How to Get Montana Medicaid Benefits

We have scoured the internet to provide all you need to know about the Montana Medicaid Benefits.

Medicaid is a joint federal-state initiative that covers healthiness for low-income persons who qualify, including children, households, pregnant women, the elderly, and people with disabilities. It is simple to apply for Medicaid in person, over the phone, or online.

This post will teach you all you need to learn about Medicaid in Montana.

What is Montana Medicaid?

Medicaid is a service for people and families with income and resources that fall inside certain parameters. Resources primarily apply to the elderly, blind, or disabled population within the bounds of specified rules.

Who is eligible for the Montana Medicaid Program?

Montana Medicaid offers limited Medicare beneficiaries who are not eligible for the entire Medicaid benefit package partial financial help with Medicare premiums, copayments, or coinsurance through the Medicare Savings Plan.

- Expectant mothers
- People who are blind or disabled or who have a spouse who is blind or disabled;
- People whom someone adopts;
- People whom someone adopted;
- People who are blind or disabled or have a spouse who is disabled.

Annual Household Income Limits (before taxes)

Household Size*	Maximum Income Level (Per Year)
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

^{*} Add \$4,720 for every extra member in families with 9 or more inhabitants.

How do I contact Medicaid in Montana?

Phone

1 (800) 362-8312

Mailing Address

Montana Department of Public Health and Human Services

1400 Broadway PO Box 8005

Helena, MT 59604

Website: https://dphhs.mt.gov/

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What are the Medicaid plans in Montana?

Following are the medicaid plans in Montana:

- Montana Living Life Well Program
- HMK (Healthy Montana Kids)
- Montana HELP Plan
- Montana Medicaid Passport to Health

Table: Managed Care Program Features, as of August 2014

Program Name	Passport to Health		
Program Type	PCCM	Selective Contracting (FFS) – Nurse First	Enhanced PCCM – Health Improvement Program
Program Start Date	January 1994	2004	2009
Statutory Authorities	1915(b)		
Geographic Reach of Program	Statewide		
Populations Enrolled (Exceptions may apply for	or certain individuals in each group)	- 00	
Aged	x	x	X
Disabled Children & Adults	x	×	X
Children	x	×	x
Low-Income Adults	x	x	x
Medicare-Medicaid Eligibles ("duals")		x	
Foster Care Children		×	
American Indians/Alaska Natives	X	x	X
Mandatory or Voluntary enrollment?	Mandatory	Voluntary	Voluntary
Medicaid Services Covered in Capitation (Specialized services other than those listed ma Inpatient Hospital	y be covered. Services not marked with an X	are excluded or "carved out" of the benefit pack	age.)
	4		
	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS Inpatient Behavioral Health Services	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS Inpatient Behavioral Health Services Outpatient Behavioral Health Services	X (case management only)	X (nurse advise line only)	X (case management only
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS Inpatient Behavioral Health Services Outpatient Behavioral Health Services Dental	X (case management only) X (case management only) 1. Participating primary care physicians	X (nurse advise line only) X (nurse advise line only) 1. Nurse Response	
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS Inpatient Behavioral Health Services Outpatient Behavioral Health Services Dental Transportation Participating Plans or Organizations	Participating primary care		1. 14 Federally Qualified Health Centers and Tribal Health
Primary Care and Outpatient services Pharmacy Institutional LTC Personal Care/ HCBS Inpatient Behavioral Health Services Outpatient Behavioral Health Services Dental Transportation	Participating primary care physicians	Nurse Response	1. 14 Federally Qualified Health Centers and Tribal Health Centers*

How do I apply for Montana Medicaid?

Online: Montana.gov

Call: 1-800-318-2596

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In Person: Visit your local community health center or local Office of Public Assistance.

Can I have both Montana Medicaid and Medicare?

Medicare and Medicaid are available to those 65 years old or older. If your age is below 65, you can only avail of the benefits of Medicaid if other eligibility criteria are fulfilled.

What is covered by Montana Medicaid?

The following services are covered by Montana Medicaid:

Ambulatory surgery	Hospital stays
Audiology services	Laboratory tests
Behavioral health services	Maternity care
Dental services	Non-emergency transportation
Dialysis	Orthotic and prosthetic devices
Doctor visits	Women's health care
Durable medical equipment	Pharmacy (medications)
Emergency care	Physical rehabilitation
Hospital outpatient care	Preventive care
Hearing aids	Smoking cessation services
Home health care	Vision care
Hospice services	
X-rays and other radiology services	

Copayments?

They do not have to pay a copayment; when a member is:

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- under 21 years old;
- pregnant;
- Held by the state
- Placed under government supervision
- Native American participants who qualify for Contract Health funding
- Services or Tribal Union of Indian Health Services
- Residing in one of the facilities listed below and funding a portion of their care:
- The hospital (inpatient)
- A facility for skilled nursing
- A nursing home

What is not covered by Montana Medicaid?

Medicaid does not provide coverage for private podiatrists, chiropractors, naturopaths, psychologists, or therapists (physical therapists, audiologists, or speech therapists).

Medicaid is not obligated to pay for personal care services or nursing supplied by a family member. Bandages, adult diapers, and other disposable items are frequently excluded from coverage, as well as cosmetic surgery and other elective procedures.

How many types of Montana Medicaid are there?

Medicaid benefits are split into two categories: required and elective. By federal law, adults who qualify for Medicaid must receive these services unless exempted under Section 1115 of the Social Security Act. The Montana Medicaid plan gives extra benefits that not all participants can get.

Medicaid Eligibility

What is the highest income limit for Montana Medicaid?

The resource and income standards for Montana's Medicaid for Workers with Disabilities (MWD) program are significantly higher than those of many other Medicaid programs, at \$15,000 for a person and \$30,000 for a couple, with a countable income ceiling of 250 percent of the federal poverty level (FPL).

How much money can you have in the bank on Montana Medicaid?

For this program, the maximum asset limit is \$2,000 for a person and \$3,000 for a pair. Study up on the medically needy route. Asset Spend Down – Seniors with assets above the MT Medicaid cap may "spend down" their assets to become asset eligible.

Does the disabled person get Montana Medicaid?

Medicaid clients working disabled may be eligible for Montana Medicaid for Workers with Disabilities (MWD) program, provided they contribute financially.

Will you still have Montana Medicaid once you are over 18?

A person is at least 18 years old, has a household income between 0 and 138 percent of the federal poverty level, and is qualified for or enrolled in the program.

What documents do I need to apply for Medicaid?

- The following papers must be included with the application.
- The Social Security Number;
- Evidence of citizenship or authorized residency in the United States, such as a passport, driver's license, birth certificate, green card, or job authorization card
- Evidence of all income sources, both legal and illegal
- Proof of origins
- Proof of residency
- Including the Medicare card, any insurance cards
- Pregnancy (doctors' certification of the pregnancy and, if applicable, the expected delivery date);
- When non-parents apply for Medicaid on their behalf, they must provide proof of their financial position.