



Montana Department of Public Health and Human Services

Montana Health and Economic Livelihood Partnership (HELP) Program

Section 1115 Research and Demonstration Waiver Application

Posted for Public Comment Prior to Submission to CMS

July 7, 2015

Corrections to 1115 Waiver

7/7/2015: Page 15 - Milestone - Submit waiver application to CMS - Date corrected from September 11, 2015 to September 15, 2015

Section I. Program Description

1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and or title XXI of the Social Security

On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana Health and Economic Livelihood Partnership (HELP) Program (hereinafter referred to as the HELP Program) to expand access to health coverage for over 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). The goals of the HELP Program are to:

- Increase the availability of high-quality health care to Montanans;
- Provide greater value for the tax dollars spent on the Montana Medicaid program;
- Reduce health care costs;
- Provide incentives that encourage Montanans to take greater responsibility for their personal health;
- Boost Montana's economy; and
- Reduce the costs of uncompensated care and the resulting cost-shifting to patients with health insurance.

The Montana Department of Public Health and Human Services (DPHHS) is responsible for overseeing the implementation and operation of the HELP Program. Pursuant to the HELP Program, DPHHS will contract with a Third Party Administrator (TPA) to administer the delivery of and payment for healthcare services for most new adults, with the exception of participants who are exempt from TPA enrollment, such as medically frail and American Indian/Alaskan Native residents.¹ Montana's goal in using the TPA model is to leverage an existing commercial insurance market vehicle to administer efficient and cost-effective coverage for new Medicaid adults.

The HELP Program also requires premiums and copayments for new adults with incomes below 138 percent of the FPL who are enrolled through the TPA. These individuals will be required to pay monthly premiums equal to 2 percent of household income and maximum copayment amounts allowed under federal law. In accordance with federal law, premiums and copayments combined may not exceed 5 percent of family household income. Additionally, participants with incomes above 100 percent of the FPL who fail to pay premiums will be dis-enrolled from coverage until they pay overdue premiums or until the Department of Revenue assesses the premium debt against their income taxes. Certain participants may be exempt from disenrollment if they engage in a wellness program.

¹ The following individuals are exempt from enrollment through the TPA: individuals who have exceptional health care needs, including but not limited to medical, mental health or developmental conditions; individuals who live in a region, including an Indian reservation, where the TPA was unable to contract with sufficient providers; individuals who require continuity of coverage that is not available or could not be effectively delivered through the TPA; and, those otherwise exempt under federal law.

The Demonstration will further the objectives of Title XIX by expanding Medicaid coverage—increasing the number of Medicaid enrolled adults in the State by more than half—and ensuring quality, affordable access to coverage for low-income Montana residents. The Demonstration will also promote continuity of coverage and access to providers by leveraging the efficiencies and expertise of the private market.

2) Include the rationale for the Demonstration (if additional space is needed, please supplement your answer with a Word attachment)

The proposed 1115 Demonstration waiver supports implementation of the HELP Program by enabling Montana to implement two central features of its HELP Program: (1) use of a TPA arrangement to provide efficient and cost-effective coverage; and (2) participant premiums and copayments to encourage personal responsibility and cost-conscious behaviors.

Efficient and Cost Effective Coverage – Montana is a primarily rural state, with a small population dispersed over a large geographic area. Indeed, it is one of three states along with Alaska and Wyoming that have been designated a Frontier State, which is defined by the Affordable Care Act as a State in which at least 50 percent of the counties have a population density of less than six people per square mile. Additionally, the State’s existing network of fee-for-service Medicaid providers is sparse, particularly in remote rural regions. For these reasons, the State faces unique provider network development and administration challenges in implementing the major coverage expansion contemplated by the HELP Program.

Montana’s goal in using the TPA model is to leverage an existing commercial insurance company with established, statewide provider networks and turnkey administrative infrastructure and expertise to administer efficient and cost-effective coverage for new Medicaid adults. This approach will allow rapid implementation of and adequate provider network capacity for the HELP Program for coverage beginning as early as January 1, 2016, assuming timely federal approval of necessary waivers.

An additional benefit of the TPA approach is that it supports continuity and integration of Montana’s Medicaid Program and the commercial insurance marketplace in the State. Nearly one-third of low-income families experience frequent income fluctuations that cause “churning” or changes in insurance affordability program eligibility that shift these families from the Medicaid Program to eligibility for subsidies to purchase private coverage (and vice versa). Churning leads to coverage gaps and discontinuities in the insurance plans and provider networks available to consumers. These gaps are detrimental to improving efficiency and quality of health care for low-income Montanans. By using a TPA anchored in the commercial insurance market, Montana will provide Medicaid coverage through a provider network that is more likely to be available to lower-income residents even as they gain economic independence and transition to private market coverage.

Personal Responsibility and Cost Conscious Behavior – HELP Program participants enrolled through the TPA will be required to pay premiums and copayments. These out-of-pocket requirements are crafted to encourage HELP Program participants to:

- Understand the value of their insurance coverage;
- Be discerning health care purchasers;
- Take personal responsibility for their health care decisions;
- Develop cost-conscious behaviors as consumers of health care services; and,
- Engage in healthy behaviors.

To promote use of high value health services, the State will not apply copayments for preventive health care services, immunizations provided according to a schedule established by the DPHHS that reflects guidelines issued by the Centers for Disease Control and Prevention, medically necessary health screenings, or any other services for which federal law bars copayments.

3) Describe the hypotheses that will be tested/evaluated during the Demonstration’s approval period and the plan by which the State will use to test them (if additional space is needed, please supplement your answer with a Word attachment)

Evaluation Question	Hypothesis	Waiver Component Being Addressed	Data Source
What are the effects of applying premiums for newly eligible adults enrolled through the TPA?	Premiums will not pose a barrier to eligible participants enrolling in Medicaid.	Premiums for participants with incomes from 0-138 percent FPL. Comparability of premiums.	Enrollment data.
What are the effects of dis-enrollment for failure to pay premiums for participants with incomes above 100 percent FPL?	The disenrollment penalty will encourage consistent premium payment experience, and will result in continuity of care.	Waiver of reasonable promptness to permit disenrollment of participants who fail to pay premiums.	Disenrollment and re-enrollment data.
	The proposed disenrollment exemption will promote participant engagement in		

Evaluation Question	Hypothesis	Waiver Component Being Addressed	Data Source
	healthy behaviors.		
What are the effects of contracting with a TPA to administer benefits for most HELP Program participants?	HELP Program participants who receive coverage through the TPA will have appropriate access to care and will have equal or greater provider access than they would otherwise have absent the TPA.	Freedom of choice.	Medicaid claims and TPA claims data. TPA participant and provider surveys. Medical Expenditure Panel Survey from AHRQ (MEPS).

4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State. If the Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the Demonstration will operate (if additional space is needed, please supplement your answer with a Word attachment)

The Demonstration will operate statewide.

5) Include the proposed timeframe for the Demonstration (if additional space is needed, please supplement your answer with a Word attachment)

The State seeks approval for a Demonstration effective date of January 1, 2016 through December 31, 2020, pending reauthorization of the HELP Program beyond June 30, 2019 by the State Legislature. If the HELP Program is not reauthorized, Montana will terminate the waiver.

6) Describe whether the Demonstration will affect and/or modify other components of the State’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems (if additional space is needed, please supplement your answer with a Word attachment).

No. The Demonstration will not modify the State’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing, or delivery systems.

Section II. Demonstration Eligibility

- 1) **Include a chart identifying any populations whose eligibility will be affected by the Demonstration (an example is provided below; note that populations whose eligibility is not proposed to be changed by the Demonstration do not need to be included). Please refer to Medicaid Eligibility Groups: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf> when describing Medicaid State plan populations, and for an expansion eligibility group, please provide the state name for the groups that is sufficiently descriptive to explain the groups to the public.**

The Demonstration will affect the new adults eligible for the HELP Program as described in the chart below.

Expansion Populations		
Eligibility Group Name	Social Security Act and CFR Citations	Income Level
HELP Program New Adults	Social Security Act § 1396(a)(10)(A)(i)(VIII) 42 C.F.R. § 435.119	<ul style="list-style-type: none"> ▪ Childless adults: 0-138 percent of the FPL ▪ Parents: 50-138 percent FPL

- 2) **Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan (if additional space is needed, please supplement your answer with a Word attachment)**

When determining whether an individual is eligible for the HELP Program, Montana will apply the same eligibility standards and methodologies as those articulated in the State Plan.

- 3) **Specify any enrollment limits that apply for expansion populations under the Demonstration (if additional space is needed, please supplement your answer with a Word attachment)**

There are no enrollment caps in the Demonstration. To be eligible to participate in the Demonstration, an individual must be: (1) a childless adult between 19 and 65 years of age, with an income at or below 138 percent of the FPL or a parent between 19 and 65 years of age, with an income between 50-138 percent of the FPL; (2) not enrolled in Medicare; (3) a United States citizen or a documented, qualified alien; and, (4) a resident of Montana. However, individuals who have exceptional health care needs, including but not limited to a medical mental health or developmental condition, live in a region, including an Indian reservation, where the TPA is unable to contract with sufficient providers, or require continuity of coverage

that is not available or could not be effectively delivered through the TPA, or are otherwise exempt under federal law (including American Indians), are not eligible for this Demonstration, and will instead be served through the State's current Medicaid program.

- 4) **Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or populations covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs (if additional space is needed, please supplement your answer with a Word attachment)**

The state estimates over 70,000 individuals will be eligible for the Demonstration.

- 5) **To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State) (if additional space is needed, please supplement your answer with a Word attachment).**

The State will have two Alternative Benefit Plan (ABP) State Plan Amendments reflecting the following: (1) an ABP administered by the TPA which will not include long term care services; and (2) an ABP administered outside of the TPA (for individuals who are TPA exempt) that will include long term care services; the same post eligibility treatment of income and spousal impoverishment rules, as outlined in the Medicaid State Plan, shall apply.

- 6) **Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013) (if additional space is needed, please supplement your answer with a Word attachment).**

To further advance State goals with regard to minimizing churning and promoting continuity of coverage and access to care, Montana will apply for a Fast Track Express Lane Eligibility Waiver under Section 1902(e)(14)(A) and is seeking 1115 Waiver approval to implement twelve month continuous eligibility for all newly eligible adults.

- 7) **If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014 (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

Section III. Demonstration Benefits and Cost Sharing Requirements

1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

Yes No (if no, please skip questions 3 – 7)

2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

Yes No (if no, please skip questions 8 – 11)

3) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration (an example is provided):

Benefit Package Chart

Eligibility Group	Benefit Package

4) If electing benchmark-equivalent coverage for a population, please indicate which standard is being used:

- Federal Employees Health Benefit Package
- State Employee Coverage
- Commercial Health Maintenance Organization
- Secretary Approved
-

Individuals in the new adult group are required to receive coverage through the ABP and the State will provide the federally required benefit package. The Montana ABP State Plan Amendment will outline its selection of Secretary-approved ABP.

5) In addition to the Benefit Specifications and Qualifications form: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Benefit-Specifications-and-Provider-Qualifications.pdf>, please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan, (an example is provided).

Benefit Chart

Benefit	Description of Amount, Duration and Scope	Reference

Benefits Not Provided

Benefit	Description of Amount, Duration and Scope	Reference

6) Indicate whether Long Term Services and Supports will be provided.

___ (if yes, please check the services that are being offered) X No

In addition, please complete the: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-LTSS-Benefits.pdf> and the: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Long-Term-Services-Benefit-Specifications-and-Provider-Qualifications.pdf>.

- | | |
|---|---|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Home Health Aide |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Personal Care Services |
| <input type="checkbox"/> Adult Day Health Services | <input type="checkbox"/> Habilitation – Residential Habilitation |
| <input type="checkbox"/> Habilitation – Supported Employment | <input type="checkbox"/> |
| <input type="checkbox"/> Habilitation – Day Habilitation | <input type="checkbox"/> Habilitation – Pre-Vocational |
| <input type="checkbox"/> Habilitation – Other Habilitative | <input type="checkbox"/> Habilitation – Education (non-IDEA Services) |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Day Treatment (mental health service) |
| <input type="checkbox"/> Psychosocial Rehabilitation | <input type="checkbox"/> Clinic Services |
| <input type="checkbox"/> Environmental Modifications (Home Accessibility Adaptations) | <input type="checkbox"/> Vehicle Modifications |
| <input type="checkbox"/> Non-Medical Transportation | <input type="checkbox"/> Special Medical Equipment |

- (minor assistive devices)
- | | |
|--|---|
| <input type="checkbox"/> Home Delivered Meals Personal | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Nursing Services |
| <input type="checkbox"/> Community Transition Services | <input type="checkbox"/> Adult Foster Care |
| <input type="checkbox"/> Day Supports (non-habilitative) | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Supported Living Arrangements | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Adult Companion Services |
| <input type="checkbox"/> Supports for Consumer Direction/Participant Directed Goods and Services | |
| <input type="checkbox"/> Other (please describe) | |

7) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

- Yes (if yes, please address the questions below)
- No (if no, please skip this question)

a) **Describe whether the state currently operates a premium assistance program and under which authority, and whether the state is modifying its existing program or creating a new program (if additional space is needed, please supplement your answer with a Word attachment).**

The DPHHS operates a federally approved voluntary employer sponsored insurance (ESI) premium assistance program under its State Plan. Montana intends to amend the State Plan Amendment to add the newly eligible adults to the voluntary ESI premium assistance program..

b) **Include the minimum employer contribution amount (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

c) **Describe whether the Demonstration will provide wrap-around benefits and cost- sharing (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

- d) **Indicate how the cost-effectiveness test will be met (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

- 8) **If different from the State plan, provide the premium amounts by eligibility group and income level (if additional space is needed, please supplement your answer with a Word attachment).**

The State will impose monthly premiums equal to 2 percent of household income for all new adults with incomes below 138 percent of the FPL whose coverage is administered through the TPA.

- 9) **Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan (an example is provided):**

HELP Program participants whose coverage is administered through the TPA will be required to pay copayments. The DPHHS will adopt through a State Plan Amendment a copayment schedule that reflects the maximum allowable copayment amounts under federal law for all individuals with incomes below 138 percent of the FPL. Providers will collect applicable copayments at the point of care. Total premium contributions and copayments will be capped at 5 percent of quarterly income.

Copayment Chart

Eligibility Group	Benefit	Copayment Amount

If the state is proposing to impose cost sharing in the nature of deductions, copayments or similar charges beyond what is permitted under the law, the state should also address in its application, in accordance with section 1916(f) of the Act, that its waiver request:

- a) **will test a unique and previously untested use of copayments;**
- b) **is limited to a period of not more than two years;**
- c) **will provide benefits to recipients of medical assistance which can reasonably be expected to be equivalent to the risks to the recipients;**
- d) **is based on a reasonable hypothesis which the demonstration is designed to test in a methodologically sound manner, including the use of control groups of similar recipients of medical assistance in the area; and**
- e) **is voluntary, or makes provision for assumption of liability for preventable damage to the health of recipients of medical assistance resulting from involuntary participation.**

N/A

10) Indicate if there are any exemptions from the proposed cost sharing (if additional space is needed, please supplement your answer with a Word attachment).

The State will not apply copayments for: preventive health care services; immunizations provided according to a schedule established by the DPHHS that reflects guidelines issued by the Centers for Disease Control and Prevention; medically necessary health screenings ordered by a health care provider, or, any other services that are legally exempt. Additionally, all individuals who are statutorily required to be exempt from cost sharing will be exempt from cost sharing under the Demonstration, including pregnant women.

Section IV. Delivery System and Payment Rates for Services

1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:

Yes

No (if no, please skip questions 2-7 and the applicable payment rate questions)

2) Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms (if additional space is needed, please supplement your answer with a Word attachment).

As noted above, Montana's goal in using the TPA model is to leverage an existing commercial insurance company to administer efficient and cost-effective coverage for new Medicaid adults, allowing rapid implementation of and adequate provider network capacity for the HELP Program. This approach will also supports continuity and integration of Montana's Medicaid Program and the commercial insurance marketplace in the State to reduce churning and related coverage gaps and discontinuities in the insurance plans and provider networks available to consumers. By minimizing churning, the State expects to improve efficiency and quality of health care for low-income Montanans. Through implementation of cost-sharing requirements for most participants, the Demonstration will promote use of high value health services and encourage personal responsibility and informed purchasing of health care services.

3) Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes:

- Managed care
 - Managed Care Organization (MCO),
 - Prepaid Inpatient Health Plans (PIHP)
 - Prepaid Ambulatory Health Plans (PAHP)
- Fee-for-service (including Integrated Care Models)
- Primary Care Case Management (PCCM)
- Health Homes
- Other (please describe)

Montana will contract with a TPA to administer the delivery of and payment for healthcare services provided to new adults. The TPA will be responsible for administering services and functions in compliance with State and federal Medicaid requirements including, but not limited to, establishing networks of healthcare providers, reimbursing providers on behalf of the State, collecting participant premiums, and additional administrative functions such as preparing all necessary reports for the DPHHS. The TPA contract start date will be on or about October 1, 2015.

- 4) If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system (or is currently seeking one) that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option:**

Delivery System Chart

Eligibility Group	Delivery System	Authority
HELP Program New Adults	TPA administered fee-for-service program	1115 Waiver
HELP Program New Adults who are exempt from enrollment in the TPA	DPHHS administered fee-for-service program	State Plan Amendment

- 5) If the Demonstration will utilize a managed care delivery system:**
- f) Indicate whether enrollment be voluntary or mandatory. If mandatory, is the state proposing to exempt and/or exclude populations (if**

additional space is needed, please supplement your answer with a Word attachment)?

- g) Indicate whether managed care will be statewide, or will operate in specific areas of the state (if additional space is needed, please supplement your answer with a Word attachment);**
- h) Indicate whether there will be a phased-in rollout of managed care (if managed care is not currently in operation or in specific geographic areas of the state. If additional space is needed, please supplement your answer with a Word attachment);**
- i) Describe how will the state assure choice of MCOs, access to care and provider network adequacy (if additional space is needed, please supplement your answer with a Word attachment); and**
- j) Describe how the managed care providers will be selected/procured (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

- 6) Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

- 7) If the Demonstration will provide personal care and/or long term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes, please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration (if additional space is needed, please supplement your answer with a Word attachment).**

Yes No

- 8) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology (if additional space is needed, please supplement your answer with a Word attachment).**

On July 1, 2015, the State released a TPA Request for Proposal (RFP) that requires, to the extent

possible, that rates under the State's TPA contract will be comparable to those paid under the current Medicaid program. The TPA RFP respondents must offer the State their lowest contracted provider reimbursement rates. The TPA RFP respondents must also indicate the methodology and rates for inpatient hospital, outpatient hospital, and professional codes. If rates vary according to specific provider, the TPA RFP respondents must indicate the low and high rate for each code.

- 9) **If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438 (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

- 10) **If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected (if additional space is needed, please supplement your answer with a Word attachment).**

N/A

Section V. Implementation of Demonstration

- 1) Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone (if additional space is needed, please supplement your answer with a Word attachment).**

Under the State's targeted timeline, applications for the expansion population will begin on November 15, 2015 for coverage effective January 1, 2016, assuming timely federal approval of the HELP Program Section 1115 Waiver. A proposed implementation timeframe is included below:

Milestone	Timeframe
Issue public notice of waiver	July 5, 2015
Accept comments on waiver	July 7, 2015- September 7, 2015
Conduct tribal consultation	August 19, 2015
Submit waiver application to CMS	September 15, 2015
Receive waiver approval	By November 1, 2015
Launch Medicaid enrollment through the FFM	November 15, 2015
Medicaid expansion coverage becomes effective	January 1, 2016

- 2) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration (if additional space is needed, please supplement your answer with a Word attachment).**

Notices

Upon Medicaid eligibility determination, HELP Program participants will receive a notice from the DPHHS advising them of the following:

- Medicaid eligibility determination.* The notice will include the basis of the eligibility determination, effective date of eligibility, information on copayments and premiums, a review of covered services, information regarding procedures for reporting a change in circumstances and website access to a participant handbook and participant newsletters.

- *Appeals*. The notice will also include information regarding the Medicaid appeals process as required under federal law.
- *TPA*. The notice will include information regarding TPA services and provider networks.

Enrollment

Assuming timely federal approval of necessary waivers, individuals eligible for enrollment under the HELP Program will begin to enroll during the open enrollment period starting November 15, 2015 for coverage effective January 1, 2016, through the following process:

- Individuals will submit the single streamlined application for Insurance Affordability Programs—Medicaid, CHIP, Advance Premium Tax Credits/Cost Sharing Reductions—via phone, online, by mail, or in-person.
- An eligibility determination will be made through the Federally Facilitated Marketplace or the DPHHS.
- Once individuals have been determined eligible for coverage under Title XIX, they will enter the State’s eligibility and enrollment system.
- The DPHHS will transfer file information to the TPA of individuals who are determined eligible to receive coverage through the TPA.
- The TPA will send out a welcome packet and issue a card to those who are eligible.

3) If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits, including whether the state needs to conduct a procurement action (if additional space is needed, please supplement your answer with a Word attachment).

N/A

Section VI. Demonstration Financing and Budget Neutrality

Demonstration of budget neutrality is required only for continuous eligibility for newly eligible adults. This population will receive continued benefits within a twelve month eligibility period. Consistent with CMS guidance provided in a State Medicaid Director Letter on February 21, 2014, to reflect that the regular matching rate is applicable for a proportion of these demonstration expenditures, the State will make a downward adjustment of 2.6 percent in claimed expenditures at the enhanced federal matching rate and will instead claim those expenditures at the regular matching rate.

All other requested waivers do not implicate federal expenditures.

Section VII. List of Proposed Waivers and Expenditure Authorities

Waiver Authority	Use of Waiver	Reason for Waiver Request
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§ 1902(a)(17)	To waive Medicaid comparability requirements allowing different treatment of newly eligible adults, such as the application of copayments and premiums on newly eligible adults enrolled in Medicaid through the TPA.	This waiver authority will enable the State to apply copayments and premiums to new adults enrolled in Medicaid coverage through the TPA and to test the impact of copayments and premiums on access to care.
§ 1902(a)(14)	To impose monthly premiums that are equal to 2 percent of annual income on newly eligible adults enrolled through the TPA.	This waiver authority will enable the State to impose premiums on Demonstration populations that exceed statutory limitations and to test the impact of premiums on access to coverage.
§ 1902(a)(23)	To waive Medicaid freedom of choice requirements relative to the TPA.	This waiver authority will allow the State to require that certain HELP Program eligible participants receive coverage through the TPA.
§ 1902(a)(8)	To waive the reasonable promptness requirement and permit disenrollment of participant's with incomes above 100 percent of the FPL who fail to pay required premiums.	This waiver will enable Montana to dis-enroll certain participants who fail to pay required premiums for HELP Program participation.
§ 1902(e)(12)	To apply 12 month continuous eligibility to newly eligible adults.	This waiver will enable Montana to allow for 12 months continuous eligibility for newly eligible adults.

Section VIII. Public Notice

- 1) **Start and end dates of the state's public comment period (if additional space is needed, please supplement your answer with a Word attachment).**

The State's comment period will be July 5, 2015 through September 7, 2015.

- 2) **Certification that the state provided public notice of the application, along with a link to the state’s web site and a notice in the state’s Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS (if additional space is needed, please supplement your answer with a Word attachment).**

Montana certifies that it will provide public notice of the application on the State’s Medicaid website (<http://dphhs.mt.gov/medicaidexpansion>) beginning on July 5, 2015. Montana also certifies that it will provide notice of the proposed Demonstration in the Bozeman Daily Chronicle, Missoulian and Great Falls Tribune, on July 5, 2015.

Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted (if additional space is needed, please supplement your answer with a Word attachment).

Montana certifies that it will convene at least two public hearings at least twenty days prior to submitting the Demonstration application to CMS. Specifically, on August 18, 2015, 3:30 p.m., in the Billings Public Library, 510 North 28th Street, Billings, MT 59101 and on August 20, 2015, 1:00 p.m., in the Sanders Building Auditorium, 111 North Sanders Street, Helena, MT 59601.

- 3) **Certification that the state used an electronic mailing list or similar mechanism to notify the public. (If not an electronic mailing list, please describe the mechanism that was used. If additional space is needed, please supplement your answer with a Word attachment).**

Montana certifies that it will use an electronic mailing list to provide notice of the proposed Demonstration to the public. Specifically, Montana intends to provide notice through email lists of stakeholders, including payers, providers, and advocates, as well as legislators.

- 4) **Comments received by the state during the 30-day public notice period (if additional space is needed, please supplement your answer with a Word attachment);**

To be attached upon completion of the notice and comment period.

Section IX. Demonstration Administration

Please provide the contact information for the state’s point of contact for the Demonstration application.

Name and Title: Mary E. Dalton, Montana State Medicaid Director
Telephone Number: (406) 444-4084
Email Address: mdalton@mt.gov