time you are sick, hurt, need medicine or need to see your doctor for an exam, you see the same person. You build a relationship with your doctor. You work together to know your health status, any medications you may take, and your health history. This helps you and your doctor make good decisions so you get the best health care possible.

Most people who have Medicaid or HMK Plus must be in Passport to Health. If you are not in Passport, you still may want to read more about it on the next few pages. We’ll bet you will find a medical home is the best way to handle your health care.
Your Passport Provider

A Passport provider can be a doctor, nurse practitioner, physician assistant or a medical clinic. Your Passport doctor takes care of most of your medical needs, and keeps your medical records up to date and in one place. To make sure Medicaid or HMK Plus will pay the bill, most medical appointments must be with your Passport doctor, or referred by your Passport doctor.

Choosing Your Passport Doctor

You choose your Passport doctor. You can choose the same doctor for everyone in your family, or each person can have a different doctor. For example, parents may choose a pediatrician for their child and a family doctor or nurse practitioner for themselves.

If you want to keep seeing your current doctor, ask if they are a Passport doctor. If they are, you can choose them.

Need help choosing?

- Call the Medicaid/HMK Plus Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. The Help Line staff can tell you about Passport doctors near you.

- You can also choose your Passport doctor anytime online at www.medicaid.mt.gov. Click on the “Choose Your Passport Provider” link in the left menu.

- If you do not choose a Passport doctor, you will be assigned one. It’s best if you choose – because you know what’s right for you and your family.

After you choose your Passport doctor, you will get a letter in the mail with the name of the doctor you chose. The letter will also tell you how to contact your doctor during normal work hours and after normal work hours.

American Indians and Passport

If you are American Indian, you can choose an IHS or any other Passport doctor. If you choose a Passport doctor who is not IHS, you can still go to IHS for health services without a referral from your Passport doctor. However, if IHS refers you to a someone who is not with IHS, you must get a referral from your Passport doctor before you go. Medicaid and HMK Plus may not pay the bill if you do not get a referral from your Passport doctor before seeing another doctor or medical provider. When in doubt, contact your Passport doctor.

Changing Your Passport Doctor

If you need to change your doctor, call the Medicaid Help Line 1-800-362-8312 or log onto www.medicaid.mt.gov and click on the “Choose Your Passport Provider” link in the left menu. If you change your doctor you will get a letter in the mail confirming the change. The change happens at the beginning of the next month.

Passport Referrals

Your Passport doctor will provide most of your health care needs, but sometimes you may need to see a specialist or go to urgent care. Your Passport doctor will give the specialist or urgent care a referral. The specialist or urgent care must make sure they have a referral from your Passport doctor before they see you.
You don't need a referral from your Passport doctor for some services. See the Covered Services section beginning on page 18 for services that don't need Passport referrals.

To be Removed From Passport

Most people with Medicaid or HMK Plus must choose a Passport doctor. Sometimes choosing one Passport doctor may make it hard to get health care when you need it. One example is if the doctor you chose only has office hours in your area one week each month. If something like this makes it hard for you to rely on just one doctor, you may ask to be removed from Passport. Call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

Pregnancy and Passport

Pregnant women may get pregnancy-related care from any provider who takes Medicaid or HMK Plus. Pregnant women do not need a referral for pregnancy care. Your Passport doctor must provide most other health care that is not pregnancy-related.

Getting Passport Medical Care

Checkups, exams, sick or hurt
Always go to your Passport doctor for exams and when you are sick or hurt.

Emergency room care
A medical emergency is when you are so sick or hurt you need medical care right away. Examples of emergencies are if you are bleeding a lot, or having trouble breathing. You can get emergency treatment without your Passport doctor’s referral. If the emergency treatment has been done and you still need more care, like getting stitches out, you would go to your doctor for that care.

What if you have an emergency?
Call 911 or go to the nearest emergency room.

When should you go to the emergency room?
Go to the emergency room only when you have a medical emergency.

Urgent care
Urgent care centers do not provide the same services as a Passport doctor and some do not accept Medicaid. If you go to an urgent care center when your Passport doctor is not in the office, make sure the urgent care takes Medicaid. Then be sure to ask your Passport doctor to give a referral to the urgent care center.

Not sure where to go?
If you are not sure if you have an emergency or need to get care right away, you should call Nurse First at 1-800-330-7847. There is more information about Nurse First on pages 5 and 6.

Concerns with your Passport Doctor

Most members work well with the doctor they chose. If you have concerns with your Passport doctor, here are some things you can do:

- Talk to your provider- explain what the problem is and try to work it out. Sometimes people just don't know how you feel.
- Choose a new Passport doctor:
- Call the Medicaid/HMK Plus Help Line. Tell the person who answers that you are having a problem with your Passport doctor.
- You have the right to file a complaint. To do this, call the Medicaid/HMK Plus Help Line.
What if I don’t have Passport?

You can get health care from any health care provider who is a Medicaid or HMK Plus provider. Be sure to ask if the provider is a Medicaid or HMK Plus provider before you make an appointment. Here are some common kinds of providers you might see to get health care:

- Physicians (doctors), such as family practitioners, internists, pediatricians, obstetricians, gynecologists
- Mid-level practitioners, such as physician assistants and APRNs (advance practice registered nurses)

Here are places you might go to get health care:

- Ambulatory surgical center, for outpatient surgery
- A community health center or an outpatient clinic run by a tribe. Services you may get there include physician, physician assistant, and nurse practitioner services; nurse midwife services; dental services; preventive care; and primary care services. Some centers also have pharmacies.
- RHGs (rural health clinics), which are outpatient health clinics in rural areas. RHGs offer the same or similar services you get at community or tribal health centers.
- County or city-county health departments. These are health clinics run by counties.
- IHS (Indian Health Services) clinics, which offer the same or similar services you get at community health centers.

To find providers or places to get health care that are Medicaid or HMK Plus providers, type “Montana Access to Health” in your browser and choose the last button on the right menu “Provider Locator.” Once there, you can search by provider type, places to get health care, name, zip code or even county.

Passport Reminders

Make Passport Work for you!

Choose your Passport Provider.
If you do not choose, you will be assigned to one.

Check your Medicaid or HMK Plus card to make sure the information on it is correct. Tell your case manager if it is not.

Ask your Passport Provider for a referral before you see another provider.

Take your Medicaid or HMK Plus card with you when you get health care services and show it to the person at the desk.

Call ahead for appointments and be on time.

If you cannot go to your medical or dental appointment, call to cancel the appointment.

Go to the emergency room only if there is a health care emergency.

Do not go to urgent care for regular medical care.

If you are not sure if you need to see your Passport Provider call Nurse First at 1-800-330-7847.

Pay all copays, if required.
Your Rights and Responsibilities
Rights for people with Medicaid and HMK Plus

A person who is eligible for Medicaid or HMK Plus has the right to be treated fairly and with courtesy and respect.

- You have the right to have your privacy protected and to be treated with dignity by providers and their staff.
- You have the right to get medical care no matter your race, color, nationality, sex, religion, age, creed, physical or mental disability, marital status or political belief.
- You have the right to know if the medical services you need are paid for by Medicaid or HMK Plus.
- You have the right to get information on all available treatment options.
- You have the right to discuss possible results with your provider before accepting or refusing treatment.
- You have the right to use the services of an interpreter if necessary, at no cost to you.
- You have the right to make a complaint about Medicaid or HMK Plus and to receive an answer.
- You have the right to choose your provider.

Doing your part

Your responsibilities as a Medicaid or HMK Plus member

You and your health care provider are a team. Your job is to help your health care provider give you the best health care. Here’s what you can do:

- Treat your doctor and other health care providers with respect, just as you like to be treated.
- Call the Nurse First Advice Line – first. Nurses are there every day, 24 hours a day to help you decide if you should see your provider, go to the emergency room, or take care of the problem at home. Call 1-800-330-7847.
- Don’t use an ambulance or go to an emergency room if you do not have an emergency. A visit to your provider costs much less than a visit to an emergency room.
- Ask if the other provider is a Medicaid or HMK Plus provider.
- Get to your appointments on time. Be sure to call ahead of time if you can’t keep the appointment or if you will be late.
- Help your provider get your last medical records.
- Tell your provider about signs of trouble, such as pain, allergies, or changes you’ve noticed.
- Ask questions. Make a list of questions before your appointment. Ask about risks, choices, and cost before getting treatments or prescriptions. If you don’t understand what you need to do to get better, ask more questions.
- Go to the same pharmacy to get all your prescriptions. The pharmacist will tell you if different drugs together will give you problems or if a drug has side effects. The pharmacist can also answer questions about your prescription drugs.
- Get complete directions about drugs, treatments or tests. Write down the directions or ask your provider to write them down.
- Take time to decide about having a treatment. Think about your choices and discuss them with your provider. For some procedures, your provider will need prior authorization before the treatment is done.
- Don’t sign anything you don’t understand. Ask questions until you do understand.
- Pay your copays.
- Pay your provider any money you get from another payer for medical services, for example, an insurance company.
- Use Medicaid and HMK Plus wisely – only when you are sick or for exams and regular checkups to help prevent sickness.
- If Medicaid or HMK Plus paid or may pay for medical care for damages caused by another person, you must give DPHHS the names and addresses of the person or insurance company responsible. Call DPHHS at 1-800-694-3084.
Covered Services
This section tells if a service is covered by Medicaid and Healthy Montana Kids Plus. For details on these covered services, turn to the pages after the chart. They begin on page 24. There may be other services that Medicaid and HMK Plus will pay for that are not listed. Ask your provider if you’re not sure if something is covered or requires prior authorization by Medicaid or HMK Plus. The Medicaid/HMK Plus Help Line at 1-800-362-8312 may also be able to help.

**All Medicaid and HMK Plus services must be medically necessary:** There are limits to some services Medicaid or HMK Plus pays and some services need prior authorization. Ask your provider about service limits and prior authorization.

**Full Medicaid means you are eligible for all services that Medicaid or HMK Plus covers if medically necessary:** People who may be eligible for full benefits: pregnant women; children ages 20 and under; adults who are blind, age 65 or older, disabled, or anyone receiving SSI (Supplemental Security Income).

**Basic Medicaid:** This means that some services are not paid for by Medicaid, except in the case of an emergency or where a job requires the services (“essential for employment”). People receiving basic benefits are adults over age 21 who are not pregnant or are not women with breast or cervical cancer or pre-cancer, blind, disabled, over age 65, or receiving SSI.

**Passport Referral:** Some Medicaid and HMK Plus services require a referral from your Passport doctor to another provider before Medicaid or HMK Plus will pay for services.

**Copay:** See “How much will I pay?” on page 7.

**Prior Authorization:** Some Medicaid and HMK Plus services require approval before Medicaid or HMK Plus will pay for these services. For transportation services call 1-800-292-7114. For other services, talk to your Passport doctor.

Montana Medicaid and HMK Plus make every effort to have a complete set of medical policies in place. However, due to the fast pace of medical changes and new medical procedures, Medicaid and HMK Plus may not have a policy to address every service. In those cases, Medicaid and HMK Plus may review other information including current medical literature and other medical resources, and consult with health care providers.

The description of Medicaid and HMK Plus covered and non-covered services presented here is a guide and not a contract to provide medical care. Administrative Rules of Montana, Title 37, Chapters 81 through 88 and 90, govern access and payment of services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Covered by Full Medicaid and HMK Plus</th>
<th>Covered by Basic Medicaid</th>
<th>Passport Referral Needed</th>
<th>Copay Needed</th>
<th>Prior Authorization Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>Ask your provider some abortions are covered</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Adaptive Equipment (reachers, appliances)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Alcohol and Other Drug Treatment: non-hospital services</td>
<td>Yes day treatment and inpatient for under age 21, outpatient for adults and children</td>
<td>Yes outpatient services</td>
<td>No</td>
<td>No</td>
<td>Yes day treatment and inpatient for under age 21</td>
</tr>
<tr>
<td>Alcohol and Other Drug Treatment: hospital inpatient and outpatient services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if detox lasts more than 7 days</td>
<td>Yes</td>
</tr>
<tr>
<td>Service</td>
<td>Covered by Full Medicaid and HMK Plus</td>
<td>Covered by Basic Medicaid</td>
<td>Passport Referral Needed</td>
<td>Copay Needed</td>
<td>Prior Authorization Needed</td>
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<tr>
<td>Ambulance</td>
<td>For emergency</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scheduled non-emergency use of ambulance may be necessary. Call 1-800-292-7114 for approval.</td>
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<tr>
<td>Audiology Services</td>
<td>Yes with limits</td>
<td>Yes if essential for employment</td>
<td>No</td>
<td>Yes adults</td>
<td>No</td>
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<tr>
<td>Autism Services</td>
<td>Yes limited enrollment contact Developmental Disabilities Program 406-444-2995</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Bio-Feedback</td>
<td>No</td>
<td>No</td>
<td></td>
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<td>Birth Center Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No for most services</td>
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<td>Birth Control</td>
<td>Yes</td>
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<td>Blood Lead Testing</td>
<td>Yes</td>
<td>Yes</td>
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<td>Case Management (targeted)</td>
<td>Yes for some conditions</td>
<td>No</td>
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<td>Children’s Health Care (EPSDT)</td>
<td>See Children’s Health Care (EPSDT) on page 26 and Well-Child Checkups on pages 34-35</td>
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<tr>
<td>Chiropractic</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes adults</td>
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<td>Circumcision: if medically necessary</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes adults</td>
<td>Yes</td>
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<tr>
<td>Clinic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for some services</td>
<td>Yes adults</td>
<td>No</td>
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<td>Comfort and Convenience Items</td>
<td>No</td>
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<tr>
<td>Community Health Center Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for some services</td>
<td>Yes adults</td>
<td>No</td>
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<tr>
<td>Cosmetic Surgery</td>
<td>May be covered when the condition has a severe detrimental effect on a person’s physical and psychosocial well being. Services must be prior authorized and are approved on a case-by-case basis.</td>
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<tr>
<td>Dental</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for some services</td>
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<td>Denturist</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for some services</td>
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<td>Developmental Disability Services</td>
<td>Yes if member meets level of care requirements</td>
<td>No</td>
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<td>Yes</td>
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<td>Dialysis: Outpatient and training for self-dialysis</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes adults</td>
<td>No</td>
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<td>Doctor Visits: Also includes Physician Assistants and Advanced Practice Registered Nurses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for some services</td>
<td>Yes adults</td>
<td>Yes for some services</td>
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<td>Service</td>
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<td>Covered by Basic Medicaid</td>
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<td><strong>Drugs:</strong> Prescription</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for some drugs</td>
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<td><strong>Drugs:</strong> Over-the-counter</td>
<td>Yes if prescribed</td>
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<td>No</td>
<td>Yes adults</td>
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<td>DME (durable medical equipment)</td>
<td>Yes with limits for medical necessity</td>
<td>Yes if essential for employment</td>
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<td>Yes adults</td>
<td>Yes for some services</td>
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<tr>
<td>Emergency Room Services</td>
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<td>Environmental Controls</td>
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<td>EPSDT</td>
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<td>Exercise Programs or Equipment</td>
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<td>Experimental Drugs or Treatments</td>
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<td>Eye Exams</td>
<td>Yes with limits for adults</td>
<td>Yes for eye disease or injury or if essential for employment</td>
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<td>Eyeglasses</td>
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<td>Family Planning Services</td>
<td>Yes</td>
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<td>Foot Care (podiatry)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Gastric Bypass Surgery</td>
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<td>Group Home Care</td>
<td>Yes for members under age 21 with mental illness</td>
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<td>Yes</td>
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<td>Group Medical Visits</td>
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<td>Hearing Aids</td>
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<td>No</td>
<td>Yes adults</td>
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<td>Hearing Exams</td>
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<td>Yes if essential for employment</td>
<td>No</td>
<td>Yes adults</td>
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<td>Home Births</td>
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<td>HCBS (Home and Community Based Services)</td>
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<td>Home Health Services</td>
<td>Yes for members 21 years and older</td>
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<td>Home Infusion Therapy</td>
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<td>No</td>
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<td>Homemaker Services</td>
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<td>Hospice</td>
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<tr>
<td>Hospital: inpatient</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes unless pregnancy related</td>
<td>Yes adults</td>
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<td>Hospital: outpatient</td>
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<td>Yes</td>
<td>Yes some services</td>
<td>Yes adults</td>
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<td>Hospital: transitional</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>Hot Tubs or Spas</td>
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<td>Indian Health Services</td>
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<td>Infertility Treatment</td>
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<td>Interpreter Services</td>
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<td>Lab (laboratory services)</td>
<td>Yes</td>
<td>Yes</td>
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<td>Lead Screening</td>
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<td>Massage</td>
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<td>Medical Marijuana</td>
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<td>Medical Supplies and Equipment (DME)</td>
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<td>Mental Health Services for Adults</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes some services</td>
<td>Yes some services</td>
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<td>Mental Health Services for Children</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Naturopathic Services</td>
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<td>Nurse First Services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Nursing Homes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes some services</td>
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<td>Nutrition Counseling</td>
<td>Yes</td>
<td></td>
<td>Yes for under age 21 (includes medical foods &amp; special nutritional supplements) and diabetics</td>
<td>Yes</td>
<td>No</td>
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<td>OB (obstetric) Services</td>
<td>Yes</td>
<td>Yes</td>
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<td>Occupational Therapy</td>
<td>Yes limited to 40 hours for adults, no limit for children</td>
<td>Yes</td>
<td>Yes adults</td>
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<td>Orthodontia (dental braces)</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Out of State Services</td>
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<td>see page 32</td>
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<td>Paternity Tests</td>
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<td>Personal Assistant Services</td>
<td>Yes limited to 40 hours for adults, no limit for children</td>
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<td>Personal Care Items</td>
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<td>Pharmacy</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes some services</td>
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<td>Service</td>
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<td>Physical Therapy</td>
<td>Yes limited to 40 hours for adults, no limit for children</td>
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<td>Yes</td>
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<td>Pregnancy and Childbirth</td>
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<td>Private Nursing Services</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Professional Counselor Services</td>
<td>Yes limited to 24 sessions per year, children may receive additional prior-authorized visits</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for children if more than 24 visits per year</td>
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<td>Psychologist Services</td>
<td>Yes limited to 24 sessions per year, children may receive additional prior-authorized visits</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for children if more than 24 visits per year</td>
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<td>Public Health Clinic Services</td>
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<td>Yes</td>
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<td>Yes adults</td>
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<td>Respiratory Therapy</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>School-Based Services: Include speech therapy, occupational therapy, physical therapy, shots, private nursing help with daily living activities, specialized transportation, mental health services</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes some services</td>
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<td>Shots (immunizations)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>No</td>
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<td>Social Work Services (clinical)</td>
<td>Yes limited to 24 sessions per year, children may receive additional prior-authorized visits</td>
<td>No</td>
<td>Yes adults</td>
<td>Yes for children if more than 24 visits per year</td>
<td></td>
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<tr>
<td>Speech Therapy</td>
<td>Yes limited to 40 hours for adults, no limit for children</td>
<td>Yes</td>
<td>Yes adults</td>
<td>No</td>
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<tr>
<td>Substance Dependency Services (alcohol and drug): day treatment</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>Substance Dependency Services (alcohol and drug): non-hospital inpatient</td>
<td>Yes for members under age 21</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>Substance Dependency Services (alcohol and drug): non-hospital outpatient</td>
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<td>Yes</td>
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<td>Surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes adults</td>
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<td>Surgical Technicians (who are not physicians or mid-level providers)</td>
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<td>Swim Programs</td>
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Medicaid/HMK Plus Help Line 1-800-362-8312

23
### Service Table

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<th>Service</th>
<th>Covered by Full Medicaid and HMK Plus</th>
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<tr>
<td>Telephone Service</td>
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<td>Yes</td>
<td>Yes some services</td>
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<td>Tobacco Cessation Drugs and Counseling</td>
<td>Yes</td>
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<td>No</td>
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<td>Transplants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes adults</td>
<td>Yes for most transplants</td>
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<td>Transportation</td>
<td>Yes</td>
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<td>Urgent Care</td>
<td>Yes if the urgent care provider accepts Medicaid</td>
<td>Yes</td>
<td>Yes adults</td>
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<td>Vitamins</td>
<td>Yes for some conditions</td>
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<td>Yes</td>
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<td>Weight Loss Surgery</td>
<td>No</td>
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<td>Weight Scales</td>
<td>Yes for some conditions</td>
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<td>Yes</td>
<td>Yes adults</td>
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<td>Well Child Checkup (EPSDT)</td>
<td>Yes for members under age 21</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>X-rays</td>
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**More Information About Some of the Medicaid and HMK Plus Services**

This list includes examples of Medicaid and HMK Plus services. Not all services are listed, and not all details about a service are shown. Ask your Passport doctor or health care provider for more information. You can also call the Medicaid/HMK Plus Help Line at 1-800-362-8312 for more information.

All covered treatments and services must be medically necessary.

**Abortion**

Abortion is only covered if:
- Necessary to save the mother's life.
- Pregnancy caused by an act of rape or incest.
- Provider certifies other rare reason for service.

**Alcohol and Other Drug Treatment (Substance Dependency)**

There are several different kinds of alcohol and drug treatment services. Services must be ordered by a licensed addiction counselor and provided by a chemical dependency program approved by Medicaid. Treatment must be medically necessary.

- **Day treatment** – For children ages 20 and under. Children must have completed inpatient treatment.
- **Non-hospital inpatient treatment** – For children ages 20 and under. This service is 24 hours a day, 7 days a week, and patients live in the facility.
- **Non-hospital outpatient treatment** – Treatment may be for adults or children.
The following outpatient services are covered:

- Assessment to find out if you have an alcohol or drug problem
- Individual, group or family counseling
- Multi-family counseling
- Case management for youth
- Hospital inpatient and outpatient treatment – For adults and children. Prior authorization required if hospital detox lasts more than 7 days.

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 the symptoms of the medical condition seem so severe that a person with average knowledge of health and medicine would expect there might be danger to the health of the person if the symptoms aren’t treated right away.

If there is no emergency, Medicaid or HMK Plus will not pay for the ambulance. If you are not sure you should go to the emergency room, call the **Nurse First Advice Line at 1-800-330-7847**. The call is free. Registered nurses are available 24 hours a day, 7 days a week to help you.

Scheduled non-emergency use of ambulance may be necessary in some cases, but must receive prior authorization before travel takes place. Call the **Medicaid Transportation Center at 1-800-292-7114**.

**Autism Services**

The Children’s Autism Waiver Program provides up to 3 years service for children from 15 months through 7 years of age. Services are designed to improve communication, social, and daily living skills.

Contact the **Children’s Autism Waiver Program at 406-444-4088** for more information.

**Birth Control**

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

**Blood Lead Testing**

Blood lead testing is covered by Medicaid and HMK Plus. The symptoms of lead poisoning can be difficult or impossible to recognize, making blood lead testing the only way to confirm exposure.

**Case Management (Targeted)**

The cost of targeted case management, which is planning and help getting medical, social, educational, nutritional and other services, may be covered. Case management is for people in the following groups:

- High-risk pregnant women and their babies up to one year of age
- People 18 years and older with severe and disabling mental illness
- People 16 years and older with developmental disabilities
- Severely emotionally disturbed children
- Children at risk for abuse and neglect
- Children with special health care needs
- Children age 20 and under with alcohol or drug problems

Medicaid/HMK Plus Help Line 1-800-362-8312
Children’s Health Care (EPSDT)

The children’s health care benefit in Medicaid is called EPSDT. EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment.

If you take your child to the doctor for a Well Child checkup or if you take them because they are feeling sick, this is the “Early and Periodic Screening” part of EPSDT. Children need regular visits to the doctor to make sure that they are growing and are healthy. It’s also important to catch problems early so they can be treated. You can read more about Well Child checkups on pages 34 and 35.

If the doctor finds something that needs to be treated or looked into further, this is the “Diagnosis and Treatment” part of EPSDT. As long as the treatment is ordered by a doctor and is medically necessary, it is covered. If you feel that your child is not receiving what they need, call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

Chiropractic Services

Chiropractic services for children ages 20 and under are covered. Adults with Medicare and Medicaid may receive copayment and deductible reimbursement for limited chiropractic services.

Chiropractic services for children ages 20 and under include:
• Spine adjustment
• X-rays
• Evaluation and management

Circumcision

Circumcision may be covered if medically necessary and must be prior authorized.

Dental Braces (Orthodontia)

Braces may be covered for children ages 20 and under and must be prior authorized.

Dental Services

Most routine dental services are covered for members with Full Medicaid and HMK Plus.

Children 20 and under
• Can get dental exams and cleanings as often as necessary
• Should visit a dentist by their first birthday, and then at least once every six months after the first tooth comes in
• During a Well Child Checkup, doctors should do an oral exam, including the application of fluoride varnish if needed
• Bridges and tooth-colored crowns are available
• Dentures are covered

Adults with Full Medicaid benefits
• Can have dental exams and cleanings every six months
• Can get two porcelain crowns per calendar year
• Dentures (see denture details below)

Dentures for adults
• Dentures are covered for adults
• Partial dentures may be replaced if the dentures are 5 years old or older
• Full dentures may be replaced if the dentures are 10 years old or older

Dentures for adults
• Dentures are covered for adults
• Partial dentures may be replaced if the dentures are 5 years old or older
• Full dentures may be replaced if the dentures are 10 years old or older

Clinic Services

Services in clinic settings are covered by Medicaid.
• One lost pair of dentures in a person’s life time is covered.

**Adults with Basic Medicaid**

• When dental services are necessary to get or keep a job, talk with your OPA Case Manager about the “Essential for Employment” program.

• Emergency dental care is covered when related to emergency treatment.

**Dialysis**

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

• Outpatient dialysis
• Training for self-dialysis

**Doctor Visits**

Visits to your doctor's office are covered. If you have Passport to Health, be sure to get a referral from your Passport doctor before seeing a medical provider who is not your Passport doctor.

**Drugs (Prescriptions)**

Most prescription drugs are covered. Generic drugs are required when possible. Some prescription drugs may need prior authorization. To find out if a drug you need is covered or to find out if a drug needs prior authorization, talk to your pharmacist or your provider.

Medicaid usually pays for a 34-day supply. Members may get a 90-day supply of some drugs taken all the time, such as drugs for heart disease, high blood pressure, diabetes, thyroid conditions, and birth control. Your pharmacist can tell you if you can get a 90-day supply.

**Drugs (Over-the-counter)**

The following over-the-counter drugs are covered if they are prescribed for you by your provider:

• Aspirin
• Insulin
• Laxatives, antacids, head lice treatment
• Stomach products such as Zantac® and Prilosec OTC®
• Allergy products such as Claritin®
• Bronchosaline

Nursing homes pay for over-the-counter laxatives, antacids and aspirin for their residents.

**DME (Durable Medical Equipment)**

Durable medical equipment is covered. Some services require prior authorization. Ask your medical provider, your DME provider, or call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

**Emergency Services**

Emergency services are covered. An emergency means symptoms so severe a person with average knowledge of health and medicine would expect there might be danger to the health of the person unless the person gets treatment right away.

**EPSDT (see Children’s Health Care and Well Child Checkups)**
Eye Exams
Covered services include:

- Eye exams for children ages 20 and under.
- One eye exam every 24 months for adults age 21 and over, unless vision changes significantly, or for treatment of eye disease.

Eyeglasses
Eyeglass providers show special frames approved by Medicaid - these are the frames Medicaid will pay for. These frames have a 24 month warranty.

- Children’s eyeglasses are covered.
- Adults can get one pair of eyeglasses every 24 months.
- Medicaid and HMK Plus do not pay for most add-ons, such as photo-grey lenses.

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
- Shots for HPV
- Sterilization information and counseling

Sterilization is covered for people who are mentally competent and 21 years old or older at the time the consent form is signed. The consent form must be signed by the patient at least 30 days before the scheduled sterilization.

Infertility services and paternity tests are not covered.

Foot Care (Podiatry)
Covered services include:

- Cutting or removing corns or calluses
- Trimming nails
- Applying skin creams
- Measuring and fitting foot or ankle devices
- Lab services and supplies
- Orthopedic shoes are covered if:
  - You are age 20 or under, or
  - You have a brace or a device attached to your shoe

Group Home Care
Treatment received in a group home setting for children ages 20 and under, who have a severe emotional disturbance, is covered. Services must be ordered by a provider, psychologist, licensed social worker, or licensed professional counselor, and must receive prior authorization.

Group Medical Visits
A provider may see many patients at the same time for follow-up or routine care. This is a group
visit. Group visits are covered. Your provider can let you know if he or she offers group visits.

**Hearing Aids**

Hearing aids, repairs and some related items are covered. A hearing aid must be ordered by your provider. The person who sells the hearing aid must get prior authorization.

**Home And Community-Based Waiver Services**

Medicaid Home and Community Based Services (HCBS) waiver programs serve people in their communities who would otherwise need nursing home or hospital care. Serving people in their homes and communities helps preserve their independence and ties to family and friends. HCBS waiver programs offer services to meet the needs of specific groups of people.

You must live in a county that has waiver services.

People who may be eligible for HCBS waivers:
- Children with autism, some restrictions apply
- Children with severe emotional disturbance (SED), 6-16 years old
- Physically disabled people
- Elderly people
- People with brain injury or severe disabling mental illness (SDMI)
- People with developmental disabilities

Services are determined by your needs. Here is a partial list of HCBS services:
- Case management
- Personal assistance for supervision and socialization
- Modifications to home or vehicle
- Supported living and assisted living
- Clinical and therapy services
- Chemical dependency counseling
- Communication and social interaction skill building

- Homemaking
- Private nursing
- Adult day care
- Adult group and foster home
- Community-based psychiatric rehabilitation and support
- Specially trained attendant care
- Service dogs
- Home delivered meals
- Respite care
- Non-medical transportation
- Illness management and recovery
- Other services defined under a waiver

For more information about these HCBS waiver programs, call:

- Physically disabled and elderly waivers - 406-444-4077
- SED for children waiver - 406-444-1460
- SDMI waiver - 406-444-2878
- Developmentally disabled waivers - 406-444-2995
- Children’s Autism waiver - 406-444-4088

**Home Health Services**

Home health services are provided by a licensed and certified agency. The services must be ordered by your health care provider.
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. This is only available when Personal Assistance Services are not available.
- Physical therapy, occupational therapy or speech therapy
- Non-routine medical supplies suitable for home use

**Home Infusion Therapy**
Some drug treatments must be given in your veins (intravenously). For some people, these treatments may be given in their homes. 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.

**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.

**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 provider admits you to the hospital
- Physical therapy
- Lab services
- X-rays
- Cardiac rehabilitation
- Pulmonary rehabilitation

Many hospital services must be prior authorized before you go to the hospital. For more information about hospital services, call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

**IHS (Indian Health Services)**
Services you get at IHS are covered. If you have Passport to Health, IHS can be your provider if you wish.

**Immunizations (Shots)**
Shots to protect you from diseases are covered by Medicaid and HMK Plus.

**Interpreter Services**
Interpreter services will be provided if you do not speak fluent English. Interpreter services are covered if you get a covered service. Your provider will determine if an interpreter is required and will arrange for a qualified interpreter to provide services. You may request a friend or family member to be your interpreter. There is no cost for interpreter services.

**Lab (Laboratory) Services**
Lab services are covered if the lab is a Medicaid or HMK Plus provider.

**Lead Screening**
HMK Plus children should be tested for lead poisoning at 12 and 24 months of age. Children up to age 6 who have not been checked for lead poisoning before should also
be tested. All HMK Plus children at other ages should be screened for risk of lead poisoning.

Medical Supplies and Equipment (sometimes called durable medical equipment or DME)

DME is covered. Some services require prior authorization. Ask your medical provider, your DME provider, or call the Medicaid/HMK Plus Help Line at 1-800-362-8312 for more information.

Mental Health Services for Adults

Medicaid covers these mental health services for all adults:
- Crisis and emergency services
- Individual, group, and family counseling
- Inpatient and outpatient therapy
- Medication management
- Psychological testing

Medicaid also covers these services for adults with Severe Disabling Mental Illness:
- Adult group and foster home
- Community-based psychiatric rehabilitation and support
- Illness management and recovery
- Dialectical behavior therapy
- Assertive community treatment
- Crisis intervention facility
- Targeted case management
- Partial hospitalization

HMK Plus also covers these services for children with Severe Emotional Disturbance:
- Individual and family counseling
- Case management
- Day treatment services
- Psychological testing
- Community-based psychiatric rehabilitation and support
- Comprehensive school and community treatment
- Therapeutic youth group home
- Therapeutic family and foster care
- Psychiatric residential treatment facility

Most services must be prior authorized.

Nutrition Counseling Services

If you are an adult with diabetes, Medicaid may pay for nutrition counseling for you.

Nutrition services for children ages 20 and under are covered, including medical foods or special nutritional supplements. Your provider must write an order for these services.
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 birthing center to be covered.

Occupational Therapy (See Therapies)

Orthodontia (See Dental Braces)

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. The out-of-state hospital must become a Montana Medicaid or HMK Plus provider in order to get paid.
- A hospital provider 100 miles or less outside the Montana border is considered an in-state provider and Medicaid or HMK Plus will pay for services if the provider is enrolled in Montana Medicaid or HMK Plus.
- All out-of-state hospital inpatient services need prior authorization before you get services unless you have an emergency. Other Medicaid and HMK Plus services require prior authorization as shown on the medical services chart in this member guide.
- If you have Passport, you need your doctor's approval for services as shown in the medical services chart in this member guide.
- Services received outside the United States, including Canada or Mexico, are never covered.

Personal Assistance Services
Personal assistance services for someone who needs hands-on assistance with activities of daily living are covered. Personal assistance services must be prior authorized and are provided by an approved agency. Services must be delivered in the person's residence and may not be provided in a hospital, nursing home, assisted living facility, group home, or foster home. Personal assistance services for adults are limited to 40 hours per week.

Physical Therapy (See Therapies)

Physician (Doctor) Services
Most services you get from a doctor are covered. PAs (physician assistants) and NPs (nurse practitioners) can provide some of the services a doctor gives. Examples of doctor services include:
- Delivering babies
- Treating high blood pressure
- Office visits
- Physicals (exams)
- Operations
- Shots

Pregnancy
If you are pregnant, you should have Full Medicaid coverage. If you do not have Full coverage, call your case manager at your local county Office of Public Assistance and make sure they know you are pregnant. You can keep getting Full Medicaid coverage for 60
days after the last day of your pregnancy and through the end of that month. If you were on full Medicaid or HMK Plus before getting pregnant, you may be covered longer.

Your baby may be eligible for HMK Plus for a year or more after birth. In order to get your baby enrolled in HMK Plus right away, be sure and tell your case manager at your local county Office of Public Assistance when your baby is born. You will not pay copays while you are pregnant and covered by Medicaid if your case manager knows of your pregnancy.

Private Nursing Services
Covered for a child age 20 or under with severe medical problems who is not in a hospital. The services must be ordered by your child’s health care provider and must receive prior authorization. If your child has Passport to Health, the doctor must approve the services. Private nursing services do not include taking care of a child to give the regular caretaker a break (respite care).

Respiratory Therapy
Respiratory therapy is covered for children ages 20 and under, and includes treatment by a licensed respiratory therapist. Services are ordered by your child’s provider. If your child has Passport, the doctor must approve the service.

School-Based Services
Children can get some HMK Plus services at school. These services are called school-based services. If your child has Passport, the doctor may need to approve some services. Examples of services your child may get at school are:
- Speech therapy
- Occupational therapy
- Physical therapy
- Shots
- Private nursing
- Help with daily living activities
- Specialized transportation
- Mental health

Social Work Services
Social work services are covered if provided by a licensed clinical social worker. These services may be individual, group or family therapy. If you have more than 24 sessions in a year, the extra sessions must receive prior authorization.

Speech Therapy (See Therapies)

Surgery
Most surgeries are covered, whether done in a hospital or surgery center. Some surgeries must be prior authorized.

Therapies
Three types of therapy are covered:
- Occupational therapy
- Physical therapy
- Speech therapy

Therapy services must be ordered by your provider and can occur whether you are in a hospital or are an outpatient. Therapy services for adults are limited to 40 therapy visits per year. Children are not limited in the amount of therapy visits they can receive.

Tobacco And Smoking

Quit Products and Counseling
Stop-smoking products and counseling are covered. Talk to your provider or call the Medicaid/HMK Plus Help Line at 1-800-362-8312 for more information.

Everyone in Montana can 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
Most transplants are covered. All transplant services, with the exception of corneal transplants, require prior authorization.

Transportation
Medicaid and HMK Plus may pay for you to get to your health care provider or other health care service, if the service is covered by Medicaid or HMK Plus, and if you have no other way to get there. The following are rules 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.
- Medicaid will reimburse for travel to your Passport provider or to the closest, approved provider of other medical services.
- Travel funds can be provided for out-of-town or out-of-state if the service is not available near you. Advance payment will be on a case-by-case basis.
- You must be eligible for Medicaid or HMK Plus on the date of the medical appointment.

If you used a personal vehicle for emergency travel you must call 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 transportation center will contact your doctor’s office to make sure you went to your appointment before paying.

Urgent Care Services
Services you get at an urgent care center may be covered if the center accepts Medicaid. If you have Passport, be sure to get a referral from your doctor if you go to an urgent care center.

Well Child Checkups
All people ages 20 and under should have Well Child services or visits.

When you make an appointment for a Well Child visit, be sure to say that it is a Well Child visit so enough time will be scheduled. Take the Medicaid or HMK Plus card and immunization record (shot record) with you to the appointment. If you need help making an appointment or getting to the appointment, call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

A child or teenager should receive the following during a Well Child visit:
- Head-to-toe uncloth ed physical exam
- Eye check
- Oral check by doctor, including application of fluoride varnish if needed
- Hearing check
- Nutrition check-up
- Growth and development check-up
- Blood and urine tests
• Immunizations (shots), if needed (see schedule)
• Speech and language checkup
• Lead screening at ages 1 and 2, or up to 6 years if not previously tested

During the Well Child visit, you will also receive health education. If problems or concerns are found during the Well Child visit, your child may be referred to another provider for more exams and treatment.

Children should visit a dentist by their first birthday and at least once every six months after the first tooth comes in.

Every child’s visit is covered whether the visit falls within the ages listed on the chart to the right or not. You can request that your child get a Well Child screen during any visit for an illness or injury.

More about immunizations (shots):
It’s important for a child to visit a provider, community health center, or public health department to get the right immunizations (shots). Getting shots not only protects the child, but also the people the child comes in contact with. A child’s provider will know which shots the child should get. Shots protect against a number of diseases including:
• Hepatitis A and B
• Diphtheria
• Tetanus
• Pertussis (whooping cough)
• Polio
• Pneumococcal disease
• MMR (measles-mumps-rubella)
• Varicella (Chicken pox)
• Influenza (flu)
• Hib (Haemophilus Influenzae Type B)
• HPV (Human papillomavirus)
• Meningococcal disease

If a child misses a shot, he or she should get the shot from the provider as soon as possible. Keep a shot record filled out by the health care provider. You will need this record when a child starts day care, school and college.

Montana Medicaid Recommended Schedule for Well Child Visits and Shots

*Means that it is time to receive care

<table>
<thead>
<tr>
<th>Age</th>
<th>Well Child Visit</th>
<th>Immunizations (Shots)</th>
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</thead>
<tbody>
<tr>
<td>Birth</td>
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</table>

X- Rays

X-rays are covered when ordered by your health care provider, and if the person taking the X-rays is a Medicaid or HMK Plus provider.
Montana Medicaid

More Helpful Programs
Plan First

If you lose Medicaid, you may get family planning services paid by Plan First. Plan First is a separate Medicaid program that covers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of STDs.

Eligibility Criteria
- Montana resident
- Female 19 through 44
- Able to bear children and not presently pregnant
- Annual household income up to and including 200% Federal Poverty Level
- Applicant cannot presently have any other family planning services coverage

To Apply or For More Information
Visit the Plan First Website at dphhs.mt.gov/planfirst.

To speak with a Plan First staff person
- make a free call to 1-855-854-1399
- or, if you live out of state, call 1-406-444-6446 or email planfirst@mt.gov

HIPP (Health Insurance Premium Payment) Program

HIPP may pay health insurance premiums for people with Medicaid or HMK Plus who also have other health insurance coverage. Here are some ways you may be eligible for HIPP:
- You have insurance either through your job or through an individual health care policy.
- Your job offers insurance, but you haven’t signed up because it costs too much.
- You had insurance through your job but you are no longer working and can’t pay the COBRA premiums.

For more information about HIPP, call 1-800-694-3084 and press 1 when prompted.

Assistance for People With Medicare

If you have Medicare and Medicaid, most of your health care costs are paid by Medicare. Medicaid will help with costs Medicare doesn’t pay.

People who have Medicare with incomes too high to get Medicaid may be able to get Medicare monthly premiums paid. There are three programs called Medicare Savings Programs you may apply for at the OPA:
- For those who qualify, Qualified Medicare Beneficiary program pays Medicare Part B (and Part A if necessary) monthly premiums, deductibles, and copayments.
- Specified Low-Income Medicare Beneficiary and Qualifying Individual programs pay Medicare Part B monthly premiums.
- Big Sky Rx may pay all or part of your Medicare drug plan monthly premium. Big Sky Rx is run by the Montana Department of Public Health and Human Services. Big Sky Rx is for people who have Medicare and don’t qualify for Medicaid or the Medicare Savings Programs listed above.

For more information about Big Sky Rx, call 1-866-369-1233 or visit www.BigSkyRx.mt.gov.

You can get more information about Medicare and related services from SHIP (State Health Insurance Assistance Program) at 1-800-551-3191.

Offices Of Public Assistance

To find the phone number and location of your local OPA call the Montana Citizens’ Advocate Office toll free 1-800-332-2272. You can find a full list of OPAs at the Medicaid home page: www.medicaid.mt.gov.
<table>
<thead>
<tr>
<th>Organization or Service</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Special Health Services</td>
<td><a href="http://www.cshs.mt.gov">www.cshs.mt.gov</a></td>
<td>1-800-762-9891</td>
</tr>
<tr>
<td>Citizen’s Advocate (Governor’s Office)</td>
<td><a href="http://citizensadvocate.mt.gov/">citizensadvocate.mt.gov/</a></td>
<td>1-800-332-2272</td>
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<tr>
<td>Elder Abuse Information (Aging Services)</td>
<td><a href="http://www.dphhs.mt.gov/sltc/services/APS/index.shtml">www.dphhs.mt.gov/sltc/services/APS/index.shtml</a></td>
<td>1-800-551-3191</td>
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<tr>
<td>Healthy Montana Kids (CHIP)</td>
<td><a href="http://hmk.mt.gov/">hmk.mt.gov/</a></td>
<td>1-877-543-7669</td>
</tr>
<tr>
<td>Legal Services</td>
<td><a href="http://www.montanalawhelp.org">www.montanalawhelp.org</a></td>
<td>1-800-666-6124</td>
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<td>Medicaid Fraud Line</td>
<td>[<a href="http://www.dphhs.mt.gov/hrd/fraudanda">www.dphhs.mt.gov/hrd/fraudanda</a> buse.shtml](<a href="http://www.dphhs.mt.gov/hrd/fraudanda">http://www.dphhs.mt.gov/hrd/fraudanda</a> buse.shtml)</td>
<td>1-800-201-6308</td>
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<tr>
<td>Medicaid Transportation approval</td>
<td><a href="http://medicaidprovider.hhs.mt.gov/pdf/personaltransportation.pdf">medicaidprovider.hhs.mt.gov/pdf/personaltransportation.pdf</a></td>
<td>1-800-292-7114</td>
</tr>
<tr>
<td>Medicare</td>
<td><a href="http://www.mymedicare.gov">www.mymedicare.gov</a></td>
<td>1-800-633-4227</td>
</tr>
<tr>
<td>Mental Health Ombudsman</td>
<td>[<a href="http://www.mhombudsman.mt.gov/def">www.mhombudsman.mt.gov/def</a> ult.mcpx](<a href="http://www.mhombudsman.mt.gov/def">http://www.mhombudsman.mt.gov/def</a> ult.mcpx)</td>
<td>1-800-444-9669</td>
</tr>
<tr>
<td>Offices of Public Assistance (OPA)</td>
<td><a href="http://www.dphhs.mt.gov/contactus/humancommunityservices.shtml">www.dphhs.mt.gov/contactus/humancommunityservices.shtml</a></td>
<td>1-800-332-2272 (Montana Citizens' Advocate)</td>
</tr>
<tr>
<td>Prescription Assistance Programs</td>
<td><a href="http://www.bigskyrx.mt.gov">www.bigskyrx.mt.gov</a></td>
<td>1-866-369-1233</td>
</tr>
<tr>
<td>Social Security</td>
<td><a href="http://www.socialsecurityofficelocation.com/state/MT.html">www.socialsecurityofficelocation.com/state/MT.html</a></td>
<td>1-800-772-1213</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td><a href="http://prevention.mt.gov/suicidedevelopment/">prevention.mt.gov/suicidedevelopment/</a></td>
<td>1-800-273-8255</td>
</tr>
<tr>
<td>Teen Dating Abuse Helpline</td>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
<td>1-866-331-9474</td>
</tr>
<tr>
<td>Tobacco Quit Line</td>
<td><a href="http://tobaccofree.mt.gov/quitlinefactsheet.shtml">tobaccofree.mt.gov/quitlinefactsheet.shtml</a></td>
<td>1-800-QUIT-NOW or 1-800-784-8669</td>
</tr>
<tr>
<td>WIC nutrition information</td>
<td><a href="http://www.wic.mt.gov">www.wic.mt.gov</a></td>
<td>1-800-433-4298</td>
</tr>
</tbody>
</table>
Forms
If You Experience Discrimination

The Montana Department of Public Health and Human Services (DPHHS) may not exclude, deny benefits to, or otherwise discriminate against any person because of race, color, national origin, sex, religion, age, creed, physical or mental disability, sexual orientation, marital status or political belief. Discrimination may not occur regarding admission, participation, or receipt of services or benefits of any programs, activities, or employment, whether carried out by the Department or through a contractor or other entity.

To complain about discrimination, use the form on pages 41-42 or contact:

Complaint Coordinator
Phone: 406-444-4211
V/TTY: 1-866-735-2968

Or, you may want to file a complaint with the federal Office of Civil Rights. You can do this if you don’t get your complaint resolved with DPHHS, or you can file with the federal office first. Here is the contact information:

Office of Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426
Denver, CO 80294
Phone: 303-844-2024
TDD: 303-844-3439

If You Disagree With a Decision by Medicaid or HMK PLUS

You can take action for yourself or for someone else for one of the reasons listed below.

If you are denied Medicaid or HMK Plus eligibility: There is a form you may use for requesting a fair hearing on the back of notices that are sent out by the Office of Public Assistance. You may also call the OPA to find out why you were denied eligibility. To request a fair hearing on the decision see page 45.

If Medicaid or HMK Plus won’t pay the bill or you disagree with a decision:
If Medicaid or HMK Plus didn’t pay for a medical or dental service you think they should pay, or you disagree with any decision, you can call the Medicaid/HMK Plus Help Line at 1-800-362-8312.

You can always request a fair hearing with the DPHHS Office of Fair Hearings if you disagree with a decision on eligibility, payment of your bill, or any other adverse action taken against you. A fair hearing is a formal legal process. To request a hearing, you may call the Office of Fair Hearings at 406-444-2470 or use the form on page 45 to write down your complaint. Mail the form to:

DPHHS Office of Fair Hearings
PO Box 202953
Helena, MT 59620-2953

If You Just Want to Let Us Know How Medicaid is Working For You

We always want to improve. Telling us what you like and don’t like helps us improve. You can always call the Medicaid/HMK Plus Help Line at 1-800-362-8312, or you can also write to us using the form on page 47.
Discrimination Complaint Resolution Form

Submit completed form to:
DPHHS Office of Human Resources
PO Box 4210
Helena MT 59620-4210 Phone: 406-444-3136, Fax: 406-444-0262

Alternative accessible formats of this document are available on request.

Complainant's Name: ______________________________________________
Mailing Address: ______________________________________________
Phone: __________________________________________________________

Complainant's Status:

- Employee
- Job Applicant
- Department Customer

Basis of Complaint:

- Race
- Color
- Genetic Information
- Retaliation
- Creed
- Age
- National Origin
- Political Belief
- Religion
- Physical or Mental Disability
- Sexual Orientation
- Marital Status

Name of person you believe discriminated against you: ________________________________
Department or Address: ___________________________________________ Phone: ______________
Date, time, and place of the incident(s): _____________________________________________
__________________________________________________________________________

Documentation:
Please attach copies of any documents or material you believe are relevant.

Witnesses:
Did anyone witness the incident(s) of discrimination? If so, please list names and phone numbers of any witnesses to the incident(s). Use additional pages, if necessary.

Name: ________________________________ Phone: ______________
Name: ________________________________ Phone: ______________
Name: ________________________________ Phone: ______________
Statement:
Please describe the incident(s) as clearly and concisely as possible. Provide as much detail as you can recall, including when and where the events occurred and who said what to whom. Explain why you believe the conduct or treatment was discriminatory. Use additional pages, if necessary.

Action Sought:
Please describe what you would like to see done to correct the situation.

Complaint Authorization
I understand that complete confidentiality cannot be maintained in the process of handling informal and formal complaints. I agree that this statement of allegations may be used during the investigation of the case. I further consent that this statement and certain information in the complaint file may be disclosed to certain DPHHS employees including the person I believe discriminated against me, in order to resolve my complaint, conduct fact finding, or implement remedial action. I also understand that information may also be disclosed if required by law, rule, regulation, or court order.

I affirm that this complaint statement is true, accurate, and complete to the best of my knowledge.

__________________________  __________________________
Signature of Complainant    Date

In addition to or in lieu of filing this complaint you may file a complaint with the following: Office of Civil Rights, Phone # 303-844-2024, TDD # 303-844-3439 and/or Montana Human Rights Bureau, Phone # 800-542-0807.
NOTICE OF USE OF PROTECTED HEALTH INFORMATION
Effective Date April 14, 2003

For your protection

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Private application information

You are applying for government programs that provide money or services. Before we can review your application, we ask that you provide some personal information.

The laws say that:
1. We must keep your Protected Health Information (PHI) from others who do not need to know it; and
2. You can tell us if there is some PHI you do not wish to be shared. However, in some cases, we may not be able to agree to your request.

Who sees and shares my application and medical information?

Unless you tell us differently on your application, we may share your application information with other programs that may be able to help you. Some are programs for children, people with disabilities, and people who need financial help. If one of these programs can help you, they will contact you.

Health care providers who treat you may use your PHI. This may cover health care you have had in the past or may have in the future. We may also use your PHI to contact you about appointment reminders or to tell you about treatment alternatives.

We only share the minimum necessary PHI that is needed at the time by that provider or agency.

How is payment made?

Your health care provider sends a claim to an insurance company or to a government program for payment. That claim contains all the information about the services you were provided.

Claims that are sent to us are reviewed to assure that you receive the quality health care every client deserves and that all laws governing medical care are being followed.

May I see my medical information?

You are allowed to see your PHI unless it is the private notes taken by a mental health provider, it is part of a legal case, or if your health care provider decides it would be harmful for you to see the information. Most of the time you can receive a copy if requested. You may be charged a small amount for the copying costs.

If you think some of the information is wrong, you may request, in writing, that it be changed or new information be added. You may ask that the changes be sent to others who have received your PHI. You can request and receive a list showing where your medical information has been sent, unless it was sent as part of your provider's care, to assure that you received quality care or to make sure the laws are being followed.
| **What if my medical information goes to another location?** | You will be asked to sign a separate form, the Authorization for the Use and Disclosure of Health Information, allowing your PHI to be sent to another location. This would be used if your health care provider provides it to another location, or if you request that we send it to another individual or health care provider for you. The form gives the name and address where we are to send our PHI and the information you wish to be provided. Your authorization is good for six months or until the date you put on the form (not more than 30 months). You can cancel or limit the amount of PHI sent at any time by written notification. **Note:** If you are under the age of 18, your parents or guardians will receive your PHI, unless, by law, you are able to consent for your own health care. If you are, then it will not be shared with them unless you sign an authorization form. |
| **Could my information be released without my authorization?** | We adhere to laws that provide specific instances when medical information must be shared, even if you do not sign an authorization form. We always report: 1. contagious diseases; 2. reactions and problems with medicines; 3. to the police when required by law or when the courts so order; 4. to the government for audits and reviews of our programs; 5. to a provider or insurance company to verify your enrollment in one of our programs; 6. to Workers’ Compensation for work related injuries; 7. birth, death and immunization information; and 8. to the federal government if required to investigate any matter pertaining to the protection of our country, the President or other government workers. |
| **May I have a copy of this notice?** | This Notice is yours. If the information changes, you will be provided a copy of the updated Notice. If you have questions concerning this Notice, please ask the individual providing it. If that individual cannot answer your questions, call the Department of Public health and Human Services (DPHHS) Privacy Officer at 1-800-645-8408. You can also complain to the federal government Secretary of Health and Human Services by writing: U.S. Department of Health and Human Services, 200 Independence Avenue SW – Room 506 F, Washington, D.C. 20201. This must be done within 180 days from the date you believe your privacy was violated. You can also complain to the Office of Civil Rights by calling 1-866-627-7748. |

Your Medicaid or HMK Plus benefits will not be affected by a complaint made to the DPHHS Privacy Officer or to the Secretary of Health and Human Services.

I have been given a copy of this notice and have been given the opportunity to ask questions concerning how my Protected Health Information will be used. I know that I can contact the DPHHS Privacy Officer at 1-800-645-8408 if I have further concerns.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
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</table>

This is your copy to keep. Please do not submit this form to DPHHS.
Request for Fair Hearing

Claimant’s Name: ___________________________

Address: ____________________________________

City: ________________________________________ State: _______ ZIP: _______

Phone #: ____________________________________

I request a fair hearing regarding the following adverse action taken against me.

________________________________________________________________________

________________________________________________________________________

I am making this request because:

________________________________________________________________________

________________________________________________________________________

Signature of Claimant (or Authorized Representative) ____________________ Date ______

The name, address and phone # of my Authorized Representative is:

Name: ______________________________________

Address: _____________________________________

City: ________________________________________ State: _______ ZIP: _______

Phone #: ____________________________________

Completed forms should be mailed to:
DPHHS Office of Fair Hearings
PO Box 202953
Helena MT 59620-2953

For Assistance or to FAX the form:
Phone: 406-444-2470  Fax: 406-444-3980

To email this form or to ask for a Fair Hearing using email:
HHSOFH@mt.gov

Medicaid/HMK Plus Help Line 1-800-362-8312
So, how is Montana Medicaid working for you?
Managing your health can be confusing. You can help us improve by letting us know what you like and what you don’t like. We want to make sure you get the health care you need to get or stay healthy.

Let’s talk
Are you feeling: (you can circle more than one)
happy - pleased - relieved - satisfied - confused - unhappy - mad - helpless

Or, you tell us___________________________________________________________

In short, what caused you to feel this way?

A Medicaid Provider
State Medicaid Staff
Nurse First
My benefits

Medicaid Provider staff or nurse
Medicaid and HMK Plus Help Line
I wish my benefits covered...

Tell us more. It helps us if you can give us more details. You can attach more pages if you need more room.

Tell us what you want us to do or what would help. We may not always be able to do exactly what you want, but we will try to help. Again, attach more pages if you need to.

Name (Printed)                                             Phone Number
(Optional. We don’t need your name and phone number unless you want us to get back to you.)

Accessible formats of this document are available upon request. For more information or to give us feedback, contact:

Medicaid Member Services
PO Box 202951, Helena MT 59620-2951
HHSMedicaidContact@mt.gov
Medicaid/HMK Plus Help Line 1-800-362-8312
For questions about this handbook contact
Montana Department of Public Health and Human Services
Medicaid Managed Care Bureau
PO Box 202951, Helena, MT 59620-2951

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for a total cost of $15,900.00, which includes $15,900.00 for printing and $0.00 for distribution.
Medicaid Member Guide  
Published May 2013  
Changes, Additions or Deletions

<table>
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<tr>
<th>Date</th>
<th>Section</th>
<th>Guide Page</th>
<th>PDF Page</th>
<th>Change</th>
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</thead>
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<tr>
<td>5/31/2013</td>
<td>Section 4 Covered Services</td>
<td>20</td>
<td>22</td>
<td>Chiropractic benefit change - Passport Referral column changed from No to Yes</td>
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