



Montana Moves Forward With Medicaid Expansion

July 2015

On July 7, 2015 the State of Montana released its draft plan to expand health care coverage under the provisions of the Health and Economic Livelihood Partnership (HELP) Act. Because Montana passed a law that includes provisions outside of traditional Medicaid, the state must submit a plan (called a Section 1115 Waiver) to the federal Center for Medicaid and Medicare Services (CMS).

There are six states (Arkansas, Indiana, Iowa, Michigan, New Hampshire, and Pennsylvania) that have requested and received a Section 1115 Waiver to expand coverage.

What happens now?

- Montana will hold a 60-day comment period where Montanans can comment and show support for the HELP Act. You can find [more information on how to submit a comment on DPHHS's website](#). Individuals and organizations can comment in writing or by email at any point directly to DPHHS until September 7.
- Montana will hold two public forums, where individuals can attend and share their comments with the Department. The forums will be on **August 18 in Billings** and **August 20 in Helena**.
- Montana will also hold a tribal consultation on August 19. This is a government-to-government meeting on the details of the waiver and how it will affect tribal nations in Montana. For information on the tribal consultation, contact Lesa Evers at levers@mt.gov.
- In mid-September, Montana will submit its updated waiver to CMS. The state must include the comments it received during the state comment period.
- Once submitted, CMS must then meet the federal timeline, including a separate comment period of 30 days. It is unclear how long the federal process will take, but probably several months. Montana is requesting that coverage begin on January 1, 2016.

Why is the comment period important?

The 1115 waiver reflects the negotiated bipartisan bill that the legislature passed and the Governor signed. While it may not be perfect, it provides much-needed health care coverage to tens of thousands of Montanans who have been waiting for years.

This is an opportunity for the public to provide its feedback on the details included in the waiver, but most importantly, to reiterate support for expanding health care coverage to Montanans who need it. **Time is of the essence, and we are urging CMS to move as quickly as possible to begin providing coverage that 70,000 Montanans need.**

What comments are important to make?

- Montana's Medicaid expansion waiver will open up access to health care coverage for tens of thousands of Montanans who have been waiting for years and who desperately need this access to care.

- Montana’s waiver reflects a hard won bipartisan compromise. All interested parties made concessions to get a policy that could pass and be implemented. This policy will work in practice and improve the lives and health of those are currently locked out of coverage.
- Montanans need CMS to move swiftly in approving this waiver so the state can begin enrolling people into the program. Thousands of Montanans have been waiting too long for access to life saving medical treatment and are counting on a swift waiver process.
- While the policy contained in Montana’s waiver is not perfect, it is a represents a workable solution created by a diverse group of political leaders and policy advocates.

What is included in the draft 1115 waiver?

- **Expanded coverage to adults**, ages 19-64, with incomes below 138% of the federal poverty line (approx. \$16,000 for a single adult). We estimate that about 70,000 Montanans will be eligible.
- **The acceptance of new federal dollars**, critical for covering newly eligible enrollees and lowering uncompensated care costs in communities across Montana.
- **Montana will contract with a third-party administrator (TPA) to provide coverage.** The TPA will provide benefits using its existing network of providers, process claims, and make payments on behalf of the state.
- **Certain individuals like those who are medically frail and American Indians will be exempt from enrolling in the TPA-provided plan** and will instead be enrolled in the state’s traditional Medicaid program.
- **Those enrolled in the new HELP program will be required to pay premiums.** These premiums will be limited to 2 percent of household income.
- **Newly enrolled individuals will also be subject to copays**, consistent with current Medicaid copay rules. The copays, combined with premiums, will never exceed 5 percent of the family household income, which is the maximum allowed under current Medicaid law.
- **For individuals above the poverty line that fail to make these payments, they will lose coverage** until those payments are made or the debt has been assessed by the state. (The HELP Act also requires the state to assess failed payments by those *below* the poverty line, but these individuals will not lose coverage, so it is not an issue for the waiver.)
- **The state is also requesting a waiver to streamline eligibility process** by using existing verified income information provided through the state’s Supplemental Nutrition Assistance Program (SNAP). Nationally, [more than 80 percent of individuals eligible for SNAP](#) participated in the program in 2010, so using SNAP information to determine eligibility for Medicaid is an efficient way to reach thousands of Montanans who we already know are eligible for coverage.