Montana Department of Public Health and Human Services

Section 1115 Demonstration Amendment Application

Montana Health and Economic Livelihood Partnership (HELP) Demonstration Program

Updated September 3, 2021

Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application

TABLE OF CONTENTS

SECTION I. HISTORICAL NARRATIVE SUMMARY OF THE DEMONSTRATION 3

A. Introduction 3

B. Summary of the Current HELP Demonstration Program 4

C. Summary of Montana's New Proposed HELP Demonstration Program Features 5

D. Eligibility 5

E. Medicaid Delivery System and Covered Benefits 6

F. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Amendment 6

G. Future Additional Goals of the HELP Demonstration Program 6

SECTION II. CHANGES REQUESTED TO THE DEMONSTRATION 7

SECTION III. IMPLEMENTATION OF AMENDMENT 7

SECTION IV. REQUESTED WAIVERS AND EXPENDITURE AUTHORITIES 7

SECTION V. FINANCIAL DATA 7

A. Historical Enrollment and Expenditures 7

B. Projected Enrollment and Expenditures for the Demonstration Amendment 8

SECTION VI. EVALUATION & DEMONSTRATION HYPOTHESES 8

A. Evaluation 8

B. Demonstration Hypotheses 9

SECTION VII. COMPLIANCE WITH PUBLIC NOTICE PROCESS 9

SECTION VIII. PUBLIC NOTICE 10

APPENDIX

A. RESPONSES TO PUBLIC COMMENTS 15

B. PUBLIC COMMENTS 18

Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application

Section I. Historical Narrative Summary of the Demonstration

A. Introduction

In November 2015, CMS approved Montana's Section 1115 Demonstration Waiver, "Montana Health Economic Livelihood Partnership (HELP) Demonstration," that: expanded Medicaid coverage to newly eligible adults effective January 1, 2016; authorized 12-month continuous eligibility for all new adults; applied enrollee premiums equal to two percent of aggregate household income; and, instituted maximum co-payments allowable under federal law. The approved waiver also authorized the administration of Medicaid through a Third-Party Administrator (TPA) for enrollees who are subject to premiums.

In December 2017, CMS approved an amendment to Montana's Section 1115 Demonstration Waiver that maintained Medicaid expansion, 12-month continuous eligibility and premiums, but removed the authorization of the TPA and the premium credit that applied to some HELP enrollees' cost-sharing obligations. The amended Demonstration was originally approved for the period from January 1, 2016 through December 31, 2020.[1]

On May 9, 2019, Governor Steve Bullock signed House Bill 658, the Medicaid Reform and Integrity Act, that directed the Department of Public Health and Human Services (DPHHS) to request federal waiver approval for new Medicaid expansion program features including those that condition Medicaid eligibility on participation in work/community engagement. Montana submitted an 1115 Waiver Amendment request in August 2019 seeking to condition Medicaid eligibility on work/community engagement requirements, increase monthly premiums based on coverage duration, and remove co-payments.[2]

In light of a delay to finalize the Special Terms and Conditions for Montana's 1115 Waiver Amendment request before December 31, 2020, CMS approved a one-year extension of the 1115 waiver which is now slated to expire on December 31, 2021.[3] Based on CMS' withdrawal of other states' 1115 waivers with work/community engagement requirements, CMS has communicated to DPHHS that a five-year extension of the Medicaid expansion waiver will not include work/community engagement requirements. It is expected that Special Terms and Conditions will be finalized in the fall of 2021 to ensure a waiver extension for the term of January 1, 2022-January 1, 2027.

During the course of the Special Terms and Conditions negotiations between DPHHS and CMS under the 1115 Waiver Amendment and Extension request that is currently before CMS for approval, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. The General Appropriations Act, HB 2, states "[t]he Legislature

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[1] Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration, December 20, 2017, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf.

[2] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

[3] Montana Health and Economic Livelihood Partnership (HELP) Program Temporary Extension Letter, December 1, 2020, available at https://dphhs.mt.gov/Portals/85/hrd/MTHELPTemporaryExtensionLetterDecember2020through12312021.pdf.

intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population."[4] The Budget was signed by Governor Gianforte on May 20, 2021.

In light of the statutory directive, Montana DPHHS is now seeking a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver. DPHHS is seeking to have this change reflected in the final negotiated 1115 HELP Waiver Special Terms and Conditions that it seeks to extend from January 1, 2022-January 1, 2027.

B. Summary of the Current HELP Demonstration Program

The HELP Demonstration Program was initially designed to meet the following policy objectives:

- 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 State has made significant progress in meeting the policy objectives of the HELP Demonstration Program. As of July 1, 2021, Montana's Medicaid enrollment under the HELP Demonstration Program reached 101,484 adults, which is 9.7 percent of the state population.[5] The rate of uninsurance in Montana has declined to 8.6 percent.[6] Medicaid expansion in Montana has afforded unprecedented access to primary and preventive care, cancer treatment, and mental health and substance use treatment, among other essential health care services. 132,789 adults have received preventive services, 12,071 adults have received a colon cancer screening with 4,466 cases of colon cancer averted, 6,588 adults were newly diagnosed and are now treated for hypertension, and 14,077 women have received a breast cancer screening.[7] Based on the findings from the most recent federal evaluation, under the HELP demonstration, "[o]verall, there were substantial gains in health insurance coverage; beneficiaries for the most part expressed satisfaction with the program; and stakeholders believed it had positive economic impacts by decreasing hospital uncompensated care costs and stimulating economic growth in the state."[8]

Medicaid expansion has also enabled rural hospitals and health care providers to keep their doors open, preserving access for rural Montanans of all incomes. Following the HELP Demonstration Program's

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[4] HB 2 available at https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf See also budget narrative available at https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf.

[5] For the most up-to-date enrollment numbers, see the Montana Medicaid Expansion Dashboard, available at https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard.

[6] Montana Healthcare Foundation, 2019 Report on Health Coverage and Montana's Uninsured, June 2019, available at https://mthcf.org/resources/2019-report-on-health-coverage-and-montanas-uninsured/.

[7] Id.

[8] Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Draft Interim Evaluation Report, July 22, 2019, available at https://www.medicaid.gov/medicaid/downloads/mt-fed-eval-draft-interim-eval-rpt.pdf.

implementation, Montana hospitals witnessed a 49 percent decrease in uncompensated care and Montana's community health centers saw an increase of $11.7 million in Medicaid revenue.[9]

C. Summary of Montana's New Proposed HELP Demonstration Program Features

The current 1115 HELP Waiver's Special Terms and Conditions provides expenditure authority to enable 12-month continuous coverage for Medicaid expansion adults. Montana's currently approved HELP Waiver authorized expenditures for health care related costs for individuals in the new adult population determined financially eligible under the Modified Adjusted Gross Income based eligibility methods. That population received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions. The state made a downward adjustment claiming 2.6 percent of expenditures at the standard federal matching rate instead of the enhanced new adult population federal matching rate.

As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 HELP Waiver. DPHHS is not seeking any changes to the current 1115 Waiver Amendment and Extension request submitted in August 2019, which is still under consideration by CMS.[10] These requested amendment changes include:

- *Work/Community Engagement.* The State seeks waiver authority to condition Medicaid coverage on compliance with work/community engagement requirements for non-exempt expansion adults with incomes up to 138 percent of the FPL.
- *Premium Increase Structure Based on Coverage Duration.* The State seeks to amend its Demonstration approach to premiums by applying a premium structure that gradually increases monthly premiums based on the length of time an individual is enrolled in coverage under the Demonstration. In the first two years of coverage, Demonstration enrollees with income greater than 50 percent of the FPL will pay premiums in the amount equal to two percent of their aggregate household income. The enrollee's premium obligation would gradually increase by 0.5 percent in each subsequent year of coverage under the Demonstration with a maximum premium amount not to exceed 4 percent of the enrollee's aggregate household income. Medicaid enrollees will not be subject to co-payments under this premium payment structure.

D. Eligibility

The Demonstration amendment request to remove 12-month continuous eligibility will affect the new adults eligible for the HELP Program as described in the chart below.

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
HELP Program New Adults	Social Security Act 1396(a)(10)(A)(i)(VIII)	New adult group with income 0-138 percent FPL

[9] HELP Act Oversight Committee, 2018 Report to the Governor and Legislative Finance Committee, August 2018, available at https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf.

[10] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

	42 C.F.R. 435.119	

E. Medicaid Delivery System and Covered Benefits

The State does not propose any changes to the Medicaid health care delivery system; demonstration enrollees will continue to receive services through the State's fee-for-service delivery system. Demonstration enrollees will also continue to receive benefits through the Alternative Benefit Plan; the State does not propose any changes to benefits for Demonstration enrollees.

F. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Amendment

Under this amendment application, Montana seeks approval to continue the following current Demonstration features:

- *Premiums.* The State will continue, and amend its approach to, charging premiums to non-exempt individuals with incomes greater than 50 percent of the FPL, as described in greater detail in the August 2019 1115 HELP Waiver Amendment and Extension Request.[11]

Enrollees excluded from the current Demonstration will continue to be excluded in this amendment. These enrollees include those who:

- Are medically frail;
- The State determines have exceptional health care needs, as identified through the application process or by an individual notifying the State at any time, including but not limited to medical, mental health, or developmental conditions;
- Live in a region (that may include all or part of an Indian reservation), that would not be effectively or efficiently served through the Demonstration, including where the State is unable to contract with sufficient providers;
- The State determines, in accordance with objective standards approved by CMS, require continuity of coverage that is not available or cost-effective through the Demonstration; or
- Individuals exempted by federal law from premium or cost sharing obligations, whose exemption is not waived by CMS, including all individuals with incomes up to 50 percent of the FPL.

These excluded enrollees are served under the Medicaid State Plan and subject to the terms and conditions therein.

G. Future Additional Goals of the HELP Demonstration Program

This amendment request is seeking to remove expenditure authority for 12-month continuous enrollment and does not propose any future additional goals of the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request.[12]

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[11] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

[12] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

Section II. Changes Requested to the Demonstration

The current 1115 HELP Waiver's Special Terms and Conditions authorizes expenditure authority to enable 12-month continuous coverage for Medicaid expansion adults. As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 HELP Waiver.

Section III. Implementation of Amendment

Montana is seeking the removal of 12-month continuous enrollment to be effective July 1, 2021. DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Coronavirus Response Act.[13]

Section IV. Requested Waivers and Expenditure Authorities

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional waiver and expenditure authority changes to the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request.[14]

Section V. Financial Data

A. Historical Enrollment and Expenditures

Historical enrollment figures since the launch of the program and corresponding program year expenditures for full coverage years are summarized below.

Figure 1. **HELP Demonstration Program Historical Enrollment**

Program Month and Year	Point in Time Enrollment
December 2016	59,501
December 2017	89,605
December 2018	94,967
December 2019	84,845
December 2020	92,704

Figure 2. **HELP Demonstration Program Historical Total Expenditures**

Total Expenditures

[13] P.L. 116-127, Families First Coronavirus Response Act, March 18, 2020.
[14] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

Program Year (Calendar Year)	Expenditures (for full year)
2016	291,856,023
2017	647,168,966
2018	699,573,205
2019	749,886,184
2020	854,344,128
Total (2016 – 2020)	3,245,828,506

Figure 3. **Historical Information – PMPM Based by Program Year**

Program Year (Calendar Year)	Count of Enrollees	Member Months	PMPM[15]
2016	88,720	667,526	416.45
2017	114,565	1,017,744	621.88
2018	125,666	1,198,211	570.34
2019	129,985	1,164,553	643.63
2020	116,588	1,118,588	763.77

B. Projected Enrollment and Expenditures for the Demonstration Amendment

Enrollment and expenditure projections under the proposed Demonstration amendment are described below.

In 2014, national studies estimated that continuous eligibility policies increase coverage continuity by 2.6%. Montana is assuming that discontinuation of continuous eligibility policies for Medicaid expansion adults will have an equivalent loss in coverage or change in eligibility group. Using the 2020 member months, Montana forecasts 29,083 fewer Medicaid expansion coverage months under the proposed amendment. (1,118,558 x 2.6% = 29,083). The loss in coverage months will result in an estimated reduction of waiver expenditures of $22,212,722 (29,083 x 763.77 = 22,212,722).

Section VI. Evaluation & Demonstration Hypotheses

A. Evaluation

To meet the federal 1115 waiver evaluation requirement, Montana participated in the multi-state 1115 Demonstration Federal Evaluation and Meta-Analysis.[16] The interim federal evaluation of Montana's

[15] PMPM reflects health care services only and excludes administrative expenses.
[16] Centers for Medicare & Medicaid Services, 1115 Demonstration Federal Evaluation & Meta-Analysis, accessible at https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/federal-evaluation-and-meta-analysis/index.html; "Evaluation Design Report for Montana HELP Federal Evaluation," Social & Scientific Systems, Inc., (Silver Spring, MD: Centers for Medicare & Medicaid Services, 2017), https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/mt/help-program/mt-help-program-fed-state-eval-dsgn-051617.pdf.

HELP Demonstration Program was conducted by Social & Scientific Systems (SSS) and the Urban Institute and was released in July 2017.[17]

B. Demonstration Hypotheses

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional hypotheses to the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request.[18]

Section VII. Compliance with Public Notice Process

Public Notice Process

Montana has undertaken a thorough public notice process in compliance with State and Federal requirements. The State notified the public of its intent to submit the amendment application on July 2, 2021 publishing the amendment application and public notice on the State's website. The State also announced dates and Zoom locations for two public hearings and the tribal consultation meeting. On July 2, 2021, the State published the abbreviated public notice in the State's largest three newspapers: Missoulian, (Missoula, MT); Billings Gazette, (Billings, MT); and the Independent Record, (Helena, MT). The State also emailed an interested parties listserv and the Montana Health Coalition, the State's Medical Care Advisory Committee, to inform them of the application's posting, public comment period, public hearings, and process for public comment submission.

The State certifies that it held two public hearings to present the details of the amendment and to take public comment. The first hearing was held on Wednesday, July 28, 2021 from 10:00 am – 12:00 pm MT via Zoom. The second hearing was held on Thursday, July 29, 2021 from 1:00 – 3:00 pm MT via Zoom. Telephone, audio, and video participation was available for both public hearings.

Please refer to the public notice schedule on the State's website for a full calendar of public notice activities related to the amendment and extension application.

Public Comments

The State required 60-day public comment period ran from July 3, 2021 – August 31, 2021.

The State received 442 comments on the amendment, including 419 comments submitted via email, regular mail, and telephone voicemail, and 23 comments provided orally during the public hearings and tribal consultations.

The majority of comments were not in support of the waiver amendment's request to remove the authority for 12-month continuous eligibility from the underlying 1115 HELP Waiver's Special Terms and Conditions. Specifically, commenters were concerned that eligible individuals would lose coverage due

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[17] Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Draft Interim Evaluation Report, July 22, 2019, available at https://www.medicaid.gov/medicaid/downloads/mt-fed-eval-draft-interim-eval-rpt.pdf.

[18] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

to procedural denials; the churn of eligible individuals would result in higher health care costs and poorer health care outcomes; and Montanans would have less access to primary care and preventative care.

Tribal Consultation
In accordance with the Montana Medicaid State Plan and federal regulations at 42 CFR §431.408(b), the State conducted tribal consultation for the amendment via written as well as Zoom consultation. On July 2, the State sent tribal consultation letters to Indian Health Service, Tribes and Urban Indian Health Centers (ITUs) inviting their input at the public hearings on July 28, 2021 and July 29, 2021. On August 2, 2021 the State sent an invitation and on August 4, 2021 the State sent an agenda for the tribal consultation meeting to ITUs for the Tribal consultation.

On August 24, 2021, Medicaid Director Marie Matthews held the virtual tribal consultation meeting via Zoom to present the request to amend the 1115 Waiver and discuss with the Tribes, Indian Health Services, and Urban Indian Centers the potential impact of the amendment request on HELP Program enrollees. During the tribal consultation, participants raised concerns related to the loss of health coverage and limited access to care as a result of lost coverage; potential churn of eligible individuals due to seasonal work cycles; administrative burden on health care providers to track patient insurance status as well as on DPHHS to process additional application renewals; impact to Purchase and Referred Care (PRC) program; and the negative revenue impacts Tribal, IHS and Urban clinics will face due to patients losing Medicaid coverage.

Response to Public Comments
The DPHHS thanks the commenters' review of the 1115 Waiver amendment request and for their comments. DPHHS was directed by the Montana's Legislature to terminate the policy and will move forward with the amendment application. Montana was only one of two states that had 12-month continuous eligibility for adults through an 1115 Waiver; Montana's revised policy will now be aligned with the vast majority of other states' Medicaid eligibility and enrollment processes. DPHHS is committed to ensuring continuity of coverage to the maximum extent possible and will support processes that ensure smooth renewals and coverage continuity for those who continue to be eligible for the Medicaid program. DPHHS welcomes continued and ongoing feedback on beneficiary impact as this policy is implemented.

The State reviewed and considered all public comments; a more complete summary of the comments and the State's responses are in Appendix A.

Summary of Changes to Demonstration Amendment:
The State has not made any changes to the amendment application.

Section VIII. Public Notice

MONTANA SECTION 1115 HEALTH ECONOMIC LIVELIHOOD PARTNERSHIP (HELP) AMENDMENT APPLICATION
Public Notice – July 2

The Montana Department of Public Health and Human Services (DPHHS) is providing public notice of its intent to: (1) submit to the Centers for Medicare and Medicaid Services (CMS), on or before

Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application

September 3, 2021, a written 1115 Demonstration application to amend the Health and Economic Livelihood Partnership (HELP) Demonstration Program to remove 12-month continuous enrollment and (2) hold public hearings to receive comments on the 1115 Demonstration amendment application. DPHHS is seeking the removal of 12-month continuous enrollment to be effective July 1, 2021.

I. Program Description

A. Overview

In November 2015, CMS approved Montana's Section 1115 Demonstration Waiver, "Montana Health Economic Livelihood Partnership (HELP) Demonstration," that expanded Medicaid coverage to newly eligible adults effective January 1, 2016; authorized 12-month continuous eligibility for all new adults; applied enrollee premiums equal to two percent of aggregate household income; and, instituted maximum co-payments allowable under federal law. The approved waiver also authorized the administration of Medicaid through a Third Party Administrator (TPA) for enrollees subject to premiums. In December 2017, CMS approved an amendment to Montana's Section 1115 Demonstration Waiver that maintained Medicaid expansion, 12-month continuous eligibility and premiums, but removed the authorization of the TPA and the premium credit that applied to some HELP enrollees' cost-sharing obligations. The amended Demonstration is approved for the period from January 1, 2016, through December 31, 2020.[19]

On May 9, 2019, former Governor Steve Bullock signed House Bill 658, the Medicaid Reform and Integrity Act, that directed the Department of Public Health and Human Services (DPHHS) to request federal waiver approval for new Medicaid expansion program features including those that condition Medicaid eligibility on participation in work/community engagement. Montana submitted an 1115 Waiver Amendment request on August 2019 seeking to condition Medicaid eligibility on work/community engagement requirements, increase monthly premiums based on coverage duration, and remove co-payments.[20]

In light of a delay to finalize the Special Terms and Conditions for Montana's 1115 Waiver Amendment request before December 31, 2020, CMS approved a one-year extension of the 1115 waiver, which is now slated to expire on December 31, 2021.[21] Based on CMS' withdrawal of other states' 1115 waivers with work/community engagement requirements, CMS has communicated to DPHHS that a five-year extension of the Medicaid expansion waiver will not include work/community engagement requirements. It is expected that Special Terms and Conditions will be finalized in the fall of 2021 to ensure a waiver extension for the term of January 1, 2022–January 1, 2027.

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[19] Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration, December 20, 2017, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf.
[20] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.
[21] Montana Health and Economic Livelihood Partnership (HELP) Program Temporary Extension Letter, December 1, 2020, available at https://dphhs.mt.gov/Portals/85/hrd/MTHELPTemporaryExtensionLetterDecember2020through12312021.pdf.

During the course of the Special Terms and Conditions negotiations between DPHHS and CMS under the 1115 Waiver Amendment and Extension request that is currently before CMS for approval, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. During the course of the Special Terms and Conditions negotiations between DPHHS and CMS under the 1115 Waiver Amendment and Extension request that is currently before CMS for approval, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. The General Appropriations Act, HB 2, states "[t]he Legislature intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population."[22] The Budget was signed by Governor Gianforte on May 20, 2021.

In light of the statutory directive, Montana DPHHS is now seeking a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver. DPHHS is seeking an effective date of July 1, 2021, and to have this change reflected in the final negotiated 1115 HELP Waiver Special Terms and Conditions that it seeks to extend from January 1, 2022–January 1, 2027.

B. Summary of Amendment Request

The current 1115 HELP Waiver's Special Terms and Conditions provide expenditure authority to enable 12-month continuous coverage for Medicaid expansion adults. Montana's currently approved HELP Waiver authorized expenditures for health care-related costs for individuals in the new adult population determined financially eligible under the Modified Adjusted Gross Income (MAGI)-based eligibility methods. That population received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions. The state made a downward adjustment claiming 2.6 percent of expenditures at the standard federal matching rate instead of the enhanced new adult population federal matching rate.

As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 HELP Waiver. DPHHS is not seeking any changes to the current 1115 Waiver Amendment and Extension request submitted in August 2019, which is still under consideration by CMS.[23]

DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Coronavirus Response Act.[24] In the event that the national public health emergency is extended beyond the date of this amendment approval, DPHHS will maintain continuous enrollment through the end of the public health emergency.

C. Eligibility Requirements

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[22] HB 2 available at https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf. See also budget narrative available at https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf.
[23] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.
[24] P.L. 116-127, Families First Coronavirus Response Act, March 18, 2020.

The Demonstration amendment request to remove 12-month continuous eligibility will affect the new adults eligible for the HELP Program as described in the chart below.

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	New adult group with income 0-138 percent FPL

D. Health Care Delivery System and Benefits

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any changes to the Medicaid health care delivery system; Demonstration enrollees will continue to receive services through the State's fee-for-service delivery system. Demonstration enrollees will also continue to receive benefits through the Alternative Benefit Plan; the State does not propose any changes to benefits for Demonstration enrollees.

E. Cost Sharing

Montana currently does not apply cost sharing to any of its Medicaid members and therefore no cost sharing will be imposed under this 1115 amendment request. All monthly premiums will be consistent with the HELP 1115 Waiver and Cost Sharing State Plan.

II. Goals and Objectives

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any future additional goals of the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request.[25]

III. Enrollment Projections and Annual Expenditures

In 2014, studies estimated that continuous eligibility policies increase coverage continuity by 2.6%. Montana is assuming that discontinuation of continuous eligibility policies for Medicaid expansion adults will have an equivalent loss in coverage or change in eligibility group. Using the 2020 member months, Montana forecasts 29,083 fewer Medicaid expansion coverage months under the proposed amendment. (1,118,558 x 2.6% = 29,083). The loss in coverage months will result in an estimated reduction of waiver expenditures of $22,212,722 (29,083 x 763.77 = 22,212,722).

IV. Waiver Expenditure Authorities

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional waiver and expenditure authority changes

[25] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

to the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request.[26]

V. Demonstration Hypotheses and Evaluation Parameters

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional hypotheses to the HELP Demonstration Program beyond what is proposed in the August 2019 1115 HELP Waiver Amendment and Extension Request. [27]

VI. Public Review and Comment Process

The complete version of the amendment application is available for public review at https://dphhs.mt.gov/helpplan/2021medicaidnotice. Paper copies are available to be picked up in person at the DPHHS office located at 111 North Sanders Street, Helena, Montana 59601.

Two virtual public meetings will be held regarding the Demonstration application:

(1) Public hearing on July 28 from 10:00 a.m. to 12:00 p.m. MT
Registration link can be found at https://dphhs.mt.gov/helpplan/2021medicaidnotice.

(2) Montana Health Coalition meeting on July 29 from 1:00 p.m. to 3:00 p.m.
Registration link can be found at https://dphhs.mt.gov/helpplan/2021medicaidnotice.

You will receive instructions for joining the meeting upon registration. If special accommodations are needed, contact Mary Eve Kulawik at (406) 444-2584 or mkulawik@mt.gov.

Public comments may be submitted until 11:59 PM (Mountain Time) on August 31, 2021. Questions or public comments may be addressed care of Medicaid HELP Waiver Amendment, Department of Public Health and Human Services, Director's Office, PO Box 4210, Helena, MT 59604-4210, or by telephone to (406) 444-2584, or by electronic mail to dphhscomments@mt.gov. Please note that comments will continue to be accepted after August 31, 2021, but the state may not be able to consider those comments prior to the initial submission of the Demonstration application to CMS.

After Montana reviews comments submitted during this state public comment period, the state will submit a revised application to CMS. Interested parties will also have an opportunity to officially comment during the 30-day federal public comment period; the submitted application will be available for comment on the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html.

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[26] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.
[27] Montana Department of Public Health and Human Services Section 1115 Demonstration Amendment and Extension Application, August 26, 2019, available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

Appendix

A. Responses to Public Comments

The State received 442 comments on the amendment, including 419 comments submitted via email, regular mail, and telephone voicemail, and 23 comments provided orally during the public hearings and tribal consultations.

The majority of comments were not in support of the waiver amendment's request to remove the authority for 12-month continuous eligibility from the underlying 1115 HELP Waiver's Special Terms and Conditions. Specifically, commenters were concerned that eligible individuals would lose coverage due to procedural denials; the churn of eligible individuals would result in higher health care costs and poorer health care outcomes; and Montanans would have less access to primary care and preventative care.

Comment: **The majority of commenters expressed concern that this policy would result in loss of coverage.**
Response: DPHHS thanks commenters for sharing these important concerns and is committed to mitigating coverage loss to the maximum extent possible. As required by the General Appropriations Act, HB 2, DPHHS is seeking to remove the expenditure authority for 12-month continuous eligibility from the underlying 1115 HELP Waiver. Montana was one of only two states that permitted continuous eligibility for adults through an 1115 Waiver; with the removal of this policy, Montana will now be aligned with the majority of other states' Medicaid eligibility and enrollment processes. Further, many who may lose Medicaid eligibility because of changes in employment or income will have access to other coverage, such as through an employer or the subsidized plans on the Federally-facilitated Marketplace (i.e., healthcare.gov).

Comment: **Commenters expressed concern that removing continuous eligibility would increase reporting burdens on eligible Montanans.**
Response: The State thanks commenters for their feedback and for sharing their concerns. Montana DPHHS is committed to implementing this policy change in ways that minimize coverage loss and barriers to access to health care for those who continue to be eligible for Medicaid. DPHHS is committed to leveraging available data to verify eligibility, to the maximum extent possible, in order to reduce the burden of having to provide documentation verification. In most cases, beneficiaries are already required to report such changes in circumstances to the state—the primary difference is that under the current policy, the state does not act on that information until it conducts the individual's renewal at the end of the 12-month period.

Comment: **Many commenters expressed concern that the removal of 12 months continuous coverage would lead to churn and result in increased health care costs and poorer health care.**
Response: The State thanks the commenters for their feedback. As DPHHS works to implement this program change, pursuant to HB 2, DPHHS is committed to mitigating the harm of frequent redeterminations and reducing the amount of churn and disruptions to health care coverage. For any individual who is found ineligible for Medicaid coverage, the State will continue to connect these individuals to the Federally-facilitated Marketplace in order to have their eligibility determined for other Insurance Affordability Programs.

Comment: **Multiple commenters expressed concern that as a result of the removal of 12 months continuous coverage, Montanans will have less access to primary and preventative care.**
Response: The State thanks the commenters for sharing their concerns. For any individual who is found ineligible for Medicaid coverage, the State will continue to connect these individuals to the Federally-facilitated Marketplace in order to have their eligibility determined for other Insurance Affordability Programs. DPHHS is committed to ensuring Montanans will have access to primary and preventative care and encourages continued and ongoing feedback on beneficiary impact as this policy is implemented.

Comment: **Many commenters shared their comments that the proposed legislative bills that explicitly removed continuous eligibility were not passed by any state legislation.**
Response: The State thanks the commenters for their feedback. During the 2021 legislative session there were three bills (SB 100, HB 768, and HB 686) that considered the termination of the expenditure authority for 12-month continuous eligibility, among many other policy and program changes. While none of these three bills passed in the legislative session, the Montana legislators passed a budget, HB 2, that explicitly removed funding authority for the 12-month continuous eligibility coverage. This budget was signed by Governor Gianforte on May 20, 2021. In light of the statutory budget bill, DPHHS is required to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver.

Comment: **Multiple commenters stated their concern that the 1115 waiver amendment does not advance the objectives of the Medicaid program.**
Response: The State thanks the commenters for sharing their concern. Medicaid statute and regulations require state Medicaid agencies to act on any changes of circumstances that may result in a change in eligibility. There is no federal Medicaid State Plan authority for 12 months continuous coverage for adults. Any state that wishes to apply 12 months continuous coverage must waive federal Medicaid requirements to do so. Montana was only one of two states that had 12-month continuous eligibility for adults through an 1115 Waiver; Montana's revised policy will now be aligned with the vast majority of other states' Medicaid programs.

Comment: **Multiple commenters expressed concern that implementing this amendment would cause DPHHS to fall out of compliance with the continuous coverage provision under the Families First Coronavirus Response Act (FFCRA).**
Response: The State appreciates the commenters' concern and is committed to following federal requirements during the federal public health emergency (PHE). DPHHS understands it is federally required to maintain continuous Medicaid coverage during the federal PHE as a condition of receiving the temporary Federal Medical Assistance Percentage (FMAP).

Comment: **One commenter expressed concern that DPHHS will not have the staff capacity to work with beneficiaries to more regularly renew their Medicaid eligibility as call centers currently have long wait times.**
Response: The State appreciates these comments and continues to strive to ensure adequate staff are in place to meet the needs of Montana Medicaid beneficiaries. DPHHS encourages continued and ongoing feedback on beneficiary impact as this policy is implemented.

Comment: **One comment expressed support for the waver amendment as it follows the legislative directive of HB 2 and aligns with the majority of other states' eligibility procedures.**

Response: The State appreciates this comment in support of the waiver amendment request.

Comment: **Multiple commenters expressed their opposition to sections of the currently pending 1115 HELP amendment and extension application related to work requirements and premiums.**
Response: The State thanks the commenters for expressing their concerns. Based on CMS' withdrawal of other states' 1115 waivers with work/community engagement requirements, CMS has communicated to DPHHS that the currently pending five-year extension of the Medicaid expansion waiver will not include work/community engagement requirements. The premium increases requested in the pending 1115 were tied to work requirements, and therefore will not be included in the waiver extension. DPHHS expects to receive formal guidance from CMS in the fall of 2021 with a final approved waiver amendment and extension prior to December 31, 2021.

B. Public Comments

Mental Health
Advisory Council

DATE: AUGUST 10, 2021

TO: Montana Department of Public Health & Human Services @ dphhscomments@mt.gov

FROM: Beaverhead County Mental Health Local Advisory Council

RE: Public comment on the Health and Economic Livelihood Partnership (HELP) and Waiver for Additional Services and Populations (WASP) 1115 Demonstration Waivers to

The Beaverhead County Mental Health Local Advisory Council is a coalition of county-wide members committed to assessing, advocating, planning, and strengthening public mental health services for adults and children in our community. We are stakeholders who advocate for quality mental health for our family, friends, clients, neighbors, patients, and our community/county at large. We take seriously our charge from the 1999 Montana State Legislature that created LACs and directed our representatives to be a critical element in our state's the public mental healthcare system.

In that defined representation we formally submit the following comments to the Montana Legislative Interim Committee of Children, Family, Health, and Human Services and the Department of Public Health and Human Services re: the elimination of continuous eligibility in the Medicaid program for both HELP and Seriously Mentally Ill (SMI) Medicaid enrolled Montanans.

The Beaverhead LAC respectfully objects to this plan of action since the consequences can be dire, across the state, but particularly in more rural areas of our state and for enrollees with an SMI. .

Stability is a critical support system for most of us, but particularly for those whose lives can be turned upside down during a mental health crisis. Continuous eligibility assures these individuals have access to their medical or behavioral health provider when they most need it…regardless of whether they met an artificial deadline to turn in paperwork.

Continuous eligibility assures individuals have consistent access to their medication, which often has dire consequences if missed. This includes situations where an individual is unable to fill their prescriptions because mid-year eligibility paperwork isn't yet submitted, redetermination isn't yet complete, or confusion exists about exactly what DPHHS is requesting, why, and when due. DPHHS eligibility related notices are often considered unclear and/or hard to understand.

Continuous eligibility supports local communities – law enforcement, medical and emergency personnel, hospital emergency departments by providing a dependable and reliable continuum of care for those who sometimes struggle to care for themselves. These community resources are already often accessed, even when an individual is Medicaid enrolled, especially in rural areas where mental health services are severely limited.

Continuous eligibility supports local communities financial delivery of mental health services. There is a grave potential those in a mental crisis who ARE eligible for Medicaid, but not currently enrolled or

recently disenrolled, will result in community healthcare providers having little or no opportunity for their services' reimbursement.

Continuous eligibility is an effective tool to use to reduce unneeded churn among these recipients. **It is well documented the negative impacts of "churn**" on this poverty-based population. . Overall, those eligible for Medicaid face a series of daily challenges from juggling employment in one or more jobs to finding affordable and quality; keeping the car running to assuring food in the cupboards; finding stable and affordable housing while balancing a host of other needs; and all with very little, if any, financial leeway. Interrupting continuous eligibility merely adds to what can be overwhelming challenges for some.

The program's requirements to report changes already exists. Interrupting continuous eligibility compromises already at-risk recipients for yet another paperwork requirement. And for those individuals with a serious mental illness health diagnosis, the above noted challenges are often overwhelming. We encourage you NOT to add to their already challenged lives.

Eliminating continuous eligibility will mean compromised Montanans may miss their needed medications, forego seeing either their behavioral or physical health provider, isolate even more, and potentially decompensate due to the lack of Medicaid coverage.

The loss of continuous eligibility is reflected in more than the sterile statement of some savings received through "less coverage months." It is the loss of security, stability, and benefits for Montanans in need.

Thank you for your time and attention to our concerns and comments.

Katherine Buckley-Patton, Executive Director

Beaverhead County Mental Health Local Advisory Council

Montana Consortium for Urban Indian Health

MCUIH

stronger together

August 6, 2021

Director's Office
Attn: Mary Eve Kulawik, Medicaid State Plan and Waiver Coordinator
Montana Department of Public Health and Human Services
Box 4210
Helena, MT. 59604-4210

RE: Medicaid Continuous Eligibility – HELP and WASP Waivers

Dear Ms. Kulawik:

I am submitting comments on behalf of All Nations Health Center of Missoula, Billings Urban Indian Health & Wellness Center of Billings, Butte Native Wellness Center of Butte, and Helena Indian Alliance-Leo Pocha Clinic. These four centers are members of the Montana Consortim for Urban Indian Health. Urban Indian Organizations (UIOs) provide essential health services in our communities. UIOs depend on scarce financial resources to provide services to already vulnerable American Indian patients, many of whom are eligible for Montana Medicaid.

Thank you for providing this opportunity to comment on Montana's proposed amendment to end continuous eligibility for Medicaid for people who qualify for the Medicaid expansion program through the HELP Waiver and through the Waiver for Additional Services and Populations (WASP) which serves people with a severe disabling mental illness. This proposed amendment to end continuous eligibility is a bad idea. It is bad for people. It is bad for business. Specifically:

- American Indian people in Montana die more than 20 years earlier than white Montanans. Medicaid expansion and continuous eligibility has allowed American Indians and the providers such as UIOs who serve them to start to address the health disparities which lead to premature death and disability. Eliminating continuous eligibility will result in gaps in health care and failure to address health problems at the earliest possible time.
- Continuous eligibility has allowed people who qualify for Medicaid to stay eligible for a year. It has successfully reduced cycling off and on the program. This "churn" in eligibility happens from month to month because of fluctuation in pay from overtime or seasonal work or change in household composition. Montana has many seasonal

Butte Wellness Center| Billings Urban Indian Health and Wellness Center |All Nations Health Center
Helena Indian Alliance
Jason Smith
Executive Director
7th West 6th Ave. Suite 4E
(406) 471-4677

industries like agriculture, tourism, and fire fighting where employment fluctuates. Many of these jobs do not provide health insurance.

- Sixty percent of businesses in Montana employ at least one worker who receives health coverage through Medicaid expansion. Twenty-five percent of businesses has at least 25% of their employees enrolled. Businesses in Montana rely on Medicaid to cover their employees.
- Continuous eligibility relieves both the state's administrative burden and the burden on medical providers such as UIOs. The administrative cost for the state to re-enroll a person on Medicaid is estimated at $400 to $600. Providers also bear a burden to continuously assess whether a person is eligible for Medicaid coverage and try to provide on-going care. If continuous eligibility is eliminated, the cost of health care for people without coverage will be passed on to providers and ultimately on to insured Montanans.
- Continuous eligibility, as part of Medicaid expansion, has allowed us to increase our business since 2015. As a result, we not only see more patients, but we also employ more people who in turn are able to contribute to Montana's tax base.

In summary, Montana Medicaid's expansion program is a success. There is no need to change it now. We urge the Department of Public Health and Human Services to re-examine your proposal to eliminate continuous eligibility and not to submit it to the Centers for Medicare and Medicaid Services at the federal level.

Sincerely,

Jason Smith
Executive Director
Montana Consortim for Urban Indian Health

cc: Misty Kuhl, Director, Governor's Office of Indian Affairs
Adam Meier, Director, DPHHS
Marie Matthews, Montana State Medicaid Director, DPHHS
Lesa Evers, Tribal Relations Manager, DPHHS

Butte Wellness Center| Billings Urban Indian Health and Wellness Center |All Nations Health Center
Helena Indian Alliance
Jason Smith
Executive Director
7th West 6th Ave. Suite 4E
(406) 471-4677

Montana State Legislature
MONTANA HOUSE OF REPRESENTATIVES

Representative Kim Abbott
Minority Leader
House District 83

July 28, 2021

Ms. Mary Eve Kulawik
Department of Public Health and Human Services
111 North Sanders Street
Helena, MT 59604

Dear Ms. Kulawik:

I write in opposition to the Department of Public Health and Human Services' proposed waiver amendments for the Health Economic Livelihood Partnership (HELP) and Waiver for Additional Services and Populations (WASP) Demonstration Programs. The Department's proposal to end twelve-month continuous eligibility for these vulnerable populations threatens Montana families' healthcare and would weaken our state's economy.

Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago. HELP has been incredibly successful at expanding access to health care for nearly 100,00 Montanans—some of whom got insurance for the first time in their lives. It isn't just our friends and neighbors who have benefited from HELP—nearly 2 in 3 businesses throughout Montana rely on HELP to provide health insurance to their employees.

The waiver amendments presented here today simply represent putting red tape between Montanans and their health care. Right now, Montanans covered through HELP and WASP sign up for coverage once a year, just like the rest of us who have other kinds of insurance. We fill out the paperwork at the start of the year, and we can rely on our coverage and plan our care for the coming months. That's just how health insurance works.

Under these waiver amendments, Montanans who are working multiple jobs just to make ends meet, or piecing together seasonal work, or who have a severe disabling mental illness will have to jump through bureaucratic hoops multiple times throughout the year just to keep their health coverage. Whether you consider it from the standpoint of government efficiency, or basic common sense, this bureaucratic red tape simply doesn't make sense.

DURING THE SESSION
State Capitol Building
PO Box 200400
Helena MT 59620-0400
Phone: (406) 444-4800
leg.mt.gov

MAILING ADDRESS
PO Box 1752
Helena MT 59601
Phone: (406) 439-8721
kim.abbott@mtleg.gov

By the Department's own admission, this new bureaucracy will result in thousands of Montanans losing their health coverage. Not only will low wage earners be kicked off their coverage, but Montanans with debilitating physical and mental illnesses will have their care interrupted when they can't navigate these new and unnecessary hurdles. The so-called $24 million "savings" that DPHHS estimates from these changes is coming straight out of the pocketbooks of the Montanans who will lose their coverage. It will come straight out of the balance sheets of hospitals and clinics throughout the state, including our rural hospitals that got a lifeline when we created the HELP program.

A year and a half on from the start of the COVID-19 pandemic, Montana families are just starting to get back on their feet. Main street businesses are fully reopening and getting their customers back. At this delicate time, it is beyond the pale to threaten their recovery by intentionally making an effective program less efficient, less fair, and more bureaucratic.

The HELP program passed with bipartisan support because folks recognized that a healthy economy needs healthy workers. Instead of creating problems where none previously existed, the Department should put these ill-conceived proposals back on the shelf. I encourage you instead to focus on making our shared investments work better, instead of creating red tape that hurts our families and our businesses. Thank you for considering my comments.

Sincerely,

Kim Abbott
Minority Leader

American Heart Association.

I am submitting this on behalf of the American Heart Association regarding continuous eligibility for Medicaid in Montana. The American Heart Association's mission is to be a relentless force for a world of longer, healthier lives. We are concerned that removing continuous eligibility will impact Montana residents' ability to access affordable healthcare.

As an organization focused on the heart health of Americans, we are concerned that loss of coverage will lead to unintended health consequences. Research shows that adults who have gaps in health care coverage are less likely to have a regular doctor and less likely to receive vital preventive care. A study in Arkansas, Kentucky, and Texas showed that nearly half of adults who had health care coverage gaps reported skipping doses of prescription medicine or stopped taking it all together.

During this time of rebuilding Montanans need stability. Thousands of Montanans living on low incomes have turned to Medicaid expansion to give them continuous health care coverage. We ask that you do not remove continuous eligibility in Montana.

Amanda Cahill
American Heart Association/American Stroke Association- Montana
Amanda.cahill@heart.org

American Lung Association.

August 30, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The American Lung Association in Montana appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 36 million individuals living with lung diseases, including more than 170,000 individuals in Montana. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.[1] For example, more than 135,000 individuals have received preventive services like tobacco cessation and lung cancer screening.[2] Medicaid expansion is clearly beneficial for patients with lung disease.

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with lung disease in Montana. Additionally, as our organization outlined in earlier comments on Montana's HELP demonstration,[3] we are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with lung disease to lose their healthcare coverage. The Lung Association therefore offers the following comments on Montana's proposal.

Continuous Eligibility
Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. The Lung Association opposes this change.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that the need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the

emergency department.[4] A gap in healthcare coverage could mean that a patient with lung cancer would have to pause treatment or someone with COPD might have to stop taking their medication, leading to an irreversible worsening of their condition.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.[5] This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

The Lung Association urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. As our organization expressed in our 2019 comments on this application,[6] this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[7] For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage.[8] Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.[9] The Lung Association believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

The Lung Association believes that healthcare coverage should be affordable, accessible and adequate for patients with lung disease. Thank you for the opportunity to provide comments.

Sincerely,

Carrie Nyssen
Senior Director, Advocacy
American Lung Association in Montana

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[1] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard

[2] Id.

[3] https://www.lung.org/getmedia/05807ac4-bd00-4e8b-949b-c4bbc1f23940/health-partner-comments-to-9.pdf.pdf

[4] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[5] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19

[6] https://www.lung.org/getmedia/05807ac4-bd00-4e8b-949b-c4bbc1f23940/health-partner-comments-to-9.pdf.pdf

[7] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[8] Id.

[9] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

August 24, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program. NORD is a unique federation of voluntary health organizations dedicated to helping the 25-30 million Americans living with a rare disease. We believe that all patients should have access to quality, accessible, and affordable health coverage that is best suited to their medical needs.

Patients with rare disorders often have complex and costly health care needs and depend on access to quality and affordable health care. Medicaid coverage serves as a lifeline to some rare disease patients, who may find their lives upended by the debilitating nature of their diseases. According to the NORD's recent *30-Year Barriers to Access Survey*, 76% of rare disease patients report some or great financial burden and 62% of adults have had to miss work because of their rare disease.[i] For all patients with a rare condition, the Medicaid program provides assurance that if their disease increases in severity and they are unable to work, they will still be able to access necessary treatment. This aspect of the Medicaid program is especially vital during difficult economic times.

NORD is committed to ensuring that Montana's Medicaid program provides affordable and accessible health care coverage and is a strong supporter of Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.[ii]

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for Montanans living with a rare disease. Additionally, we are deeply concerned that the premiums in the state's pending application will create financial barriers that could lead patients with rase diseases to lose their health care coverage. NORD therefore offers the following comments on Montana's proposal.

Continuous Eligibility
Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. NORD opposes this change.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care

than those with coverage for the entire year, including less preventive care and more trips to the emergency department.[iii]

Reducing churn helps to decrease the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.[iv] This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

NORD urges the state to work with the Montana State Legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums
Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[v] For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage.[vi] Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.[vii] NORD believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion
Affordable health care coverage is critical to ensuring that rare diseases patients, and others with serious and chronic conditions, can access needed health care services. Unfortunately, this 1115 waiver proposal would place damaging financial barriers on health coverage by eliminating continuous eligibility and imposing premiums and cost-sharing onto beneficiaries. Therefore, NORD strongly recommends that Montana revise its waiver application as outlined to ensure that it better meets the objectives of the Medicaid program.

Thank you again for the opportunity to submit comments. For questions regarding NORD or the above comments, please contact Corinne Alberts at calberts@rarediseases.org.

Sincerely,

Alyss Patel
State Policy Manager, Western Region
National Organization for Rare Disorders

[i] National Organization for Rare Disorders. "30-Year Barriers to Access Survey" https://rarediseases.org/wp-content/uploads/2020/11/NRD-2088-Barriers-30-Yr-Survey-Report_FNL-2.pdf

[ii] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard

[iii] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[iv] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19

[v] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[vi] Id.

[vii] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

Fort Belknap Indian Community

Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526-9455
PH: (406) 353-2205
FAX: Council - (406) 353-4541
FAX: Departments - (406) 353-2797

Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and the Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

August 31, 2021

Montana Department of Public Health and Human Services
Director's Office
PO Box 4210
Helena, MT
Delivered via Electronic Mail: dphhscomments@mt.gov

RE: Medicaid WASP Waiver Amendment

Dear Director Meier:

I am writing on behalf of the Fort Belknap Indian Community Council to formally respond to the Montana Department of Public Health and Human Services' ("DPHHS") Public Notice of Amendment regarding Montana Section 1115 Waiver for Additional Services and Populations, dated July 2, 2021 (the "Notice"), and the recent consultations with tribal leaders on August 2, 4, and 24, 2021.

As a general matter, the Tribe wholly opposes DPHHS' proposal to seek a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the WASP 1115 waiver. DPHHS and the State should not be seeking to reduce access to healthcare services in the middle of a pandemic. Principally, DPHHS' proposed amendment would largely affect poor, rural, and Native American populations who rely upon Medicaid expansion to receive access to critical care – especially when the COVID-19 pandemic has disproportionately and significantly afflicted our tribal communities.

As support for this proposal, DPHHS cites to the Legislature's intent to eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population. However, the Legislature did not provide a date to enact this elimination or provide any clear guidance to carry this out besides a single sentence; a single sentence that will strip lifesaving benefits from thousands of people. Again, the state and DPHHS should not actively work to limit access to healthcare services in the middle of a pandemic, especially when we've seen COVID-19 inflict a heavier toll on poor and Native American populations who depend on Medicaid expansion.

DPHHS acknowledges that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Response Act ("FFRA"). However, eliminating the extension as soon as the COVID-19 public health emergency is concluded will not alleviate the underlying healthcare concerns that exacerbated the effect of the pandemic. The issues with inadequate access to healthcare, lack of resources, and accompanying health conditions in poor, rural, tribal populations will still exist. Abandoning these populations in the wake of a pandemic will only set us up for another downfall in the next pandemic or public health emergency.

DPHHS admits that the WASP program has been a positive source of Medicaid coverage since the program's inception in 1996. However, DPHHS is clearly discounting the tangible, real-life effects that this amendment will have on people who desperately rely upon this Medicaid coverage. In fact, the article that DPHHS cites to in the Notice, Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and Quality of Coverage in Medicaid*, George Washington University, Sept. 2013, available at https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf (last visited Aug. 31, 2021) states that "[i]f low-income patients are unable to afford to see physicians or fill their prescriptions for even a month or two, they can become sicker and eventually require emergency room or hospital inpatient care." The George Washington University article further states that "[w]hen people are uninsured, it is harder for them to afford medical care and, thus, their health may be jeopardized." *Id.* "This also happens when people have even relatively brief gaps in their insurance coverage; they often have to skip or delay getting care or leave prescriptions unfilled because of the costs. Many with brief spells of uninsurance face serious financial consequences because they have to pay – or go into debt – for medical care needed while they are uninsured." *Id.* Importantly, the George Washington University articles emphasizes that "[s]kipped or delayed health care can lead to unnecessary illness or even death." *Id.*

Insurance gaps caused by lapses in continuous eligibility also affect healthcare providers. *Id.* "Primary care physicians prefer to maintain ongoing, long-term relationships with their patients and know that an ever-changing panel of patients can make their work both harder and less effective." *Id.* Moreover, Medicaid churning disrupts administrative and financial operations when patients are often unaware of whether their Medicaid eligibility is still valid. *See id.*

Likewise, the other article that DPHHS cites to, Guyer, J., Schwartz, T., *Manatt on Medicaid: New Strategy for Financing 12 Months of Continuous Coverage for Newly Eligible Adults*, available at https://www.manatt.com/uploadedFiles/Content/4 News and Events/Newsletters/HealthLaw@Manatt/Manatt On Medicaid Contiuous Coverage.pdf (last visited Aug. 31, 2021) provides that "states are likely to see potentially significant administrative savings as fewer people churn in and out of Medicaid eligibility, reducing the need for eligibility workers to take action, for notices to be sent to consumers, and for enrollment data to be exchanged between the state's eligibility system and its claims system." And, the Manatt article confirms that continuous eligibility "offers the possibility of greater continuity of coverage for consumers, administrative simplicity for states and enhanced opportunities for issuers and providers to develop and take advantage of stable relationships with enrollees and patients." *Id.*

Therefore, "[o]ne of the most important ways that Medicaid enrollment can be stabilized is by adopting a policy of *12 month continuous eligibility*, during which a person is given 12 months of insurance coverage, regardless of minor fluctuations in income or other changes and without the need for periodic reports." Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and Quality of Coverage in Medicaid*, George Washington University, Sept. 2013, available at https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf (last visited Aug. 31, 2021) (emphasis in original). The George Washington University study concludes:

> Unnecessary disruptions in Medicaid insurance coverage create challenges for both patients and health care providers. In both states that expand Medicaid eligibility under the ACA and those that do not, Medicaid beneficiaries, particularly non-elderly adults, are at substantial risk of experiencing gaps in coverage due to churning. Churning makes Medicaid less efficient and less effective. Analyses presented in this report demonstrate that increasing the continuity of Medicaid coverage can reduce monthly medical costs and that policies of 12 month continuous eligibility can be effective in improving continuity. *Id.*

Then, the George Washington University study recommends: "Twelve month continuous eligibility should be established as a policy for all Medicaid beneficiaries." *Id.*

Still, DPHHS tries to justify this amendment by arguing the limited scope and effectiveness of continuous eligibility. DPHHS concludes that studies estimated that continuous eligibility policies increase coverage continuity by 2.6%. However, it is unclear where DPHHS got this number from. The studies that DPHHS cites to: (1) do not primarily focus on Montana; and (2) do not even appear to support DPHHS' statement – nowhere in the study does it indicate increased coverage continuity of 2.6%. In fact, the opposite appears to be true; the studies that DPHHS relies upon clearly advocate for Medicaid eligibility expansion and continuity. DPHHS needs to take a closer look at the data before making a decision that may have life threatening implications for the people of Montana.

DPHHS also attempts to justify the amendment by pointing to the cost-savings. According to DPHHS, removing 12-month continuous eligibility results in an estimated total state general fund savings for State Fiscal Year (SFY) 2022 of $941,130 and a savings of $953,258 for SFY 2023. Further, DPHHS states that while the WASP amendment was not directed by HB 2, DPHHS believes it would cause significant additional administrative burden to continue the 12-month continuous eligibility period in one waiver and not the other.

However, DPHHS is not recognizing that it would cause more administrative burden to explicitly remove funding for continuous coverage but then also reinstate or retain it for the extent of the public health emergency in order to comply with the FFRA. The state may also experience increased administrative burdens on the back end when patients attempt to reapply for Medicaid coverage after their eligibility lapses: "[w]hile Medicaid can offer life-sustaining health insurance coverage to those who could not otherwise afford insurance, the process of applying and renewing Medicaid coverage can be arduous." Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and*

Quality of Coverage in Medicaid, George Washington University, Sept. 2013, available at https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf (last visited Aug. 31, 2021). Similarly, maintaining continuous eligibility can provide savings for two reasons: "[f]irst, when people are enrolled for longer periods, they may get primary and preventive care to help keep them healthy and reduce the risk of needing more expensive specialty, emergency or inpatient care"; and "[s]econd, people often enroll in Medicaid when they are sick and therefore often have higher initial health care utilization just after enrollment. When they remain enrolled for longer periods, their health needs stabilize and less care is needed later in the year." *Id.*

Overall, DPHHS' proposed amendment may result in: (1) an uptick of administrative burdens when patients continuously navigate and reapply for Medicaid coverage after eligibility lapses and churn through the Medicaid system; (2) an increase in costs to the healthcare system when patients cannot access important primary and preventative care; and (3) an exacerbation of underlying health concerns, or potentially loss of life, when patients cannot afford healthcare services amidst a global pandemic. DPHHS' decision to remove expenditure authority for 12-month continuous eligibility from the WASP 1115 waiver will significantly impact poor, rural, and tribal populations who rely on Medicaid expansion for access to critical healthcare services. The State of Montana should not be seeking to save a buck by cutting crucially important healthcare programs that are often the only access to care for populations who rely upon them.

I hope this information is helpful. Thank you for your service and consideration. We stand ready to be a resource for DPHHS for information or input at any time.

Respectfully,

Andrew Werk, Jr.
President, Fort Belknap Indian Community Council

CC: Fort Belknap Indian Community Council

FORT PECK TRIBES
Assiniboine & Sioux

August 27, 2021

Director's Office
Attn: Mary Eve Kulawik, Medicaid State Plan and Waiver Coordinator
Montana Department of Public Health and Human Services
Box 4210
Helena, MT. 59604-4210

RE: Medicaid Continuous Eligibility – HELP and WASP Waivers

Dear Ms. Kulawik:

I am submitting comments on behalf of the Fort Peck Assiniboine and Sioux Tribes. Thank you for providing this opportunity to comment on Montana's proposed amendment to end continuous eligibility for Medicaid for people who qualify for the Medicaid expansion program through the HELP Waiver and through the Waiver for Additional Services and Populations (WASP) which serves people with a severe disabling mental illness.

Approximately 1500-1600 of the people eligible for Medicaid at Fort Peck qualify through the Medicaid Expansion program. This proposed amendment to end continuous eligibility will be very detrimental to American Indian people. Eliminating continuous eligibility will have the following effects:

- Continuous eligibility has allowed people who qualify for Medicaid to stay eligible for a year. It has successfully reduced cycling on and off the program. This "churn" in eligibility happens from month to month because of fluctuation in pay from overtime or seasonal work or change in household composition. Montana Indian people work in many seasonal industries like construction, agriculture, tourism, and firefighting where employment fluctuates. Many of these seasonal jobs do not provide health insurance.
- George Washington University has estimated that 15.6% (an estimated 249 tribal members on the Fort Peck Reservation) of people currently benefiting from continuous eligibility will lose coverage for about 2 months each annually when it is eliminated.
- People living at Fort Peck often lack transportation, telephone, and internet connections that are needed to either visit the local public assistance office or electronically submit information that will be needed for more frequent eligibility checks. It is likely that tribal members will be disproportionately affected by elimination of continuous eligibility beyond the 15.6% estimate above. We could find no studies that estimate how many additional people this might be.
- Eliminating continuous eligibility will result in gaps in health care and failure to address health problems at the earliest possible time because of sporadic coverage. American Indian people in Montana currently die more than 20 years earlier than white Montanans. Medicaid expansion and continuous eligibility have allowed us as a Tribe to start to address the health disparities which lead to premature death and disability.
- These gaps in care can be costly to the state of Montana. Preventive and routine care provided by tribal health to a Medicaid eligible American Indian is reimbursed at 100% federal match. If that person loses eligibility because of a seasonal job or failure to

comply with eligibility checks and as an example doesn't take their insulin for diabetes, becomes critically ill and needs to be treated at a major regional hospital in Billings, they will likely qualify for Medicaid retroactively once again. The difference is that the subsequent hospitalization is not only more expensive than routine care would be, it also is no longer covered by 100% FMAP, and the state will be responsible to pay for at a minimum 10% of the care at the regional hospital along with associated costs for physicians, ambulances, etc.

- Expansion has provided coverage for people who were otherwise inadequately covered through underfunded IHS and/or contracted tribal health programs. Prior to expansion, IHS often ran out of funding mid-way through the year and people were ineligible for services unless "life or limb" were threatened. Often, preventive care (including routine prenatal care and screening mammograms) and other generally accepted routine medical care (such as specialty consultations) were not provided for much of the year.
- Sporadic coverage often results in sporadic care for chronic illnesses such as diabetes, cancer, cardiovascular, kidney, and/or liver disease that disproportionately affect Indian people. Historically, inadequate and sporadic IHS funding and subsequent fluctuation in health care coverage contributed to the long-standing health disparities on this reservation that will take generations to correct. It is short-sighted for Montana to eliminate Medicaid continuous eligibility for health care services. One only has to look at the history of IHS coverage to see how fluctuating coverage has harmed Indian people.
- Continuous eligibility relieves both the state's administrative burden and the burden on tribal and other health care providers. The administrative cost for the state to re-enroll a person on Medicaid is estimated at $400 to $600. This money would be better spent in providing actual health care coverage. There is also an administrative cost to tribal and other health care providers to continuously assess whether a person is eligible for Medicaid coverage and try to plan for and provide on-going care. This is especially detrimental to people who need treatment that continues over many months.
- Continuous eligibility, as part of Medicaid expansion, has allowed us to increase Tribal employment. As a result, we not only see more patients locally, but we also employ more people who in turn are no longer dependent on Medicaid for health coverage. These employees impact the local and state economy by "recirculating" their wages through the purchase of a variety of goods and services outside of health care.
- We are in the midst of the COVID pandemic which has been devastating. While American Indians are approximately 6% of the population in Montana as a whole, according to the Montana Department of Health and Human Services they account for 25% of the cases and 37% of the deaths (as of October 2020). We do not know what the long-term effects are, now is not the time to add the stress of unnecessary Medicaid coverage limitations.

In summary, Montana Medicaid's expansion program is a success. There is no need to change it. We urge the Department of Public Health and Human Services to re-examine your proposal to eliminate continuous eligibility. Please do <u>not</u> submit these waiver amendments to the Centers for Medicare and Medicaid Services at the federal level.

Sincerely,

Floyd Azure
Chairman
Fort Peck Tribes

c: Misty Kuhl, Director, Governor's Office of Indian Affairs
Adam Meier, Director, DPHHS
Lesa Evers, Tribal Relations Manager, DPHHS

August 23, 2021

Adam Meier, Director
Montana Department of Public Health and Human Services
111 North Sanders Street
PO Box 4210
Helena, MT 59604

RE: 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment

Submitted via email to dphhscomments@mt.gov

Dear Director Meier:

District XI Human Resource Council (HRC) appreciates the opportunity to comment on the 2021 Medicaid Expansion (HELP) Waiver Amendment and the 2021 Waiver for Additional Services and Populations (WASP) Amendment. HRC provides a variety of services to lower income persons, therefore we see the benefit that the Medicaid Expansion provides to so many Montanans.

HRC strongly supports the continuous eligibility benefit currently in place with the HELP and WASP Medicaid programs and encourages DPHHS to consider how removing continuous eligibility could negatively impact the individuals we are serving. HRC supports the concerns outlined in the letter submitted by the Montana Primary Care Association on August 20, 2021. These concerns include:

1. Lack of clarity for the exclusions listed on page 6 of the 2021 Medicaid Expansion (HELP) Waiver Amendment;
2. Potential disproportionate impact on individuals in rural Montana, including Montana's Indian Reservations, and the state's essential seasonal workers;
3. Ending Continuous Eligibility for WASP members with SDMI could be catastrophic to those individuals and their families; and
4. The 2021 Waiver for Additional Services and Populations (WASP) Amendment does not conform with the expressed legislative intent in House Bill 2 and therefore DPHHS should not submit this waiver amendment.

HRC urges DPHHS to clarify the concerns we have with the HELP Waiver amendment and consider our request to withdraw consideration of the WASP Waiver amendment. We at HRC know that the implementation of these waiver amendments will introduce uncertainty amongst the persons we serve and likely result in people not accessing critical preventive care.

Thank you for your consideration of these comments.

Sincerely,

Jim Morton, Executive Director

Incapacity Assessment Services
Low Income Advocacy
Workforce Development
Energy Assistance
Owner Occupied Home Rehabilitation Loan Program
Affordable Housing Development
First Time Homebuyer Assistance
2-1-1 Information & Referral
Residential Energy Conservation
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HUMAN RESOURCE COUNCIL

American Cancer Society
Cancer Action Network
1903 Central Avenue
Billings, MT 59102
www.fightcancer.org

August 30, 2021

Department of Public Health and Human Services, Director's Office
c/o Mary Eve Kulawik
111 North Sanders Street
PO Box 4210
Helena MT 59604

Re: Continuous Eligibility

Dear Director Meier,

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the proposed changes to Montana's 1115 waivers. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN opposes the proposed elimination of continuous eligibility for adults enrolled in the Medicaid program. Nearly 7,000 Montanans are expected to be diagnosed with cancer in 2021[1] and there are nearly 60,000 cancer survivors in the state[2] – many of whom are receiving health care coverage through the Medicaid program.

Montana's expanded eligibility for Medicaid has allowed nearly 100,000 adults across the state to gain health insurance coverage – and with that, access to cancer screenings and prevention, early detection, treatment and care throughout survivorship. The draft waiver application notes 12,071 adults have received a colon cancer screening with 4,466 cases of colon cancer averted, and 14,077 women have received a breast cancer screening. Eliminating continuous eligibility will threaten these significant gains and reduce the number of eligible individuals who have the tools and access needed to prevent or detect cancer early when it is less costly to treat.

We strongly urge the Department of Public Health and Human Services to withdraw this application.

Continuous Eligibility Protects Cancer Patients

ACS CAN wants to ensure that cancer patients and survivors in Montana will have access and coverage under the Medicaid program, and that program requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer.

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[1] American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta, GA: American Cancer Society; 2021.
[2] American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta, GA: American Cancer Society; 2019.

Eliminating continuous eligibility will create additional barriers and requirements for enrollees, likely reducing the number of Montanans who can access essential health care, including cancer prevention and treatment. Terminating individuals' eligibility could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for individuals in active cancer treatment.

When individuals lose coverage due to small – often temporary – fluctuations in income low-income cancer patients will likely have no access to health care coverage, making it difficult or impossible to continue treatment. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could have a significant impact on an individual's cancer prognosis and the financial toll that the loss of coverage would have on individuals and their families could be devastating.

Conclusion

We appreciate the opportunity to provide comments on the proposed changes. The preservation of eligibility and coverage through the Medicaid program remains critically important for many low-income Montanans who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask the Department to reverse plans to eliminate continuous eligibility.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Division to ensure that all people are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at kristin.page.nei@cancer.org or (406) 360-8752.

Sincerely,

Kristin Page-Nei
Montana Government Relations Director

LEUKEMIA & LYMPHOMA SOCIETY®

August 30, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood Demonstration Program

Dear Director Matthews:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

LLS's mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and to improve the quality of life of patients and their families. We advance that mission by advocating that blood cancer patients have sustainable access to quality, affordable, coordinated health care, regardless of the source of their coverage. LLS evaluates all health care policy proposals through the lens of our Principles for Meaningful Coverage. These principles give us an objective and constructive means of evaluating health care policies impacting the patients we serve.[1] They inform our concerns about some of the provisions in the Montana Health and Economic Livelihood (HELP) Demonstration Program.

LLS is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.[2]

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with blood cancers in Montana. We are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with cancer to lose their healthcare coverage. LLS therefore offers the following comments on Montana's proposal.

Continuous Eligibility

Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. LLS opposes this change. Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that the need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.[3] People in the midst of cancer treatment, for example, rely on regular visits with healthcare providers, and many

of those patients must adhere to frequent, if not daily, medication protocols. The loss of coverage or a gap in coverage, is a grave prospect for anyone, in particular a patient living with blood cancer.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.[4] This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

LLS urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. LLS is concerned that this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[5] For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage.[6] Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.[7] LLS believes that these premiums will create significant financial barriers for patients that jeopardize their access to needed care and therefore opposes this policy.

Conclusion

LLS believes that healthcare coverage should be affordable, accessible and adequate for patients with cancer. Questions or requests for further information on LLS and our position can be addressed to sara.kofman@lls.org 202.431.3767. Thank you for the opportunity to provide comments.

Sincerely,

Sara Kofman
Regional Director, Government Affairs
The Leukemia & Lymphoma Society

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[1] The Leukemia & Lymphoma Society. Principles for Meaningful Coverage. Retrieved from: https://www.lls.org/cancercost/principles

[2] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard

[3] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[4] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19

[5] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[6] Id.

[7] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

Montana Women Vote

725 W. Alder St, Suite 21
Missoula, MT 59802
(406) 317-1505
www.montanawomenvote.org

August 31st, 2021

Department of Public Health and Human Services
Director's Office
c/o Mary Eve Kulawik
111 N. Sanders St.
PO Box 4210
Helena, MT 59604

RE: HELP 1115 Waiver Amendment re. Continuous Eligibility

Dear Director Meier,

Montana Women Vote appreciates the opportunity to comment on the proposed 1115 waiver amendment to the HELP Act and WASP program. We strongly oppose ending continuous eligibility for over 100,000 Montanans who rely on these programs for access to health care.

Montana Women Vote is a statewide organization of low-income women and families. Many of our members have been deeply affected by the COVID-19 pandemic. Job loss, temporary loss of income, loss of childcare or access to in-person school for K-12 students, and a steep increase in housing prices have all contributed to the financial hardship of low-income families. In addition, many low-income Montanans are "essential workers," in service industry jobs that cannot be done remotely, and so have been and continue to be at greater risk of COVID-19. Despite progress in combatting the epidemic, the health and financial impacts of 2020 and 2021 will be felt by low-income Montanans for years to come.

Since its implementation in 2015, the HELP Act has provided access to affordable, quality health coverage to many thousands of Montanans. Continuous eligibility has proven to be a key component of Montana's Medicaid program, providing reliability and uninterrupted coverage to enrollees. This has proved especially important for enrollees with chronic health conditions, and those working seasonal or unpredictably-scheduled jobs.

Ending continuous eligibility would lead to loss of coverage for thousands of Montanans. Interrupted coverage leads to worse health outcomes, higher health care costs, and less frequent use of preventive and primary care over emergency care. Indeed, ending continuous eligibility moves us back toward many of the conditions the state sought to address when it expanded Medicaid in 2015.

We are particularly concerned about the increase in churn – recipients who are disenrolled and re-enrolled, either due to a temporary change in eligibility or due to an error in eligibility determination. In some instances, an enrollee might see a temporary or short-term increase in income due to a seasonal job, changes in scheduling or overtime availability, or family support. Losing health coverage for as little as two months due to short-term income changes wastes time and money for both enrollees and the state.

We also believe that the increase in administrative burden has not been adequately addressed, and could lead to long backlogs of eligibility determinations and barriers to access for Montanans who are in fact eligible for Medicaid. We have already seen increases in need for services from DPHHS due to COVID-19, as well as long-standing negative impacts of budget cuts to local OPA offices in 2017. Further increases in administration due to churn will lead to longer gaps in coverage, higher costs to the state, and more potential for erroneous disenrollments.

Finally, we don't believe that DPHHS has adequately shared what will replace continuous eligibility. Changes in reporting requirements, timelines, and processes for disenrollments can vary widely. Montanans deserve to know and understand the details of revised rules and procedures.

In conclusion, we believe that continuous eligibility has served Montana well for many years, and the state has failed to adequately demonstrate a need or benefit from ending the policy. We strongly oppose ending continuous eligibility and urge the state to withdraw this waiver application.

Sincerely,

SJ Howell
Executive Director,
Montana Women Vote

National
Multiple Sclerosis
Society

August 31, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The National Multiple Sclerosis Society appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and the progress, severity and specific symptoms of MS in any one person cannot yet be predicted. There are an estimated one million people living with MS in the United States, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS.

The National MS Society is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.[1] Access to affordable, high quality health care is essential for people with MS to live their best lives, and health insurance coverage is essential for people to be able to get the care and treatments they need. Medicaid expansion is clearly beneficial for patients living with MS.

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with MS in Montana. Additionally, we are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with MS to lose their healthcare coverage. The National MS Society therefore offers the following comments on Montana's proposal.

Continuous Eligibility
Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in

National
Multiple Sclerosis
Society

29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. The National MS Society opposes this change.
Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that the need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.[2] People who receive treatment for a complex disease like MS, who rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions, cannot afford a sudden gap in their care. Battling paperwork requirements in an attempt to keep coverage should not take away from enrollees' or caregivers' focus on maintaining their or their family's health. In addition, for people with MS, this can cause disruptions in access to MS treatments and therapy that can trigger irreversible damage. Many Medicaid enrollees simply have nowhere else to turn for coverage if they lose access and as a result, become uninsured. Their medical needs, however, do not disappear.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.[3] This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

The National MS Society urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums
Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[4] For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage.[5] Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.[6]

Even small premium amounts may be substantial for a low-income person or family, potentially making coverage unaffordable for those who need it most. The National MS Society believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion
The National MS Society believes that healthcare coverage should be affordable, accessible and adequate for patients with MS. Thank you for the opportunity to provide comments.

Sincerely,

National
Multiple Sclerosis
Society

Laurie Johnson
President, Greater Northwest Chapter
National MS Society
nationalMSsociety.org

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[1] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard

[2] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[3] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19

[4] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[5] Id.

[6] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

-WOHEHIV-
The Morning Star

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-WOHEHIV-
The Morning Star

Montana Department of Public Health & Human Services
Medicaid HELP Amendment or
Medicaid WASP Amendment
Director's Office
PO Box 4210
Helena, MT 59604-4210

By E-Mail to dphhscomments@mt.gov

August 30, 2021

Re: Medicaid HELP and WASP Amendments

Montana Department of Public Health and Human Services:

This letter will serve to provide the Northern Cheyenne Tribe's comments on the State of Montana's plans to eliminate the above-referenced "HELP" and "WASP" amendments. For the following reasons, the Tribe strenuously opposes both amendments.

Background

The Northern Cheyenne Tribe strongly supported Medicaid expansion in 2015 and continuation of Medicaid expansion in 2019. Available data shows that Medicaid expansion has benefitted 57% of private Montana businesses, and that 84% of private sector employees have had at least one employee enrolled in Montana Medicaid in 2017. For the Northern Cheyenne Tribe, Montana Medicaid expansion has made direly needed additional health care resources available to tribal members. Without Montana Medicaid, the health care resources available to tribal members are limited to the services available through Tribal Health programs and the federal Indian Health Service Lame Deer Service Unit, both of which are severely underfunded. When the Tribe and IHS bill for Medicaid reimbursement, it is important to note that the State of Montana receives 100% federal pass through, so there is no increased cost to the State for Medicaid expansion for our tribal members. The United States has a longstanding commitment

to provide health care to Indian tribes and tribal members. This commitment is in exchange for Indian tribes ceding large tracts of land to the United States, and Indian tribes' long recognized inherent sovereignty and political status.

Section 1115 Waivers and the HELP and WASP Waivers

The purpose of Section 1115 waivers is to give states flexibility to design their programs to expand eligibility to vulnerable individuals who are not otherwise eligible for Medicaid; to provide services that are not typically covered by Medicaid; and to allow for innovative service delivery programs to improve care and reduce costs.

Montana's Section 1115 waiver for its Health and Economic Livelihood Program or "HELP" was approved by the Centers for Medicare Services ("CMS") for a one-year period which is set to expire December 31, 2021. The Section 1115 Waiver for Additional Services and Populations or "WASP" provides for 12-month continuous eligibility for non-expansion individuals with eligibility based on MAGI, as well as for Waiver Mental Health Service Plan individuals. The State of Montana is planning to submit a proposed amendment to remove the 12-month continuous eligibility provision for both the WASP and HELP 115 waivers. We understand that while the proposed elimination of the 12-month continuous eligibility to the HELP waiver was brought about by a budget passed during the 2021 Legislative Session, there is no similar legislative act that affects the WASP waiver. It is proposed simply for "administrative convenience". The State's plan to propose to eliminate the HELP and WASP programs will in no way meet the intent and purpose to Section 115 to "expand eligibility to vulnerable individuals".

The Tribe's Need for the HELP and WASP Programs

Within the borders of the State of Montana, unemployment among Native Americans well exceeds that of other Montana residents. While recent and current unemployment rates in Montana are reported between 3.9 – 6%, unemployment on the Northern Cheyenne Reservation was reported at 28% in 2018. In the winter months, unemployment runs as high as 78%. Similarly, while poverty is reported at 15% in Montana generally, it is reported at 42% on the Northern Cheyenne reservation. Northern Cheyenne life expectancy can be 20 years shorter than non-Indian Montana residents, according to a recent community health assessment completed by the Tribe's Health Department in May, 2018. With respect to chronic disease incidence and prevalence, our recent community health assessment found that Northern Cheyenne tribal members experience significantly higher rates of chronic disease and overall decreased health status from that of their non-Indian Montana peers. Against this background, it is unconscionable to propose amendments to the HELP and WASP programs which the State reports have "remained a positive source of Medicaid coverage" since the programs' inception.

At this time, COVID-19 is again surging on the Northern Cheyenne Reservation. During 2020, we experienced wide-spread COVID-19 infections across the reservation and we lost 56 individuals

to this virus. During the pandemic, both our Tribal Health Department and the federal Indian Health Service were under tremendous pressure to meet the needs of our people. The WASP and HELP programs were of great assistance to us during that time as our Medical Resources staff was severely strained to keep up with ongoing Medicaid enrollment, and our people were under stay at home orders, making it very difficult for them to receive assistance in maintaining Medicaid eligibility. We are currently experiencing an increase in COVID-19 infections, as are other communities within the borders of the State of Montana. We need to direct our already stretched resources to containing the virus and preventing the spread of COVID-19 on the reservation. The WASP and HELP programs ensure Medicaid resources remain available to our people at this time of upsurge in infections. This is not the time to propose to eliminate the WASP and HELP programs.

For these reasons, we oppose amendments to the HELP and WASP programs. Please contact Fonda Red Fox, at (406) 477-6722 if you have any questions.

Sincerely,

Serena Wetherelt, Acting President

Copies:

Honorable Governor Greg Gianforte
Northern Cheyenne Tribal Council
NCT Board of Health Commissioners
Fonda Red Fox, Tribal Health Administrator

Planned Parenthood
Care. No matter what.
Planned Parenthood of Montana

August 31, 2021

C/O: Medicaid HELP Waiver Amendment
Department of Public Health and Human Services
Director's Office
P.O. Box 4210
Helena, MT 59604-4210

Submitted electronically via dphhscomments@mt.gov

RE: Montana Section 1115 Health and Economic Livelihood Partnership (HELP) Draft Amendment Application (July 2021)

Dear Director Meier:

Planned Parenthood of Montana (Planned Parenthood) submits these comments to Montana's Department of Public Health and Human Services (DPHHS) regarding DPHHS's draft Section 1115 demonstration waiver amendment application (Waiver amendment) entitled "Montana Health and Economic Livelihood Partnership (HELP) Demonstration Program." As a trusted sexual and reproductive health (SRH) care provider, educator and advocate, we appreciate the opportunity to provide input on this very important proposal.

Planned Parenthood is a safety net provider for the populations in Montana most in need of health services. Planned Parenthood operates five health centers across the state of Montana and serves as a leading health care provider, educator and advocate of high-quality, affordable health care for women, men, and young people. Our health centers range in size and location from small rural clinic practices to larger metropolitan clinics. Every year, our health centers provide affordable birth control, lifesaving cancer screenings, testing and treatment for STIs, abortion, behavioral health services, and other essential care in more than 10,000 annual patient visits. Approximately 40% of Planned Parenthood's patients use Medicaid coverage to access affordable, preventive care and are therefore likely to be affected by Montana's proposed changes.

Medicaid is a vital part of the health care system and plays a major role in ensuring access to essential primary and preventive care services for women, men, and young people. Medicaid is critical to improving the health and well-being of women and families with low incomes across Montana and the rest of the nation. In particular:

- **Medicaid is a crucial program for women of reproductive age, enabling them to access necessary SRH and maternal health services.** Approximately 1 in 5 women of reproductive age use Medicaid,[1] and roughly two-thirds of adult women enrolled in Medicaid are in their reproductive years.[2] For nearly half of women giving birth, Medicaid is the source of coverage for essential care, including prenatal and delivery care; recent data found that in 22 states 50 percent or more of births are covered by Medicaid.[3] Finally, the program is the largest payer of reproductive health care coverage in the country,[4] paying for 75 percent of family planning services.[5]
- **Medicaid plays a key role in covering behavioral health services.** In 2015, Medicaid covered 21% of adults with mental illness, 26% of adults with serious mental illness (SMI), and 17% of adults with substance use disorder (SUD).[6] In addition, the program is the largest payer for mental health services.[7] Lack of coverage for behavioral health services represents the greatest obstacle to care across the United States.[8]

Because women make up the majority of Medicaid enrollees, they will be disproportionately affected by DPHHS's draft Waiver amendment. In particular, Medicaid coverage of family planning services and supplies helps women's health, lives, educational success, and economic empowerment. Moreover, due to racism and other systemic barriers that have contributed to income inequality, women of color disproportionately comprise the Medicaid population and will be further impacted by the draft Waiver amendment; 31 percent of Black women and 27 percent of Hispanic women are enrolled in Medicaid, compared to only 16 percent of white women.[9]

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[1] Adam Sonfield, "Why Protecting Medicaid Means Protecting Sexual and Reproductive Health," Guttmacher Institute (Mar. 9, 2017), available at https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health#.

[2] "Medicaid's Role for Women," Kaiser Family Foundation (Mar. 28, 2019), available at https://www.kff.org/medicaid/fact-sheet/medicaids-role-for-women/.

[3] In Montana, Medicaid covers 57 percent of births, see Births Financed by Medicaid, Kaiser Family Foundation, available at https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[4] Usha Ranji, "Medicaid and Family Planning: Background and Implications of the ACA," Kaiser Family Foundation (Feb. 3, 2016), available at https://www.kff.org/womens-health-policy/issue-brief/medicaid-and-family-planning-background-and-implications-of-the-aca/.

[5] Adam Sonfield et al., *Public funding for family planning, sterilization and abortion services, FY 1980–2006,* Occasional Report, New York: Guttmacher Institute, No. 38. (Jan. 2008), available at https://www.guttmacher.org/sites/default/files/pdfs/pubs/2008/01/28/or38.pdf.

[6] MaryBeth Musumeci and Rachel Garfield, "Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals," Kaiser Family Foundation (Jun. 29, 2017), available at https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/.

[7] "Behavioral Health Services," CMS, available at https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

[8] "New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America," National Council for Mental Wellbeing, available at https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/

[9] *Id.* at "Why Protecting Medicaid Means Protecting Sexual and Reproductive Health."

Planned Parenthood underscores that Medicaid is essential in narrowing health disparities and improving access to care for communities of color. Indeed, research shows that Medicaid expansion has contributed to such reductions in racial disparities in health coverage, in particular for Black and Hispanic individuals.[10] In addition, Medicaid expansion is associated with decreased disparities in some health outcomes for communities of color, including in infant and maternal health.[11]

Planned Parenthood has commented on DPHHS's previous draft Waiver amendment and extension application submitted to the Centers for Medicare and Medicaid Services (CMS) in August 2019, which is still pending at CMS.[12] That application seeks to condition Medicaid coverage on mandatory participation in work or work-life activities, as well as impose increasing premiums based on the length of time an individual is enrolled in HELP coverage.[13] We reiterate the concerns raised in our 2019 comments—Planned Parenthood remains deeply concerned by these proposals, as well as the new proposal to eliminate continuous eligibility from the HELP program. Accordingly, our comments will address the following proposals:

1. Eliminating continuous eligibility;
2. Conditioning Medicaid coverage on mandatory participation in work or work-life activities; and
3. Increasing premiums based on the length of time an enrollee is covered by the HELP program, as well as the elimination of copayments from the program.

These proposals (with the exception of eliminating copayments) will undermine the state's laudable goal of improving health care access for individuals with low incomes, including many of the patients that we serve. Further, the work requirements and increased premiums clearly contravene the objectives of Medicaid and do not serve a legitimate experimental purpose. While the stated goals of the original Waiver amendment application include increasing economic stability, promoting continuous coverage and continuity of care, and improving health and well-being, the result will be the exact opposite. People will lose access to affordable health insurance and critical health care services, and as a result, their health will suffer.

We urge DPHHS to not proceed forward with removing the continuous eligibility feature of the HELP program, as well as to discontinue its efforts to impose work requirements and increasing premiums on its enrollees and withdraw those pending requests from CMS. However, Planned Parenthood does support Montana's pending request to eliminate copayments from its HELP program and urges DPHHS

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[10] Madeline Guth, et al., "Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care," Kaiser Family Foundation (Sep. 30, 2020), available at https://www.kff.org/report-section/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care-issue-brief/.

[11] *Id.*

[12] Montana Department of Public Health and Human Services, Section 1115 Demonstration Amendment and Extension Application: Montana Health and Economic Livelihood Partnership (HELP) Demonstration Program (Updated Aug. 30, 2019), available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-help-program-pa3.pdf.

[13] *Id.*

to continue forward with that particular request.

I. DPHHS should not proceed forward with removing continuous eligibility from the HELP program.

Continuous eligibility is vital to ensuring that Medicaid coverage, such as HELP coverage, is stable, continuous, and accessible for eligible individuals. Continuous eligibility keeps people enrolled in Medicaid for 12 months regardless of changes in their income. This policy has been shown time and again to reduce the likelihood that Medicaid enrollees will lose their affordable health insurance coverage due to small fluctuations in income or burdensome administrative requirements.[14] In fact, a variety of Montana stakeholders, including health care providers and DPHHS itself, has noted the benefits of this feature in the draft interim evaluation report of the HELP program prepared for CMS by Social & Scientific Systems.[15] Reported benefits have included stabilizing coverage (especially for seasonal workers), improving continuity of care (particularly for preventive care services), and saving on HELP administrative costs.[16]

Notably, the income of individuals served by Medicaid expansion coverage is uniquely variable. They tend to receive an hourly wage rather than a salary. This makes their income immediately impacted by seasonal, market, or other workplace changes. Further, wage workers are more likely to experience periodic layoffs. Indeed, we know that throughout the course of the pandemic, an individual's income may have fluctuated several times, with many individuals enrolled in Medicaid being employed in industries particularly at risk for income or job loss, such as food and other service industries.[17] Given the high rates of movement in their jobs, it is not uncommon for Medicaid enrollees to experience income fluctuations that may raise their incomes above the Medicaid threshold for short periods of time. In fact, a study by the US Financial Diaries found that households with low incomes experienced substantial income swings month to month: on average, they experienced 2.5 months when income fell more than 25 percent below the average, and 2.6 months when income was more than 25 percent above average.[18] Along with families with low incomes, Planned Parenthood also underscores that

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[14] Jennifer Wagner and Judith Solomon, "Continuous Eligibility Keeps People Insured and Reduces Costs," Center on Budget and Policy Priorities (May 4, 2021), available at https://www.cbpp.org/research/health/continuous-eligibility-keeps-people-insured-and-reduces-costs.

[15] *Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Draft Interim Evaluation Report,* Social & Scientific Systems: Prepared for CMS (Jul. 22, 2019), available at https://www.medicaid.gov/medicaid/downloads/mt-fed-eval-draft-interim-eval-rpt.pd. f

[16] *Id.*

[17] Rachel Garfield, et al., "Work Among Medicaid Adults: Implications of Economic Downturn and Work Requirements," Kaiser Family Foundation (Feb. 11, 2021), available at https://www.kff.org/report-section/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements-issue-brief/.

[18] Anthony Hannagan and Jonathan Morduch, "Income Gains and Month-to Month Income Volatility: Household evidence from the US Financial Diaries," US Financial Diaries (Mar. 16, 2015), available at https://www.usfinancialdiaries.org/paper-1/.

income volatility is more prevalent among Black, Hispanic, and Indigenous individuals and families.[19] Requiring individuals to report each time their income changes is not only administratively burdensome, but causes people, including disproportionately people of color, to lose their Medicaid coverage and disrupts their continuity of care.

In addition, continuous eligibility is a necessary tool in tackling existing health disparities among women, in particular Black women. As Planned Parenthood noted earlier, women, including women of color, are disproportionately enrolled in Medicaid. This has been further exacerbated by the COVID-19 pandemic—women accounted for all the job losses reported at the end of 2020, with Black and brown women experiencing a disproportionate share of losses.[20] Women of color, in particular Black women, experience worse health outcomes on several measures: shorter life expectancies, higher rates of maternal mortality, chronic conditions such as anemia and cardiovascular disease, and obesity, among others.[21] Continuous eligibility ensures that these women are able to have continuous access to their health care coverage and critical health services that can positively impact their health outcomes.

Finally, Planned Parenthood notes that continuous eligibility has been deemed such an important feature of Medicaid coverage during the COVID-19 pandemic that the Families First Coronavirus Response Act (FFCRA) enshrined it into law as a requirement for states opting to receive the enhanced federal medical assistance percentage (FMAP) matching rate.[22] Under FFCRA, states are required to keep their Medicaid enrollees continuously enrolled in their Medicaid programs through the end of the month in which the public health emergency (PHE) for COVID-19 ends. This requirement ensures that Medicaid enrollees are able to continuously access critical health services in a time of increased need. Planned Parenthood also underscores that Montana is a model state in this respect, being one of only two states offering Medicaid continuous eligibility to its adults outside of the FFCRA requirement.[23] By continuing to do so, Montana already has a strong foundation to ensure that people with low incomes, including people of color, are guaranteed continuous access to care once the PHE ends and states are no longer required to comply with the FFCRA requirement.

For the reasons set forth above and continuous eligibility's importance in ensuring access to SRH, postpartum, and behavioral health services (see below), Planned Parenthood strongly opposes DPHHS's efforts to remove the continuous eligibility feature of its HELP program and urges DPHHS to not proceed forward with these efforts.

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[19] Tricia Brooks and Allexa Gardner, "Continuous Coverage in Medicaid and CHIP," Georgetown University Health Policy Institute: Center for Children and Families (Jul. 2021), available at https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf.

[20] Annalyn Kurtz, "The US economy lost 140,000 jobs in December. All of them were held by women," CNN Business (Jan. 8, 2021), available at https://www.cnn.com/2021/01/08/economy/women-job-losses-pandemic/index.html.

[21] Juanita J. Chinn, et al, "Health Equity Among Black Women in the United States," Journal of Women's Health (Feb. 2, 2021), available at https://www.liebertpub.com/doi/10.1089/jwh.2020.8868.

[22] FFCRA, § 6008(b)(3).

[23] New York is the only other state with an approved Section 1115 waiver offering continuous coverage to adults.

A. Continuous eligibility is crucial in ensuring access to essential SRH and postpartum services.

Planned Parenthood emphasizes that continuous eligibility is particularly important in ensuring access to essential SRH services for a full 12 months. Crucially, time is of the essence when accessing critical SRH services. Being unable to access SRH care can result in not only missed appointments, but also unintended pregnancies, undiagnosed STIs, and life-threatening cancers. People who utilize birth control and regular STI testing cannot afford to be without Medicaid temporarily even for a few days time, let alone being without it for a month or longer; such a disruption in coverage could have enormous consequences on an individual's health and lives, including educational and work commitments.

Continuous eligibility ensures that individuals who may experience income fluctuations or are unable to keep up with burdensome paperwork requirements, are also able to stay current on their medications and other health needs. A study by the Government Accountability Office (GAO) reinforces this positive effect, finding that enrollees covered by Medicaid for a full year reported fewer difficulties in obtaining necessary medical care and prescription medicine compared to those who were covered between one and eleven months.[24]

In addition to comprehensive SRH services, Planned Parenthood also emphasizes that the continuous eligibility feature is particularly important for women who currently qualify for Montana's HELP program and have recently given birth. As Montana has not adopted the American Rescue Plan's state option to extend Medicaid postpartum coverage to 12 months, continuous eligibility ensures continuity of care during the critical postpartum period for HELP women. Based on Centers for Disease Control and Prevention (CDC) data, up to 33 percent of pregnancy-related deaths occur between one week to one full year after childbirth.[25] In Montana, which has the sixth highest maternal mortality ratio nationwide, the maternal health outcomes are even more alarming with 40.7 deaths per 100,000 births and severe maternal morbidity at 35% higher than the national rate.[26] Given the ongoing maternal health crisis, it is necessary that comprehensive Medicaid coverage enable individuals to seek diagnosis, treatment, and monitoring for chronic health conditions, especially in the postpartum period, when women are at elevated risk for experiencing pregnancy-related complications that could lead to death.[27] Ensuring 12 months continuous eligibility for these women means they would have coverage to continue accessing care from the same health care professionals that have served them throughout their pregnancies and

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[24] *Medicaid: States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance,* Government Accountability Office (Nov. 2012), available at https://www.gao.gov/assets/gao-13-55.pdf.

[25] Centers for Disease Control and Prevention. (2019). *Vital Signs: Pregnancy-related deaths.* CDC. Retrieved from: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html.

[26] Montana Maternal Health Programs and Resources, MOMS (Jun. 2020), available at https://www.mtmoms.org/wp-content/uploads/2020/07/MOMS_Maternal_Health_Resources-1.pdf.

[27] "Extend Postpartum Medicaid Coverage," The American College of Obstetricians and Gynecologists, available at https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage.

who have the best sense of the woman's health needs and risks. This would have the biggest positive impact on populations most impacted by maternal death in Montana, including rural women.[28]

B. Continuous eligibility is vital in ensuring access to necessary and lifesaving behavioral health services.

Behavioral health treatment is a long term investment, often taking six to eighteen months to see results.[29] Individuals with serious mental illness (SMI) may require intense treatment for years. The United States has a great deal of unmet need for behavioral health care, with only about 40% of adults with mental health disorders receiving treatment in 2017.[30] Of those who reported going without behavioral health services the year before (2016), nearly 40% named the cost of treatment as their largest obstacle.[31] Insurance plans, both public and private, often limit or segment behavioral health coverage, but studies show that full insurance coverage of behavioral health services is positively associated with appropriate, high quality care and should therefore be the standard.[32] Those with anxiety, depression, or SMI conditions are more likely to experience losses in insurance coverage, leading to gaps in treatment; individuals with SMI are more likely to rely on Medicaid and other forms of public health insurance, and gaps in that coverage can be devastating.[33] News sources within Montana have reported higher than average rates of mental health issues and SMI within the state, further emphasizing the vital role of Medicaid coverage of behavioral health services for Montanans and the importance of continuous eligibility in allowing Montanans full access to the care they need.[34]

The COVID-19 pandemic has also exacerbated behavioral health needs across the country while limiting access to treatment. Rates of anxiety and depression have spiked due to social isolation, job loss, and other factors, while these same factors have reduced access to insurance coverage and treatment options.[35] People of color, such as Montana's Indigenous communities, have experienced the dual, intersecting impacts of higher rates of COVID-19 morbidity and mortality and higher rates of job loss.[36,37]

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[28] *Id.*

[29] "How Long Will It Take for Treatment to Work?" The American Psychological Association (Jul. 2017), available at https://www.apa.org/ptsd-guideline/patients-and-families/length-treatment.

[30] Azza Altiraifi and Nicole Rapfogel, "Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis," Center for American Progress (Sep. 10, 2020), available at https://www.americanprogress.org/issues/disability/reports/2020/09/10/490221/mental-health-care-severely-inequitable-came-coronavirus-crisis/.

[31] *Id.*

[32] *Care Without Coverage: Too Little, Too Late*, "Chapter 3: Effects of Health Insurance on Health," Institute of Medicine (US) Committee on the Consequences of Uninsurance (2002), available at https://www.ncbi.nlm.nih.gov/books/NBK220636/.

[33] *Id.*

[34] "The Montana Gap," High Country News, available at https://www.hcn.org/topics/the-montana-gap.

[35] *Id.* at "Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis."

[36] *Id.*

[37] Jared Bernstein and Janelle Jones, "The Impact of the COVID-19 Recession on the Jobs and Incomes of Persons of Color," Groundwork Collaborative and the Center on Budget and Policy Priorities (May 13, 2020), available at https://groundworkcollaborative.org/wp-content/uploads/2020/05/Groundwork-Bernstein-Jones-paper_5.13.pdf.

Due to a number of systemic factors, these communities are already less likely to have access to behavioral health care. Ensuring consistent coverage through continuous eligibility even after the PHE ends will continue to help close this gap for communities deeply traumatized by the pandemic and whose ongoing need for behavioral health services has gone unmet for too long.

II. DPHHS should discontinue its efforts to require employment or other work-like activities as a condition to HELP coverage and withdraw this pending request at CMS.

Planned Parenthood is aware that in the Waiver amendment draft, DPHHS notes that "CMS has communicated to DPHHS that a five-year extension of the Medicaid expansion waiver will not include work/community engagement requirements."[38] However, since DPHHS also noted in the Waiver amendment that it "is not seeking any changes" to the original work requirement request submitted in August 2019, Planned Parenthood reiterates its strong opposition to the proposed work requirement.

A. Medicaid is an entitlement program, and work requirements clearly violate the objectives of Medicaid. These discriminatory requirements will disproportionately impact women and their families, causing people to lose their affordable health insurance coverage to detrimental results.

Congress designed Medicaid as an entitlement program. With very few exceptions, every person who meets the eligibility criteria outlined in the Medicaid Act receives medical assistance. As a result of the Affordable Care Act (ACA), adults who do not have children and have incomes at or below 138 percent of the federal poverty level are entitled to Medicaid coverage if their state chooses to expand Medicaid.[39] CMS approved Montana's original HELP waiver application (Medicaid expansion waiver) under the ACA in 2015, and more than 100,000 people are enrolled in the HELP program as of July 1, 2021.[40]

In order to be approved pursuant to Section 1115 of the Social Security Act, Montana's draft amendment must:

- propose an "experiment, pilot or demonstration";
- waive compliance only with requirements in 42 U.S.C. § 1396a;
- be likely to promote the objectives of the Medicaid Act; and
- be approved only "to the extent and for the period necessary" to carry out the experiment.[41]

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[38] Montana DPHHS, Section 1115 Demonstration Amendment Application: Montana Health and Economic Livelihood Partnership (HELP) Demonstration Program (Updated Jul. 2, 2021), available at https://dphhs.mt.gov/assets/waivers/Montana1115HELPDemonstrationAmendmentExtensionApplication12monthscontinuous7-1-21.pdf.

[39] *See* 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII).

[40] Montana DPHHS, Montana Medicaid Expansion Dashboard (Accessed Aug. 24, 2021), available at https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard?utm_source=TWITTER&utm_medium=social_organic&utm_term=--&utm_content=saintpats-1820964921-&utm_campaign=releventure_contentContent+Type+%28Secondary%29.

[41] 42 U.S.C. § 1315(a).

DPHHS's continual pursuit to implement employment or other work-like activities requirements is not only misguided, unnecessary, and dangerous, but will threaten access to critical health coverage for many women and families with low incomes. In its original application, DPHHS estimated that up to 12,000 people will lose coverage due to the work requirement.[42] While eliminating critical health coverage for even that many people is unacceptable, this figure is overly optimistic, especially in light of data showing that nearly 1 in 4 individuals lost Medicaid coverage in 2018 after a similar requirement was implemented in Arkansas.[43]

In the pending Waiver amendment request, DPHHS cites the connection between work and improved financial stability as support for Medicaid work reporting requirements. However, the purpose of Medicaid is to enable states to furnish medical assistance to individuals with low incomes who are unable to meet the costs of medical care and to furnish such assistance and services to help these individuals attain or retain the capacity for independence and self-care.[44] The fact that financial stability is not the objective of Medicaid has been confirmed by Judge Boasberg in several rulings vacating work requirements in Kentucky, Arkansas, New Hampshire, and Michigan.[45] In Arkansas's ruling, Judge Boasberg explicitly stated that the work requirement was "arbitrary and capricious because it did not address—despite receiving substantial comments on the matter—whether and how the project would implicate the 'core' objective of Medicaid: the provision of medical coverage to the needy."[46] This rationale has also been affirmed by Judge Sentelle from the D.C. Court of Appeals, which ruled unaminamoulsy that the previous administration's approval of Arkansas's work requirement was "arbitrary and capricious."[47] DPHHS's current Waiver amendment seeks to continue the same work requirement that has already been deemed to not be an objective of Medicaid in several other states.

In fact, conditioning Medicaid eligibility on participation in work activities would block access to coverage and care that help individuals attain and retain independence or self-care and, as a result, be able to work.[48] Research also confirms that Medicaid coverage helps individuals to obtain and maintain

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[42] *Id.* at HELP Demonstration Amendment and Extension (Aug. 30, 2019).

[43] Jennifer Wagner, "Commentary: As Predicted, Arkansas' Medicaid Waiver Is Taking Coverage Away From Eligible People," Center for Budget and Policy Priorities (Jun. 28, 2019), available at https://www.cbpp.org/health/commentary-as-predicted-arkansas-medicaid-waiver-is-taking-coverage-away-from-eligible-people#_ftn2.

[44] 42 U.S.C. § 1396a-1.

[45] Sara Rosenbaum, "'We Have All Seen This Movie Before': Once Again, A Federal Court Vacates HHS Approval of a Medicaid Work Experiment," Health Affairs (Aug. 2, 2019), available at https://www.healthaffairs.org/do/10.1377/hblog20190801.892432/full/; Harris Meyer, "Judge blocks MIchigan's Medicaid work requirement," Modern Healthcare (Mar. 4, 2020), available at https://www.modernhealthcare.com/medicaid/judge-blocks-michigans-medicaid-work-requirement.

[46] *Gresham v. Azar II* (D.D.C. 2019).

[47] *Gresham v. Azar II* (D.C. App. 2020), available at https://healthlaw.org/wp-content/uploads/2020/02/Gresham-v.-Azar-DC-Circuit-Ruling-Feb-14.pdf.

[48] By contrast, as far back as the 1970s, states obtained § 1115 waivers to test work requirements in the AFDC program (which, unlike Medicaid, does have work promotion as a purpose of the program). These waivers required states to conduct "rigorous evaluations of the impact," typically requiring the random assignment of one group to

employment. In a study of Ohio's Medicaid program, 74.8 percent of unemployed Medicaid expansion enrollees reported Medicaid made it easier to secure and maintain employment.[49] As an example, Medicaid coverage helped an Ohio woman who was suffering from a severe hernia and was previously unable to get out of bed to receive the surgery she needed to improve her health and go back to work.[50] Medicaid enrollees also report less financial stress and depression, and greater financial security than individuals who are uninsured.[51] Moreover, new data from Arkansas also shows that work requirements do not succeed in their state policy goals of promoting work, and resulted in significant coverage losses.[52] Even more notably, after Arkansas's work requirements were halted due to a court ruling, coverage losses largely reversed.[53]

Experience has shown that imposing work requirements as a condition of receipt of public benefits is particularly harmful for women and families and does nothing to help people secure employment. For example, work requirements were a key feature of the 1996 Temporary Assistance for Needy Families (TANF) legislation. Rigorous review of data over the last several decades found that TANF employment mandates did not boost the job prospects of women with low incomes;[54] rather, they led to women losing TANF benefits and more children living in poverty.[55] Further, work requirements could also have harmful spillover effects for children whose parents or caretakers lose coverage. Research shows that expanding coverage to parents and caretakers is associated with increased receipt of recommended pediatric preventive care for their children.[56]

Thirdly, imposing Medicaid work requirements is a policy proposal to address a non-existent problem, as the vast majority of people with Medicaid coverage work or have valid reasons for not working. According to Health Affairs, 87 percent of Medicaid expansion enrollees are already working, attending

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a program operating under traditional rules and another to a program using the more restrictive waiver rules. S*tate Welfare Waivers: An Overview,* United States Dep't of Health & Human Services, https://aspe.hhs.gov/report/setting-baseline-report-state-welfare-waivers.

[49] "Ohio Medicaid Group VIII Assessment," The Ohio Department of Medicaid, http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf.

[50] *Id.*

[51] David Blumenthal, et al., "Does Medicaid Make a Difference?," The Commonwealth Fund (Jun. 24, 2015), http://www.commonwealthfund.org/publications/issue-briefs/2015/jun/does-medicaid-make-a-difference.

[52] Benjamin D. Sommers, et al., "Medicaid Work Requirements In Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," Health Affairs (Sep. 2020), available at https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00538?journalCode=hlthaff.

[53] *Id.*

[54] Elizabeth Lower-Basch, "Adding Stumbling Blocks in the Path to Health Care," CLASP (March 2017). http://www.clasp.org/resources-and-publications/publication-1/Adding-Stumbling-Blocks-in-the-Path-to-Health-Care.pdf.

[55] Ladonna Pavetti, "Work Requirements Don't Cut Poverty, Evidence Shows," Center on Budget and Policy Priorities (Jun. 2016), available at https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows.

[56] Maya Venkataramani, Craig Evan Pollack, Eric T. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," 140 Pediatrics 1 (Dec. 2017), available at https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00538?journalCode=hlthaff. http://pediatrics.aappublications.org/content/140/6/e20170953.

school, or looking for work.[57] For example, the Kaiser Family Foundation found that among adults with Medicaid coverage who did not work, it was likely because they were: going to school (15%); taking care of their home or family (30%); retired (9%); unable to find work (6%); or dealing with illness or disability (36%).[58]

Finally, implementing work requirements significantly increases oversight burden and administrative costs for states. A GAO study found implementing work requirements in five states ranged from under $10 million to over $250 million.[59] Notably, these estimates did not include planned costs as outlined in the states' waiver applications.[60]

B. *In light of the ongoing COVID-19 pandemic and risk of significant coverage losses and harm to Medicaid enrollees, the current federal administration has taken substantial steps to roll back work requirements across the country.*

It is also vital to note that the national landscape on work requirements has evolved since Montana first proposed to impose work requirements on its HELP program enrollees. First, there have been several lawsuits challenging the work requirements in Arkansas, Kentucky,[61] New Hampshire, Michigan, Nebraska,[62] and Indiana.[63] Second, the current federal administration has taken significant steps to roll back approved requirements, including: (1) rescinding the 2018 CMS guidance encouraging states to adopt work requirements[64]; (2) preliminarily withdrawing work requirements in all states with an

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[57] Leighton Ku & Erin Brantley, "Medicaid Work Requirements: Who's At Risk?," Health Affairs Blog (Apr. 12, 2017). https://www.healthaffairs.org/do/10.1377/hblog20170412.059575/full/.

[58] Rachel Garfield et al., "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation (Aug. 9, 2019), available at https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-what-does-the-data-say/ (finding that almost 80% of adults who are enrolled in Medicaid, but do not receive SSI, live in families with at least one worker, and almost 60% are working themselves).

[59] *Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements,* Government Accountability Office (Oct. 2019), available at https://www.gao.gov/assets/710/701885.pdf.

[60] *Id.*

[61] Governor Andy Beshear withdrew the state's work requirements in December 2019, see "Governor Beshear Ends Medicaid Waiver, Protects Health Care for Nearly 100,000 Kentuckians," Kentucky.Gov (Dec. 16, 2019), available at https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=7.

[62] Nebraska's lawsuit has been paused since the state announced it would not be proceeding forward with its work requirement waiver, see Martha Stoddard, "Medicaid expansion lawsuit paused after Nebraska officials promise to expand benefits," Omaha World-Herald (Jun. 8, 2021), available at https://omaha.com/news/state-and-regional/govt-and-politics/medicaid-expansion-lawsuit-paused-after-nebraska-officials-promise-to-expand-benefits/article_37dbdb70-c7c3-11eb-a79c-9ba939409c78.html.

[63] Indiana suspended its work requirement in October 2019 due to the pending legal challenge, see Shari Rudavsky, "State temporarily suspends controversial work requirement for Healthy Indiana Plan," IndyStar (Oct. 31, 2019), available at https://www.indystar.com/story/news/health/2019/10/31/medicaid-work-requirement-suspended-while-indiana-faces-lawsuit/4110646002/.

[64] Joan Alker, "Biden Administration Withdraws Medicaid Work Requirements Guidance and More," Georgetown University Health Policy Institute: Center for Children and Families (Feb. 17, 2021), available at https://ccf.georgetown.edu/2021/02/17/biden-administration-withdraws-medicaid-work-requirements-guidance-

approved work requirements waiver,[65]; (3) fully withdrawing the work requirements waivers in Arkansas,[66] New Hampshire,[67] Michigan,[68] Wisconsin,[69] Arizona,[70] Indiana,[71] Ohio,[72] South Carolina,[73] and Utah;[74] and (4) requesting the Supreme Court of the United States to dismiss the Medicaid work requirements case, vacate the lower court's decision, and remand the issue back to the Department of Health and Human Services (HHS).[75] Third, as a result of this progress, the Supreme Court has suspended all proceedings in the case and put the case on indefinite hold.[76] Such continued efforts to roll back work requirements has even caused Nebraska to change its position[77] to continue forward with its work requirements, announcing that it would no longer be pursuing implementation of the program.[78]

Taken together, it is clear that the work requirements will lead to a large number of individuals, including those who work or are exempt from the requirement, losing Medicaid coverage and becoming uninsured, with serious consequences for the health and well-being of themselves and their families. These outcomes are in direct conflict with the objectives of Medicaid.

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and-more/.

[65] CMS sent letters to Arizona, Arkansas, Georgia, Indiana, Kentucky, Michigan, Nebraska, New Hampshire, Ohio, South Carolina, Utah, and Wisconsin. Example letter: CMS Letter to Director Dawn Stehle (Feb. 12, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-works-cms-ltr-state-demo-02122021.pdf.

[66] CMS Letter to Deputy Director Dawn Stehle (Mar. 17, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-works-ca2.pdf.

[67] CMS Letter to Commissioner Lori Shibinette (Mar. 17, 2021), available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-granite-advantage-health-care-program-ca.pdf?source=email.

[68] CMS Letter to Director Kate Massey (Apr. 6, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-healthy-michigan-ca2.pdf.

[69] CMS Letter to Medicaid Director Jim Jones (Apr. 6, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wi-badgercare-reform-ca2.pdf.

[70] CMS Letter to Director Jami Snyder (Jun. 24, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-ca1.pdf?source=email.

[71] CMS Letter to Director Allison Taylor (Jun. 24, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/in-healthy-indiana-plan-withdrawl-letter-hip-ce-waiver.pdf?source=email.

[72] CMS Letter to Director Maureen Corcoran (Aug. 10, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-requirement-community-engagement-state-ltr-08102021.pdf.

[73] CMS Letter to Director T. Clark Phillip (Aug. 10, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/sc-healthy-connections-works-state-ltr-08102021.pdf.

[74] CMS Letter to Director Emma Chacon (Aug. 10, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ut-primary-care-network-state-ltr-08102021.pdf.

[75] *HHS v. Gresham* (SCOTUS 2020), available at https://www.bloomberglaw.com/public/desktop/document/NorrisCochranActingSecretaryofHealthandHumanServicesetalPetitione?1614790118.

[76] See Docket, *HHS v. Gresham (2020).*

[77] NDHHS Letter to Acting Administrator Elizabeth Richter, NDHHS (Feb. 24, 2021), available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-cms-ltr-from-state-02242021.pdf.

[78] "DHHS Announces Updates to Medicaid Expansion," NDHHS (Jun. 1, 2021), available at https://dhhs.ne.gov/Pages/DHHS-Announces-Updates-to-Medicaid-Expansion.aspx.

Rather than imposing these harmful requirements on people with Medicaid and increasing red tape and barriers to accessing care, the state of Montana should focus on voluntary, evidence-based anti-poverty efforts that will provide legitimate and equitable opportunities for women and families, such as educational assistance, job training, and affordable child care.[79] We urge DPHHS to discontinue its efforts to impose these burdensome requirements on HELP enrollees and withdraw this pending request at CMS.

III. DPHHS should discontinue its efforts to increase premiums on HELP enrollees and withdraw this pending request at CMS. However, DPHHS should continue forward with the pending request to eliminate copayments for HELP enrollees.

A. Increased premiums will cause people to lose their affordable health insurance coverage and as a result, lose access to critical health care services.

As DPHHS is not seeking any changes to its pending request at CMS, Planned Parenthood reiterates its strong opposition to Montana's continued efforts to increase premiums for health coverage the longer an individual stays enrolled in the HELP program. We urge DPHHS to discontinue these efforts and withdraw this pending request at CMS.

Under the current pending request, certain Medicaid enrollees with incomes between 50 and 138 percent of the federal poverty line (FPL) would be required to pay premiums in order to access their coverage.[80] Individuals above 100 percent of the FPL who fail to make premium payments can be locked out of their health coverage and face debt collection.[81] Over the course of their enrollment, Medicaid enrollees could pay up to 4% of their household income to access care, just by virtue of being enrolled in the program for more than 5 years.[82]

Allowing DPHHS to impose premiums on HELP enrollees, let alone increasing premiums, and withhold coverage from individuals who do not make their premium payments undermines congressional intent for the Medicaid program, and also violates the federal requirement that Section 1115 waivers further the objectives of the Medicaid program.[83] Constructing financial barriers to health care clearly has no connection to improving Medicaid coverage, access, or health outcomes.

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[79] Studies show that voluntary employment programs increase employment and income among low-income individuals. Howard Bloom et al., *Promoting Work in Public Housing: The Effectiveness of Jobs-Plus,* MDRC (March 2005), https://www.mdrc.org/sites/default/files/full_485.pdf; James A. Riccio, *Sustained Earnings Gains for Residents in a Public Housing Jobs Program: Seven-Year Findings from the Jobs-Plus Demonstration*, MDRC, (Jan. 2010), http://files.eric.ed.gov/fulltext/ED514703.pdf.

[80] *Id.* at HELP Demonstration Amendment and Extension (Aug. 30, 2019).

[81] *Id.*

[82] *Id.*

[83] 42 U.S.C. § 1315(a).

In fact, DPHHS can expect thousands of families with low incomes to lose their health coverage as a result of premium requirements.[84] States that have imposed similar premium requirements for people who enroll in Medicaid have seen reductions in enrollment, increased financial hardship for enrollees, reduced use of preventative services, increased use of expensive hospital services, and worse health outcomes.[85] Given these findings, DPHHS should withdraw its request to increase premiums.

B. Copayments cause people to forgo essential care and should not be imposed on Medicaid enrollees.

It is important to note that DPHHS's pending request also includes an initiative to eliminate copayments for HELP enrollees. Planned Parenthood strongly supports this component of DPHHS's pending request and urges DPHHS to continue forward with it. Currently, those enrolled in Montana's HELP demonstration receive a credit toward copayments up to 2 percent of their income.[86] Exempt and non-exempt newly eligible individuals are also subject to copayments.[87] Like premiums, imposing copayments on Medicaid enrollees not only undercuts the objectives of the Medicaid program, it also further burdens Medicaid enrollees, who already experience significant financial strain paying for housing, transportation, food, and other basic necessities.[88] After these expenses, copayments are simply unaffordable and act as an additional barrier to accessing care.

***

Thank you for the opportunity to comment on the proposed Waiver amendment. If you have any questions about the issues raised in this letter, please do not hesitate to contact Laura Terrill at laura.terrill@ppmontana.org.

Respectfully submitted,

Martha Stahl
President & CEO
Planned Parenthood of Montana

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[84] Chad Stewart, et al., *Medicaid Premiums and Copayments Will Make It Harder for Low-Income Virginians to Access Needed Care*, The Commonwealth Institute for Fiscal Analysis (Sept. 28, 2018), http://www.thecommonwealthinstitute.org/wp-content/uploads/2018/09/Medicaid-Premiums-and-Copayments-Will-Make-it-Harder-for-Low-Income-Virginians-to-Access-Needed-Care.pdf.
[85] *Id.*
[86] *Id.*
[87] *Id.*
[88] Nathan Shippee & Katherine D. Vickery, *The Complex Needs of Medicaid Expansion Enrollees with Very Low Incomes,* The Commonwealth Fund (May 2018), available at https://www.commonwealthfund.org/sites/default/files/2018-06/Shippee_complex_needs_MN_Medicaid_expansion_ib.pdf.

Medicaid Expansion Can Work, or Don't Mess with HELP!

Montana, like many other states, has found a way to make Medicaid expansion work. HELP gives low-income people access to health care for a year of continuous coverage. One in ten Montanans is served by HELP. But now the Department of Health and Human Services is attempting to make it more difficult for people to continue coverage for a year, by requiring re-certification every time there is a change in status or income, like for folks who work seasonal jobs. Their jobs may be temporary, but their healthcare needs continue. The application process is cumbersome. It is especially difficult for the people who need it the most. Currently people need only apply annually to receive coverage for a full year.

We call on DPHHS to drop this new plan and continue with the current plan of continuous coverage. First of all, the DPHHS plan is government overreach. The system has functioned well with annual reviews. Increasing the number of reviews means increasing the administrative cost for staffing, creating more bureaucracy, and expanding government overreach. There is no need to do this. It looks like an attempt to save money by making it more difficult to stay within the system. Such an approach is neither ethical nor effective.

Second, this action will have a negative effect on Montana's rural hospitals. This additional red tape will result in a hit of over $24 million to the pocketbooks of working people who get their insurance through Medicaid, and to the rural hospitals and clinics that work to keep them healthy. Currently, HELP reduces the costs that hospitals bear for uncompensated care. Reducing continuous coverage by requiring re-application more frequently would shift financial burdens back to hospitals and patients with private health insurance.

Third, requiring people to re-apply for coverage every time their income or status fluctuates will hurt small businesses, including seasonal employers. Almost two thirds of Montana businesses rely on HELP to provide health insurance to their employees. At a time when small businesses are still recovering from the pandemic, the last thing they need is the government making it more difficult for their employees to stay healthy.
Fourth, this proposal puts at risk rural Montanans who lack transportation to distant government sites, and who have poor access to the internet. HELP is designed to provide access to health care to the maximum number of people. Making access more cumbersome hurts the most vulnerable.

Finally, this proposal to take away continuous coverage punishes the poor, by making it more difficult to receive the health care that every American deserves. We are the only industrial country that does not have health care as a right for all. Adding barriers to health care for Montanans least able to afford it is immoral.
We call on DPHHS to leave well enough alone and keep continuous coverage for the HELP program.

Jessica Crist	Bishop, retired
Laurie Franklin	Rabbi
Jasmine Krotkov	
Valerie Webster	Reverend
Lisa K. Harmon	Reverend
Frank Kromkowski	
Brittany Roan	
Uri Barnea	Retired rabbi, teacher
Dee Anna	
Barbara Merrifield	
Rita Wells	
Rai Combs	Veteran
Peggy Paugh Leuzinger	Reverend
Kathleen Connors Rumph	
Steven Warren	
LouAnn Atkinson	
Paul Seastrand	Reverend
Joan Meyer Nye	
Kathleen Ralph	
Patricia Marinson	
Rev. Tyler Amundson	E. D. Big Sky Senior Services,
Duffy Peet	Reverend
Geraldine Dalbec	
Amy Carter	Reverend
Rev. Jean Collins	Rector, St. James
Mary Catherine Dunphy	
Susan Leaverton	
Mary Dostal	Sister
Gordon Whirry	
Lynn Arney	
Vicki Tapia	
Lionel Tapia	MD
Laurel Hanson	
Belle Moore	
Barbara Archer	Reverend
LouAnn Atkinson	
Daniel Disch	Pastor
Steve McArthur	
Rev Gregory Smith	
Rev. Laurie Jungling	Bishop
Rev Gregory Smith	
Donna Williams	
Carol Holz	
Joanette Wagner	

John Smillie	
Steve McArthur	
Stephen Van Gilder	Reverend
Sharon Patton-Griffin	Ed. D.
Dee Anna	Retired Pastor
David Rommereim	Reverend
Kristin Freeman	
Robin Biffle	Reverend
Joan Higgins-Smith	
Rev. Daniel Viehland	
Joe Loos	
Pat Christian	
Margaret MacDonald	
Gordon Whirry	
Rick & Beth Cottingham	
Jacqueline Flewellen	Peace Center Director
Michael Joseph Francisconi	
Kenneth N Kailing	Env. Consultant
Valerie Webster	Reverend
Paula Evitts	
Dick Pritchard	
Jean Larson	Reverend
Dorothy Starshine	
Mary Ann Dunwell	Montana State Representative, HD 84, Helena/East Helena
Thomas E. Towe	
Pr. Christine Holler-Dinsmore	
Richard Bishop	Elder
James A Humphrey	
Tim Holmes	
Rev. Su DeBree	Pastor
Avis R. Anderson	Pastor
Karen Loos	
Elizabeth Jaffe	
Jenifer Gursky	Executive Director, YWCA Helena
Audrey Ann Wagner	

August 26, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The Epilepsy Foundation and our local chapter, Epilepsy Foundation Montana, appreciate the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. There is not "one size fits all" treatment option for epilepsy, and about a third of people living with epilepsy suffer from uncontrolled or intractable seizures. Uncontrolled seizures can lead to disability, injury, and even death. Around one third of people living with epilepsy rely on Medicaid for their primary or supplemental insurance.

Over 100,000 low-income adults currently receive healthcare coverage through the Montana's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.[1] For example, over 52,000 adults have received outpatient mental health services.[2] Mental health conditions are common among people with epilepsy, and frequently under-treated.[3] Nationally, about a third of people with epilepsy are on Medicaid, and Medicaid recipients have a higher prevalence of epilepsy, especially among those aged 20–64 years.[4] Medicaid expansion is clearly beneficial for people with epilepsy.

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for people with epilepsy in Montana. Additionally, we are concerned that the premiums in Montana's pending application will create financial barriers that could lead people with epilepsy to lose their healthcare coverage.

Continuous Eligibility
Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year.

Continuous eligibility reduces gaps in coverage that prevent people with chronic conditions like epilepsy from accessing the care that the need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.[5] For epilepsy, gaps in coverage can lead to missed prescription doses, leading to uncontrolled seizures and hospital visits, job loss, loss of driver's license, and even death from status epilepticus.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.[6] This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

We urge the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[7] For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage.[8] Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.[9]

Many people with epilepsy in Montana would struggle to afford these premiums. According to the CDC, 2% of children with epilepsy live in homes at or close to the poverty level and 32% of adults with epilepsy are unable to work,[10] and 53% of adults with uncontrolled seizures live in households earning less than $25,000 a year.[11] We are concerned that these premiums will create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

Thank you for the opportunity to provide comments. For more information contact Laura Weidner, Vice President of Government Relations & Advocacy at lweidner@efa.org.

Sincerely,

Laura Thrall
President & CEO
Epilepsy Foundation

Kevin Koppes
Executive Director, Community Engagement & Partnerships
Epilepsy Foundation Montana

[1] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard
[2] Id.
[3] https://www.epilepsy.com/learn/challenges-epilepsy/moods-and-behavior
[4] https://www.cdc.gov/mmwr/volumes/66/wr/mm6631a1.htm
[5] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.
[6] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19
[7] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.
[8] Id.
[9] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.
[10] https://www.cdc.gov/epilepsy/communications/infographics/cdc-epilepsy-text.htm
[11] https://www.cdc.gov/chronicdisease/resources/publications/factsheets/epilepsy.htm

COMMENTS ON HELP & WASP WAIVER APPLICATIONS

Pursuant to Montana Code Annotated, the undersigned members of the HHS Interim committee hereby submit the following comments to DPHHS' 1115 HELP and WASP waiver applications. **We respectfully request that, should the application be submitted to the federal government, that these comments be attached.**
Rep. Ed Stafman (Chair)
Rep. Mary Caferro
Rep. Danny Tannenbaum
Sen. Jennifer Gross
Sen. Mary McNally

Introduction

There are a multitude of reasons to abandon and/or amend the waiver application, including:
1) The Department has failed to demonstrate that the waiver request advances any goal or objective of the Medicaid program, as is required of a waiver application;
2) The application has material inaccuracies as to its claim that the legislature has required the Department to take this action;
3) There was no legislative intent to support the WASP waiver application;
4) The request violates federal law by reducing Medicaid eligibility while accepting FMAP funds;
5) The application advocates for a policy which, if implemented, would harm Montanans in a variety of ways;
6) The application is based on erroneous interpretation of the data, citing one number from a study and failing to include the rest of the study, or the two subsequent studies which negate the Department's arguments.

Each of these issues is discussed separately below.

I.THE DEPARTMENT HAS FAILED TO DEMONSTRATE THAT THE WAIVER REQUEST ADVANCES ANY GOAL OR OBJECTIVE OF MEDICAID AS IS REQUIRED FOR A WAIVER APPLICATION

1.The Department presented its waiver request to the Interim HHS Committee on August 10, 2021. The committee also took public comment on the waiver request at that time, as required by Montana law.

2. The Department acknowledged that a waiver application must demonstrate that it advances a goal or objective of the Medicaid program. The Department was unable to identify a goal or objective of the Medicaid program that was advanced by this waiver request. Nor could the Department articulate how the waiver would demonstrate anything. In fact, as will be discussed later, the application defeats or diminishes many of the goals of the Medicaid program (See Issue V below).

3. We note that of the persons who offered public comment, not a one supported this waiver application, while all strongly opposed it. That was consistent with the public comment on the various bills rejected by the legislature on the same subject.

.II. THE WAIVER APPLICATION CONTAINS MATERIAL INACCURACIES AS TO ITS HISTORY – THE LEGISLATURE DID NOT DIRECT DPHHS TO TAKE THIS ACTION

1. The history of this concept within the 2021 legislative session consists of three bills --- SB 100, HB 676, and HB 686, **each of which considered and rejected the termination of continuing eligibility**. It is a basic principle of statutory construction that a legislature's rejection of a bill establishes legislative intent.

2. In the waning days of the session, the legislature included a Note to HB2 stating "an intent" to abolish continuous eligibility. Given these inconsistent actions, legislative intent is, at best, ambiguous, and depends upon the legal effect of a "note" to an appropriations bill.

3. Case law and the "HB2 Legal Issue Checklist" prepared by Legislative Services' legal office (attached) establishes that in creating a note to HB2, "**no substantive law allowed!" (emphasis supplied)** (copy attached)**.** In other words, such a note is, at best, aspirational, and has no legal effect outside of HB2. It does not even amount to a condition or limitation, but is merely an aspirational note. Thus, that language neither *required nor directed* any follow-up action by the Department.

4. Because no statute or substantive law [as opposed to the ambiguous aspirational language in HB2] *required or directed* that DPHHS abolish continuing eligibility the following language in the proposed waiver application is incorrect:

a. Page 1: "During the state's 2021 Legislative session, Montana's legislators passed a budget that **explicitly** removed funding for 12 month continuous eligibility coverage. . . [The legislature] **directed** DPHHS to terminate the policy."

The only way for the legislature to have "directed" this is by statute, but no statute did so. The companion bill, HB 686, which would have required this result, failed to pass. Indeed, each of three bills which would have directed the Department to terminate the policy all failed. For the reasons explained above, the ambiguous intent language, which is not substantive law, did not "direct" anything and there was no "explicit directive" to do anything. This language in the application is therefore inaccurate.

b. Page 3: "As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 HELP waiver."

See the preceding paragraph. This language is therefore inaccurate.

5. Thus, for each of the above reasons, the application's language that states that the result sought was mandated, required, or directed, explicitly or otherwise, is incorrect. At the very least, the waiver application should set out the full facts, which includes the three explicit legislative considerations and rejections of the proposed policy.

III. THERE WAS NO LEGISLATIVE INTENT TO SUPPORT THE WASP WAIVER APPLICATION

1.At no point during the session or in the budget bill was there any legislative intent expressed to eliminate continuous eligibility for the programs covered by the WASP waiver. The Note to HB2 does not refer to the WASP programs.

2. On page 7 of the waiver application, it claims that DPHHS was “directed by statute" to eliminate continuous eligibility for the WASP waiver. This is incorrect.

IV. THE WAIVER APPLICATION VIOLATES FEDERAL LAW

1. Montana may lose the enhanced FMAP we have been receiving if we make any changes to their Medicaid programs that would cause people to lose eligibility during the COVID public health emergency. The application says that the changes would be effective July 1, 2021 (and presumably retroactive to then), but the public health emergency is scheduled to end no earlier than December 31, and given current circumstances, could easily be extended. If approved, the application would cause Montana to lose full FMAP during at least for that period.

V. THE WAIVER APPLICATION ADVOCATES FOR A POLICY WHICH HARMS MONTANANS

<u>1. Continuous eligibility allows Montanans living on low incomes to keep their health care access, even with income fluctuations.</u>

• Continuous eligibility provides Montanans with continuity of care.
• Adults who have gaps in health care coverage are less likely to have a regular doctor and less likely to receive preventive care, research shows.
• A study in Arkansas, Kentucky, and Texas showed that nearly half of adults who had health care coverage gaps reported skipping doses of prescription medicine or stopped taking it all together.

<u>2. Continuous eligibility supports workers.</u>

• Nearly 75 percent of Montana’s Medicaid recipients are working, often at jobs that are seasonal or have frequently changing schedules.
• Continuous eligibility allows workers to take more work when its available, without fear of losing their health insurance.
• Many of Montana workers are seasonal, working in industries such as agriculture and tourism. Workers should not be penalized for taking jobs in Montana’s vital industries.

3. Continuous eligibility is good for businesses.

• 60 percent of Montana businesses employ at least one worker who receive insurance through Medicaid expansion. 25 percent of businesses have at least 25 percent of their employees enrolled.
• Kicking people off Medicaid if their income rises slightly could discourage workers from seeking more work.
• In a tight job market, penalizing workers for earning more can make it harder for businesses to hire new employees.

4. Continuous eligibility relieves some of the state's administrative burden

• If Medicaid recipients were forced to re-apply for their benefits more frequently, the state would likely face more recipients cycling on and off the program, an effect known as churn.
• Churn wastes time and money for both the state and for beneficiaries.
• Churn is expensive for the state. Administrative costs of churn can be between $400 and $600 for each time a person needs to re-enroll.
• After gaps in care, health expenses may be greater for re-enrollees as well. One study found that recipients with 12 months of coverage had $371 in average monthly costs, compared to $799 a month for those with only three months of coverage.
• The average Medicaid expansion recipient in Montana stays on the program for less than two years, and 30 percent stay on the program for less than one year. Because most people are only on the program for a short period, more frequent wage checks would only create unnecessary paperwork and strain for both individuals and the state.

5. Montana's Medicaid expansion program is a success – there is no need to change the program now.

• Montana has long had continuous eligibility for Healthy Montana Kids, and has had continuous eligibility for the Medicaid expansion population since the program's inception.
• During times of crisis, Montanans need stability. In recent months, thousands of Montanans living on low incomes have turned to Medicaid expansion to give them continuous health care coverage during a volatile time.

VI. The Waiver Application Is Based on an Erroneous Interpretation of the Data

1.The 2013 Ku study. The waiver application relies heavily upon one number cherry picked from a 2013 study by Dr. Ku. The application takes that data out of context and ignores later studies which add additional information. Specifically:

a. Relying on the 2013 Ku study, the waiver application suggests that continuous eligibility policies increase coverage by about 2.6%, implying that the elimination of

continuous eligibility would have only a relatively small impact (2.6%). However, the study cited explicitly explained that, without continuous eligibility, **“an average person enrolled in Medicaid was covered for about four-fifths of the year and lacked Medicaid for the remaining fifth." p.8.** That represents an average nearly 20% decline in persons fully covered.

b. The waiver application fails to include the significant other important conclusions from the very study it cites, which would lead to the opposite conclusions from the one drawn by the waiver application. These conclusions demonstrate that abolishing continuous eligibility would harm Montana and Montanans. Specifically, the 2013 study cited includes the following findings, quoted verbatim:

> **Page 2**: "If low-income patients are unable to afford to see physicians or fill their prescriptions for even a month or two, they can become sicker and eventually require emergency room or hospital inpatient care. Doctors and hospitals are frustrated and may lose money if they are not paid because a patient’s Medicaid eligibility has lapsed for a brief period. There are cost-effective ways to provide more security to Medicaid beneficiaries and providers and to improve the effectiveness of the care they receive. New analyses of data from the Medical Expenditure Panel Survey demonstrate that when beneficiaries are enrolled in Medicaid for longer periods, the average monthly cost for their care declines. For example, the average monthly Medicaid cost for the care of an adult falls by 22 percent when the length of enrollment rises from six months of the year to 12 months . . . The Centers for Medicare and Medicaid Services (CMS) has endorsed the use of 12 month continuous eligibility for adults using Section 1115 waivers."
>
> **Page 3-5: "Continuity of Health Insurance Coverage Matters While Medicaid can offer life-sustaining health insurance coverage to those who could not otherwise afford insurance, the process of applying and renewing Medicaid coverage can be arduous. ..**
>
> "Enrolling in Medicaid often requires completing a complex application and then waiting up to 45 days while the Medicaid agency verifies eligibility. States may offer Medicaid certification periods of varying length, up to 12 months. After that, beneficiaries must reapply (or renew their coverage); their eligibility must be reevaluated at least annually and the renewal process is often burdensome too. Those who fail to reapply in time are dropped from coverage. They may reapply later, but it takes time to process the re-application. . .
>
> "When people are uninsured, it is harder for them to afford medical care and, thus, their health may be jeopardized. This also happens when people have even relatively brief gaps in their insurance coverage; they often have to skip or delay getting care or leave prescriptions unfilled because of the costs. Many with brief spells of uninsurance face serious financial consequences because they have to pay – or go into debt – for medical care needed while they are uninsured. They may be pursued by debt collection firms, deplete their savings, or be forced to borrow money from friends or family to pay their medical expenses.

"Skipped or delayed health care can lead to unnecessary illness or even death, as well as leading to inefficient and expensive use of emergency room or hospital care for preventable medical conditions like asthma or diabetes. A national study found that when Medicaid patients churn into or out of Medicaid, they use emergency departments and are admitted to hospitals more often, perhaps in part because they are less able to afford their medications. These findings were corroborated by another study that found that those with greater churning in insurance coverage use emergency departments more than those with stable coverage. Another recent study found that when parents have insurance coverage gaps their children are also more likely to suffer disruptions, suggesting that improving Medicaid continuity for parents can help their children.

"Retention of health insurance coverage also helps build ongoing and continuous relationships between patients and their doctors, facilitating primary and preventive health care on a timely basis. An ongoing relationship between a patient and primary care provider is a fundamental characteristic of “patient-centered medical homes,” which are being increasingly emphasized across the nation. Those with gaps in insurance are less likely to have a usual source of health care. Continuity of care can improve quality because a regular ongoing physician is more aware of the patient’s health history and the patient and caregiver can develop a more trusting relationship.

"Health care providers are also affected by insurance gaps. Primary care physicians prefer to maintain ongoing, long-term relationships with their patients and know that an ever-changing panel of patients can make their work both harder and less effective. Moreover, Medicaid churning disrupts administrative and financial operations. Patients are often unaware of whether their Medicaid eligibility is still valid. The systems used to check on eligibility can be cumbersome and time-consuming. If a patient shows up at a medical appointment and it turns out that his or her Medicaid eligibility has lapsed, the physician (or clinic or hospital) faces a difficult choice of whether to care for the patient -- and risk not getting paid -- or refuse to serve the patient. Neither is a good choice. Assuring greater continuity of Medicaid coverage can reduce provider frustration and administrative red tape. Ultimately, administrative barriers like these reduce providers’ willingness to serve Medicaid patients.

"While research demonstrates that Medicaid is effective in improving access to health care and reducing mortality, studies also reveal that gaps in Medicaid coverage may lead to serious health problems, while continuous Medicaid coverage can improve outcomes.

*A number of chronic health diseases, like diabetes, asthma, or chronic obstructive pulmonary disease, can be effectively treated with primary medical care, including regular use of medications for diabetes or hypertension or steroid inhalers for asthma. These “ambulatory-sensitive” conditions can be controlled through appropriate ambulatory (i.e., office-based) care. When these diseases are not well-controlled, they can lead to expensive emergency room visits or even hospitalizations. Research by Andrew Bindman and his colleagues has shown that, for both adults and children, interruptions in Medicaid coverage can lead to significant increases in hospitalizations for ambulatory sensitive conditions. For

adults, interruptions in Medicaid coverage led to a four-fold increase in such hospitalizations, compared to those with continuous Medicaid coverage.

* Continuous Medicaid coverage can contribute to improved cancer detection and outcomes. Women with continuous Medicaid enrollment were more likely to be screened for breast cancer. Breast and cervical cancer patients enrolled in Medicaid for longer periods of time had less severe cancers than those enrolled for shorter periods. A similar study found that cancer patients enrolled in Medicaid before their cancer diagnoses lived longer than those who enrolled only after diagnosis.

* People with diabetes whose Medicaid coverage has been interrupted have higher medical care costs than people with diabetes with continuous coverage, particularly because those with interrupted coverage are more likely to use the emergency room or be hospitalized.

* Interruptions in Medicaid coverage are associated with greater use of expensive, inpatient psychiatric services and higher psychiatric care costs. Those with continuous coverage were less likely to be hospitalized in an inpatient psychiatric facility, were more likely to 5 have shorter stays when they were hospitalized, and had lower overall psychiatric care costs. Further, complicated Medicaid renewal and monthly reporting requirements pose additional problems for persons with mental illness.

* Gaps in coverage can even affect care received at safety net providers, like community health centers that care for both Medicaid and uninsured patients. Diabetes patients with interrupted insurance coverage were less likely to have key preventive and primary care services, such as testing of blood sugar or cholesterol levels."

Page 5-6: " Continuity Reduces Monthly Medicaid Costs. A key policy barrier to extending Medicaid continuity of coverage is the inevitable concern about costs. It is intuitive to believe that if a person is enrolled for 12 months instead of six, then the annual costs of medical care must be twice as large. Thus, efforts to extend continuity could be very costly. But this is not true. . . The savings occur for two reasons. First, when people are enrolled for longer periods, they may get primary and preventive care to help keep them healthy and reduce the risk of needing more expensive specialty, emergency or inpatient care. Second, people often enroll in Medicaid when they are sick and therefore often have higher initial health care utilization just after enrollment. When they remain enrolled for longer periods, their health needs stabilize and less care is needed later in the year. The results presented here are consistent with earlier analyses, which also found that monthly Medicaid costs fell with longer enrollment. The key differences between this analysis and the earlier ones are that the current analysis uses more recent data and more sophisticated analytical methods.

Page 14: "Conclusions and Recommendations. Unnecessary disruptions in Medicaid insurance coverage create challenges for both patients and health care providers. In both states that expand Medicaid eligibility under the ACA and those that do not, Medicaid beneficiaries, particularly non-elderly adults, are at substantial

risk of experiencing gaps in coverage due to churning. Churning makes Medicaid less efficient and less effective. Analyses presented in this report demonstrate that increasing the continuity of Medicaid coverage can reduce monthly medical costs and that policies of 12 month continuous eligibility can be effective in improving continuity.

"In light of the evidence, the Association for Community Affiliated Plans (ACAP) has made recommendations to improve the continuity, effectiveness, efficiency and quality of care for the tens of millions of people helped by Medicaid. The key recommendations are:

* Twelve month continuous eligibility should be established as a policy for all Medicaid beneficiaries. . ."

c. While the waiver application cites the 2013 Ku study, if fails to include two 2020 studies by the same author: *Ku and Brantley*, "Continuous Medicaid Eligibility for Children and Their Health," Milken Institute School of Public Health, May 2020, https://www.communityplans.net/wp-content/uploads/2020/06/GW-continuous-eligibility-paper.pdf., and *Ku & Brantley*, Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility, April 7, 2021, https://docplayer.net/206599089-Analysis-of-montana-sb-100-and-policies-to-limit-medicaid-12-month-continuous-eligibility.html, or other more current studies, such as the 2020 study by the Center on Budget and Policy Priorities: https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by

1. The May 2020 Ku study is rich with data and analysis. It demonstrates that abolishing continuous eligibility would harm Montana and Montanans. The summary is as follows, quoted verbatim:

"Almost half the states offer 12-month continuous eligibility to children in their Medicaid programs to help children in low-income families retain insurance coverage and access to medical care throughout the year. This study analyzes the association of this policy for children in low income families with a variety of health outcomes, including insurance gaps, access to preventive, general and specialty care, and health status. Using data pooled from the 2016 to 2018 National Surveys of Children's Health (n = 17,610), we examine outcomes for children under the age of 18 whose family incomes are below 138 percent of poverty. Virtually all of these children are eligible for Medicaid coverage across the nation. We compared outcomes for children living in 24 states with 12-month continuous eligibility policies to those living in 26 states (and the District of Columbia) without the policy.

"Our multivariate analyses examined the effect of continuous eligibility on the outcomes after controlling for other relevant factors such as age, race/ethnicity, being foreign-born, having special health needs, and other Medicaid policies, such as income eligibility levels for parents and children. Continuous Medicaid eligibility is associated with:

• Raising the number of children who saw a specialist in the past year by 1.5 percentage points, which is equivalent to a one-eighth increase in access to specialists,

• Reducing unmet needs for specialty care by 6.0 percent, lowering the level of unmet needs by about one-third,

• Increasing the use of preventive care visits in the past year by 2.7 percentage points (marginally significant), equivalent to reducing the number without a preventive visit by about one-tenth,

• Reducing gaps in insurance coverage by 2.4 percentage points, equivalent to reducing the number with a gap by almost one-fifth, and

• Lowering gaps caused by application problems by 1 percentage point, almost halving the number with gaps due to application problems.

"Further analyses were conducted for the subset of children with special health care needs, those whose parents reported they had chronic health problems. For these vulnerable children, continuous eligibility was associated with statistically significant increases in the number of children able to obtain general medical care, preventive care and specialty care.

"We also found that broader Medicaid eligibility for parents and for children were often associated with positive outcomes for the children. Higher Medicaid eligibility levels for both parents and children may facilitate greater enrollment in Medicaid and reduce the risk of coverage loss. The analyses identified special challenges for immigrant (foreign-born) children, who had less insurance coverage and less medical care. This may be due to eligibility policies that bar many immigrant children from Medicaid coverage, such as recent public charge regulations by the Department of Homeland Security.

"The Families First Coronavirus Response Act called on states to provide continuous coverage to Medicaid enrollees during the period of the public health emergency. But even after the public health emergency ends, the nation will experience higher unemployment, greater poverty and economic volatility. Policies like 12-month continuous Medicaid eligibility and expanded eligibility could lower insurance gaps and assure better access to care for a longer period.

The May 2020 study, cited above, includes citations to many other recent studies, and forcefully makes the following points, none of which are appropriately addressed in the waiver application (I am including just the subtitles without the analysis):

1. The Families First Coronavirus Response Act, enacted in March, temporarily increased the federal government's share of Medicaid costs (known as the federal medical assistance percentage, or FMAP) to help states deal with the increased enrollment as well as their large budget shortfalls due to the public health and economic crises. As in prior recessions, states are prohibited from cutting Medicaid eligibility while receiving the additional federal funds. In addition, because the public health crisis makes it especially important that people have health coverage, Families First includes a "continuous coverage" provision preventing states that receive the FMAP increase from terminating people's coverage during the public health emergency.
2. Evidence Shows continuous coverage keeps people insured.

3. Continuous coverage mitigates churn.
4. Benefits of Continuous coverage outweigh costs
5. Continuous coverage can improve health care, reduce administrative burden

2. The April 2020 Ku study, which was specific to Montana, was concerned with SB 100, the failed bill which sought to eliminate continuous eligibility. The issues raised by SB 100 and these waivers are largely the same. The April 2020 Ku study contained the following findings, none of which are appropriately addressed in the waiver application:

> "Continuous eligibility helps stabilize Medicaid coverage for low-income adults and children. This makes Medicaid more like the health insurance coverage that Americans get through their jobs or through Medicare. Typically, workers with job-based insurance keep it for at least a year at a time, as long as they stay employed. Medicare beneficiaries usually keep their insurance for the rest of their lives after they turn 65 and those who get low-income subsidies for Medicare keep them for a year at a time.
>
> In contrast, Medicaid beneficiaries sometimes lose their insurance coverage more frequently (also called "churning") if they encounter paperwork problems or have minor fluctuations in income. Even if they are able to regain their insurance after reapplying, beneficiaries experience harmful gaps in their insurance coverage. Continuous eligibility reduces these paperwork problems by allowing beneficiaries to keep insurance for a year from the time they are determined eligible. This also streamlines paperwork for state agencies, by sharply reducing instances of reapplications when families lose coverage. . .

Estimates of the fiscal impact had flaws

We examined the Fiscal Note for the amended SB 100 (March 22, 2021). The Fiscal Note for SB 100 estimated that the loss of 12 month continuous eligibility for adults would lead to a 1.3% reduction in enrollment, equal to 1,837 person-years or 22,036 person-months. This was based on halving the estimate of 2.6% effect of continuous eligibility from the federal Centers for Medicare and Medicaid Services (CMS). In fact, this estimate is based on our peer-reviewed research which examined the effects of implementation of continuous eligibility in several states.

The study found that continuous eligibility was associated with a 2.2% increase in children's enrollment stability. In discussions with CMS, we agreed that the effect of continuous eligibility would be somewhat higher for adults and the estimate established for adults was 2.6%. DPHHS appears to have cut the 2.6% reduction in half assuming that that a six-month verification has half the effect. This is a misinterpretation of
the research; our estimates were based on comparing existing Medicaid enrollment policies prior to continuous eligibility - which typically used blends of
six and 12 month certification periods and various verification periods – to a new standard policy of 12-month continuous eligibility. Based on the existing research,

we believe the actual loss from SB 100 would be twice as high, or about 2.6%, leading to 3,674 person-years of coverage lost (44,072 person-months).

However, it is important to understand that a person-year is not a person. A “person year” represents a loss of 12 months of coverage, but this loss could be spread out over many people. Accordingly, termination of continuous eligibility will lead to gaps in coverage for a far larger number of actual people. **A conservative estimate is that six times as many people will be harmed**, assuming that the loss of continuous eligibility means that each person affected loses two months of coverage; some would have shorter gaps while others would have longer period. **Thus, we estimate that about 22,000 Medicaid and CHIP beneficiaries would be harmed by the loss of 12-month continuous eligibility policies each year.** As detailed below, even relatively short gaps in coverage can cause harm, particularly for those with chronic conditions.

Montana should not expect much savings in SFY 2022

The Fiscal Note for SB 100 indicates savings will occur in State Fiscal Year 2022. In reality, Montana cannot begin to shorten or terminate coverage for Medicaid beneficiaries during the Public Health Emergency and CMS policy guidance about the conclusion of the Public Health Emergency indicates that states should follow a deliberative approach to phasing down the extended coverage, to minimize the number of people who incorrectly lose coverage because of inaccurate or outdated information.

The federal rules mean that Montana would not be able to discontinue coverage for any beneficiaries before Dec. 31, 2021 and would need to act gradually over the following several months. Even if SB 100 is adopted soon, it is unlikely to yield meaningful fiscal savings during State Fiscal Year 2022. In fact, as noted in the Fiscal Note, SB 100 would impose additional administrative costs associated with the new automated verification system planned as well as the additional efforts of managing new enrollment operations.

Health benefits of continuous eligibility

Recent research that we have conducted, as well as numerous studies in the past, demonstrates the harm of disrupting Medicaid coverage and the benefits of continuous eligibility. Even brief periods without insurance can disrupt patient-doctor relationships and make it impossible to get medical care or prescription medications during the months without coverage.

In a new study, which we expect will be published in a peer-reviewed journal soon, we examined health outcomes for children living in states with 12-month continuous eligibility policies vs. states without such policies. Continuous eligibility policies are associated with reduced levels of uninsurance, fewer insurance gaps and fewer administrative problems applying for coverage. More important, low-income

beneficiaries living in states with continuous eligibility policies were more likely to be in good to excellent health than those in states without these policies. Moreover, children with more serious health care needs (e.g., asthma, etc.) were more likely to have received medical care, preventive health visits or specialist care in states with continuous eligibility.

These findings are consistent with other research showing how churning and disruptions in Medicaid coverage can lead to health problems and how continuous Medicaid coverage can improve cancer care, immunizations, and use of prescription medications and other treatments for preventable problems like asthma or diabetes, as documented by researchers at Harvard, the University of California, University of Minnesota and Stanford.

Continuity of eligibility helps low-income patients get better access to preventive and primary care services that can help prevent serious health problems that may ultimately require emergency medical care or hospitalizations. Our research has also found that as people have stabler enrollment in Medicaid, their monthly health care costs decline .

Policies planned under SB 100 anticipate using automated data checks to monitor income and other aspects of Medicaid beneficiaries' eligibility between annual renewals. But experience has shown that these systems do not necessarily work right and lead many to lose coverage due to red tape. When automated data checks were implemented in Texas' Medicaid program, about 4,000 children lost Medicaid coverage each month. Most children lost coverage not because they were confirmed to be no longer eligible but because of paperwork issues. Over half of children regained coverage in the next year, suggesting that they were actually eligible the whole time; they just lost coverage due to paperwork burdens. Recent testimony about a similar bill in Ohio which explains that the cost of making and implementing automated system changes like these can be extremely expensive and much more than anticipated. . .

Termination of Medicaid continuous eligibility will deepen health disparities

Medicaid serves low-income adults and children, so termination of continuous eligibility creates an inequitable harm on needy residents. But certain Montanans are likely to be more seriously affected because they may encounter more difficulties keeping up with the additional paperwork burdens. For example,

• Native Americans/American Indians often lack internet connections that can enable them to submit eligibility information and tend to live remotely, away from welfare offices they can visit for enrollment.

•Others living in rural and frontier areas will have similar difficulties with communications and logistics associated with more frequent eligibility checks.

• Those with mental health problems or substance use disorders could have more difficulties maneuvering the enrollment systems to retain their coverage.
The COVID pandemic has already created stress, particularly for those with low incomes. This is not the time to impose new barriers that keep needy Montanans from getting health care.

Apart from the two 2020 Ku studies, many other studies reach the same conclusions. They are cited in the footnotes of the various Ku studies. We would also note the 2020 study by the Center on Budget and Policy Priorities, "Continuous Coverage Protections in Families First Act Prevent Coverage Gaps by Reducing 'Churn'.", https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by, and Montana Budget and Policy Center blog, SB 100: A Trojan Horse, Mar 24, 2021.

CONCLUSION

We have presented a multitude of reasons to abandon and/or amend the waiver application. This policy would take Montana in the wrong direction. For these reasons, we respectfully urge that the waiver application be abandoned.

ATTACHMENT #1

(Received on July 19, 2021 from the Hon. Todd Everts, Director of Legal Services/Code Commissioner, Montana Legislative Services Division, Montana State Legislature)

(*First page only with emphasis supplied*)

FROM: Jaret Coles, Legislative Staff Attorney

HB 2 Legal Issue Checklist – DRAFT – STILL WORKING ON THIS

- If a task is required to be performed (reporting, etc.), the task cannot be required until after the effective date of HB 2. Petesch, 3-16-05, p. 1.
- A condition or limitation in an appropriation bill governs the administration and expenditure of the appropriation until it has been expended, or until the condition or limitation is changed by another appropriation act. § 17-8-103(2).
- A condition or limitation contained in an appropriation act CANNOT amend any other statute. § 17-8-103(2). **No substantive law allowed!**
- Appropriation can only be for ordinary expenses of Legislative, Executive, and Judicial Branches, or interest on public debt, and for public schools. Art. V, § 11(4).
- The Legislature cannot use appropriations to do indirectly from what it is prohibited from doing directly. *Board of Regents v. Judge,* 168 Mont. 433, 543 P.2d 1323 (1975).
    - However, the Legislature can condition an appropriation, and the receiving entity may accept or reject the appropriation. If the entity accepts the appropriation, the conditions are binding on the entity.
- Courts scrutinize conditions individually to determine their propriety.
- A provision must relate to (tie to) the appropriation. Greg strictly interpreted this provision. The appropriation has to be specifically mentioned (restricted), and the condition follows it. The Montana Supreme Court has held that as long as incidental provisions of an appropriation bill are germane to the purposes of the appropriation, the incidental provisions do not conflict with any constitutional provision. *See Davidson et al. v. Ford,* 115 Mont. 165, 172, 141 P.2d 373 (1943).
- Judicial Branch Issues: Legislature generally has no authority over court procedure, admission to the bar and the conduct of its members. However, rules of procedure are subject to disapproval by the legislature in either of the two sessions following promulgation. Art. VII, § 2(3).
    - If committee desires reports on something that it has no control over, then an issue arises.
- Make sure transfers comport with requirements of § 17-7-138 and § 17-7-139, MCA.
    - Transfers can be prohibited by law or HB 2. § 17-7-139, MCA.
- Budget submission reports cannot conflict with statutes governing the preparation of the Executive budget. §§ 17-7-101 – 17-7-124, MCA.

ATTACHMENTS 2-4

The following attachments are found electronically and will not be copied into this document, but are ascertained through the referenced links:

ATTACHMENT #2: *Ku and Brantley*, "Continuous Medicaid Eligibility for Children and Their Health," Milken Institute School of Public Health, May 2020: https://www.communityplans.net/wp-content/uploads/2020/06/GW-continuous-eligibility-paper.pdf.

ATTACHMENT 3: *Ku & Brantley*, Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility, April 7, 202: https://docplayer.net/206599089-Analysis-of-montana-sb-100-and-policies-to-limit-medicaid-12-month-continuous-eligibility.html

ATTACHMENT 4 Center on Budget and Policy Priorities, 2020: https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by

August 29, 2021

Dear Director Meier,

Please accept this letter in support of the 1115 HELP and WASP Waiver amendments.

As described in the Montana Constitution, all bills passed by the legislature become law and it is the duty of the Executive Branch to "faithfully execute[d]" those laws.[i] The 2021 Legislature passed The General Appropriations Act, HB 2, which states "[t]he Legislature intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population." and the reflective DPHHS budget was developed based upon this intent.[ii] In consideration of HB 2, there was rigorous floor commentary on the elimination of the 12-month continuous eligibility provision. HB 2 ultimately passed 67-33.

Constitutional merits aside, the law enacted by the legislature is good policy. As you are aware, Montana is one of very few states which provides 12-month continuous eligibility to their Medicaid expansion population.[iii] This is likely because of the stiff CMS penalties imposed on states when they elect to implement a 12-month continuous eligibility. In small budgets like Montana's, the cost savings from not paying the penalty is quite large. These realized gains can be diverted into services and programming to ensure sufficient care for Montana's most vulnerable.

Finally, there have been some who have voiced concern that enrollees may inappropriately lose coverage due to temporary fluctuations in income, a concern which is understandable. However, it's important to note that state law prohibits disenrollment for "a short-term increase in income that is caused by overtime pay or other nonregular payments… that will not be sustained over time".[iv]

Thank you for your consideration in this matter.

Sincerely,

Rep. Jane Gillette
Rep. Jennifer Carlson
Rep. Dennis Lenz
Sen. Christopher Friedel
Sen. Theresa Manzella

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[i] Mont. Const. art. V § 11 and Mont. Const. art. VI § 4.
[ii] HB 2: https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf and Budget Narrative https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf.
[iii] Brooks, Tricia, et al. "Medicaid and CHIP eligibility, enrollment, and cost sharing policies as of January 2019: Findings from a 50-state survey." *San Francisco: Kaiser Family Foundation. Accessed January* 22 (2019): 2020.
[iv] MCA 53-6-1314(1)(b)

Montana Primary Care Association
1805 Euclid Ave
Helena MT 59601

August 20, 2021

Adam Meier
Director
Montana Department of Public Health and Human Services
111 North Sanders Street
PO Box 4210
Helena, MT 59604

RE: 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment

Submitted via email to dphhscomments@mt.gov

Dear Director Meier:

The Montana Primary Care Association (MPCA) appreciates the opportunity to comment on 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment. MPCA is the statewide membership organization for all the state's federally qualified health centers (FQHCs) and the state's five Montana's Urban Indian Organizations (UIOs). Combined, MPCA's members serve as the health home for over 110,000 medically-underserved Montanans, the majority of whom live below the Federal Poverty Level and face multiple social and environmental factors which impact their need for health care and their ability to access care appropriately. With over 80 sites in a frontier state, Montana's FQHCs and UIOs provide affordable, high quality, comprehensive primary care to these individuals, regardless of their insurance status or ability to pay for services and were critical partners with DPHHS during the state's COVID-19 response.

MPCA shares the commitment of DPHHS to "Improving and protecting the health, well-being and self-reliance of all Montanans." However, MPCA believes the DPHHS waiver amendments to end continuous eligibility for both HELP and WASP Medicaid participants will be detrimental to thousands of Montanans and generally opposes the amendments. Furthermore, MPCA believes that the 2021 waiver amendment for WASP participants is not consistent with legislative intent and urges DPHHS to not submit this amendment to CMS.

Continuous eligibility, as an optional strategy for states to ensure continuity of healthcare coverage and access, is a best practice for Medicaid recipients and has long been the standard for children enrolled in Medicaid programs across the country. Currently, only one state in the nation does NOT include continuous eligibility for its child population and CMS supports this standard because "guaranteeing

ongoing coverage ensures that children can receive appropriate preventive and primary care as well as treatment for any health issues that arise."[1]

Medicaid's support of this "guarantee" of continuous healthcare coverage applies to adults as well. As critical primary care providers in Montana, MPCA's members know the detrimental effects on people's health when they lose healthcare coverage or churn on-and-off the program. Individuals who are managing complex healthcare issues --- substance use, severe mental illness, diabetes, hypertension, cancer --- will all be deeply affected by the loss of coverage under these amendments. In particular, the participants in the WASP waiver, who by their eligibility are more vulnerable, could see severe consequences to their health and well-being with the end of continuous eligibility.

MPCA, as the membership association for Montana's FQHCs and UIOs, has long supported the public programs that offer the people of Montana a safety net that do not create a fiscal cliff just as people are beginning to recover from the challenges in their lives. During the 2021 Legislative Session, MPCA provided testimony, both factual and anecdotal, about the importance of Medicaid and other safety net programs and was part of a broad coalition to protect the programs that are most critical to low-income Montanans: Medicaid, LIEAP, SNAP, TANF.

The two waiver amendments currently proposed by DPHHS end continuous eligibility for thousands of Montanans. MPCA offers the following specific comments for each waiver:

HELP Waiver

1. MPCA appreciates the exclusions listed under **F. Summary of Current Demonstrations to be Continued Under the 1115 Demonstration Amendment**. MPCA would like further clarification of what is meant by "exceptional health care needs" and urges DPHHS to include such chronic health conditions as a mental health diagnosis, substance use disorder, diabetes and hypertension just to name a few. These conditions, when managed consistently through regular and timely access to healthcare, can reduce the long-term health impacts on the individual.
2. MPCA urges DPHHS to analyze the potentially disproportionate impact of this waiver amendment on Montana's American Indian (AI/AN) population prior to its implementation. Given the significant health disparities in that population, Medicaid Expansion (HELP) has been a critical lifeline to those AI/AN who qualify for the program.[2] Of the 50,000 AI/AN enrolled in a Montana Medicaid program, 16,000 are eligible because of Medicaid Expansion (HELP).[3] In particular, DPHHS should consider the employment patterns of AI/AN who work seasonally (i.e. firefighting) who would lose coverage under this amendment when they return home to their families and have limited job opportunities.

WASP Waiver

1. MPCA believes that the proposed WASP waiver amendment exceeds the legislative authority granted to DPHHS under HB 2. HB 2 clearly states that "[t]he Legislature intends that the

[1] "Continuous Eligibility for Medicaid and CHIP Coverage." Centers for Medicaid and Medicare Services. https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html
[2] "The State of the State's Health: A Report on the Health of Montanans." MT DPHHS (2013).
[3] "Montana Health and Economic Livelihood Partnership (HELP) Program, also known as the Medicaid Expansion Demonstration." Section 1115 Waiver Annual Report. State of Montana. Reporting Period: Demonstration Year: 5 (01/01/20-012/31/20) Date submitted to CMS: 04/06/2021. Page 8.

Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population."[4] The WASP waiver population has never been considered a Medicaid expansion program and rather represents "…a limited Medicaid benefit package of optional services to the same group of adults eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act."[5] The WASP population, fundamentally, is Montana's basic Medicaid program and should not considered part of the legislative intent given the explicit language in HB 2.

Based on its key concerns, MPCA requests that DPHHS:

- Provide more information to the public and CMS regarding its intent for individuals with "exceptional healthcare needs" under its proposed HELP waiver amendment;
- Analyze the impact of the proposed HELP/WASP waiver amendment on Montana's American Indian population: and
- Withdraw its intent to submit the WASP waiver amendment.

MPCA also requests that DPHHS, if it proceeds with these waiver amendments, work closely with healthcare providers and patient advocates to both clarify implementation rules and limit the potentially health-harming impacts to current Medicaid recipients.

Thank you for your consideration of these comments. If you have any questions, please contact Stacey Anderson, MPCA's Policy Director at sanderson@mtpca.org.

Sincerely,

Cindy Stergar, CEO
Montana Primary Care Association

[4] HB 2 available at https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf See also budget narrative available at https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf.
[5] "Montana Waiver for Additional Services and Populations (WASP) Demonstration Program." Montana Department of Public Health and Human Services Section 115 Demonstration Amendment Application. July 2, 2021. Page 3.

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VIA ELECTRONIC MAIL
dphhscomments@mt.gov

August 31, 2021

Marie Matthews, Medicaid Director
Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The Rocky Mountain Hemophilia and Bleeding Disorders Association (RMHBDA), Hemophilia Federation of America (HFA), and National Hemophilia Foundation (NHF) jointly submit the following comments regarding proposed amendments to the Montana Health and Economic Livelihood (HELP) Demonstration Program.

RMHBDA is a non-profit organization based in Bozeman that serves the bleeding disorders communities in Montana and Wyoming. HFA and NHF are non-profit organizations representing individuals with bleeding disorders nationwide. Our combined missions are to ensure that persons with inherited bleeding disorders such as hemophilia have timely access to quality medical care, therapies, and services, regardless of their financial circumstances or place of residence.

As always, our organizations are committed to ensuring that Montana's Medicaid program provides adequate, affordable, and accessible healthcare coverage and strongly support the state's continuation of Medicaid expansion. More than 100,000 low-income adults currently receive coverage through this successful program. As a result, thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions[1].

Medicaid expansion is especially critical for persons with bleeding disorders who rely upon prompt and uninterrupted access to specialized care and infusions of blood clotting factor to prevent permanent and severe joint damage and (in case the of head bleeds) even death. Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing this critical access to care for Montanans with bleeding disorders. As detailed in our August 19, 2019 comments on Montana's HELP Demonstration, we remain opposed to premium increases in the state's pending application that will create financial barriers likely to cause enrollees with bleeding disorders to lose coverage altogether.

[1] Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard.

Continuous Eligibility

Montana's application would end its current policy that provides 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to costly emergency settings[2].

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off coverage[3]. This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements expire and the Department will have a surge in eligibility redeterminations to process.

As a result, our organizations urge the state to work with the legislature to reverse this policy. For the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premium Increase

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. As detailed in our 2019 comments, this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services[4]. For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of $20 per month, almost half of enrollees lost coverage[5]. Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program[6].

Our organizations believe that these premiums create significant financial barriers for patients that jeopardize their access to critically-needed care, which based on data from other states will result in significant losses in coverage.

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[2] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[3] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19.

[4] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. See https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings.

[5] Id.

[6] Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. See https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

Conclusion

The purpose of the Medicaid program is to provide affordable, accessible and adequate coverage for low-income Americans. However, as outlined above, the proposed amendments to the Montana HELP Demonstration program run contrary to Medicaid's purpose and instead create barriers that can prevent eligible persons with bleeding disorders from accessing the prompt and specialized care needed to prevent permanent injury or even death. As a result, RMHBDA HFA, and NHF urge the Department to modify these provisions so that they are consistent with the objectives of the Medicaid program and the Demonstration waiver, which is to expand and not restrict access to care for Montanans in need.

Please feel free to contact either of us with any questions or for additional information.

Sincerely,

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THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Department of Health Policy and Management

To: Medicaid HELP Amendment and
Medicaid WASP Amendment
Director's Office
Montana Department of Public Health and Human Services (DPHHS)
PO Box 4210
Helena, MT 59604-4210

By email to dphhscomments@mt.gov

Cc: Daniel Tsai, CMS
Judith Cash, CMS
Sarah DeLone, CMS

From: Leighton Ku, PhD, MPH, Professor and Director, Center for Health Policy Research, George Washington University
Erin Brantley, PhD, MPH, Deputy Director, Center for Health Policy Research, George Washington University

Date: August 17, 2021

Subject: Comments on Ending 12-month Continuous Eligibility under Montana's Medicaid HELP or WASP Amendments

We are responding to Montana's request for public comments on its draft Medicaid HELP and WASP amendments. We are public health researchers at George Washington University who have conducted substantial research about Medicaid continuous eligibility policies and hope we can contribute to your policy discussion. If you have any questions, please feel free to contact Leighton Ku at lku@gwu.edu or Erin Brantley at ebrantley@gwu.edu.

We urge DPHHS to withdraw the draft proposal to terminate 12-month continuous eligibility from the HELP and WASP demonstration projects. Terminating the policies would create unnecessary harm to the health insurance coverage and access for low-income Montanans who rely on Medicaid. As explained below, we conservatively estimate that ending 12-month continuous eligibility would reduce the enrollment periods of about 21,500 Medicaid enrollees, about 18,200 HELP enrollees and 3,400 WASP enrollees. A study estimated that the share of Montanans who are uninsured may have increased from 8.6% in 2019 to between 9.3% and 11.1% in 2020, due to the COVID pandemic.[1] This is a time to strengthen insurance coverage for Montanans, not weaken it.

A. Continuous Eligibility Stabilizes Coverage and Can Improve Health Access. Continuous eligibility policies are designed to improve stability and continuity of Medicaid coverage and to

reduce "churning", making Medicaid coverage more like employer-sponsored health insurance or Medicare in which coverage is relatively stable across the year. An April 2021 federal review concluded that "Studies indicate that beneficiaries moving in and out of Medicaid coverage (sometimes called "churning") results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for health care services."[2]

Continuous eligibility is a reliable strategy to reduce churning. Under 12-month continuous eligibility policy, beneficiaries have the option to remain on Medicaid coverage, for a year, rather than needing to meet certain criteria repeatedly. Continuous eligibility has long been permitted for children and pregnant women in Medicaid and is available for adults through a Section 1115 demonstration project waiver, as exercised by Montana.

We recently completed a study, forthcoming in the peer-reviewed journal Medical Care Research and Review, about the health effects of Medicaid 12-month continuous eligibility policies for children.[3] Continuous eligibility policies are associated with reduced levels of uninsurance, fewer insurance gaps and fewer administrative problems applying for coverage. More important, low-income beneficiaries living in states with continuous eligibility policies were more likely to be in good to excellent health than those in states without these policies. Moreover, children with more serious health care needs (e.g., asthma, etc.) were more likely to have received medical care, preventive health visits or specialist care in states with continuous eligibility. Adults generally have less stable coverage in Medicaid than children, so we would expect effects to be similar or somewhat stronger for adults than for children.

These findings are consistent with other research showing how churning and disruptions in Medicaid coverage can lead to health problems and how continuous Medicaid coverage can improve cancer care, immunizations, and use of prescription medications and other treatments for preventable problems like asthma or diabetes, as documented by researchers at Harvard,[4] the University of California[5], University of Minnesota[6] and Stanford.[7]

Continuity of eligibility helps low-income patients get better access to preventive and primary care services that can help prevent serious health problems that may ultimately require emergency medical care or hospitalizations. Our research has also found that as people have stabler enrollment in Medicaid, their monthly health care costs decline.[8]

For example, patients with diabetes may require regular medical care and prescription medications, such as insulin, to keep their blood sugar levels in the desired range and to prevent acute problems such as heart attacks, hypoglycemic or hyperglycemic comas, as well as longer term problems like eye disease or limb amputation. Even a short spell without medical care or access to medications can have grave consequences and lead to costly emergency or inpatient hospital care. For children, consistent access to medications for asthma can help avoid emergency department use due to acute asthma attacks. Those who are addicted to opioids can help control their addictions through regular care and use of medications like buprenorphine; even a brief loss of coverage can lead to renewed use of opioids and even

overdoses. The COVID-19 pandemic has increased stress, anxiety and depression for millions of Americans. Mental health services and use of medications can help reduce mental health problems but disruptions in coverage can harm mental health and even lead to suicidal thoughts or actions. These harmful consequences not only harm health, but they lead to unnecessary and costly medical care in the form of emergency room visits or hospitalizations for conditions that could be prevented with stable medical care.

B. Montana's Evaluation Found That 12-Month Continuous Eligibility Policy Was Beneficial. Montana sponsored an evaluation of its Sec. 1115 demonstration project, conducted by Social Scientific Systems and the Urban Institute.[9] The overall evaluation concluded that the HELP demonstration improved health insurance coverage and access to care, including preventive care use, and that satisfaction was high. The findings about 12-month continuous eligibility stated:

> State officials, health care providers and a health care provider association representative felt that offering 12-month continuous eligibility to HELP enrollees has been very helpful in providing stabilizing coverage and improving continuity of care, particularly for preventive care services. As one provider said, "I think that's [12-month continuous eligibility is] super super helpful…. because that in and out of coverage is really difficult to track from our perspective as to maybe I'm scheduled for surgery and maybe it's next month, and I lost my coverage but when I scheduled it I had coverage." Another provider noted the importance of continuous eligibility for seasonal workers, "Continuous eligibility is super important for folks who [are] low income, who are right on the [income eligibility] line. We see that all of the time. And it's just so challenging, especially in Montana where we have so much seasonal employment. We have so much [income] fluctuation."
>
> Apart from providing better continuity of care and health care for enrollees, state officials said offering 12-month continuous eligibility seen as way to save on demonstration administrative spending: With 12- month eligibility, it takes fewer eligibility administrative staff to implement and maintain the eligibility function for HELP. As one official said, 12-month continuous eligibility has been "cost neutral if not beneficial…Very happy we did continuous eligibility. Frees them [state staff] to do one-time enrollment because you don't have people going on and off."

Given this positive evaluation of 12-month continuous eligibility, what is the rationale for Montana discontinuing this policy?

We also note that a quantitative evaluation of New York's 12-month continuous eligibility policy for adults has been conducted by RAND researchers, although that report has not yet been cleared for public release. *Since New York's policy is similar to Montana's policy, DPHHS and CMS should review that evaluation before submitting or approving this amendment request.*

C. Ending Continuous Eligibility Increases Disparities. Medicaid serves low-income adults and children, so termination of continuous eligibility creates an inequitable harm on needy residents. Ending 12-month continuous coverage will lead to higher paperwork burdens to provide additional reporting and increase the risk that someone loses benefits because they were not able to file the right paperwork on time. If Montana does terminate 12-month continuous eligibility, the state should ensure that coverage is renewed no more frequently than once every 12 months, using automated processes to the extent possible, and give sufficient time for beneficiaries to respond when automated data checks indicate potential problems.[10]

Certain Montanans are likely to be more seriously affected by the end of continuous eligibility because they may encounter more difficulties keeping up with the additional paperwork burdens. For example,

- Many Montanans rely on seasonal work, including work in agriculture, construction, mining and forestry, food and hospitality and retail services, leading to more volatile incomes and risk of churning.
- Native Americans/American Indians often lack internet connections that can enable them to submit eligibility information and tend to live remotely, away from welfare offices they can visit for enrollment.
- Others living in rural and frontier areas will have similar difficulties with communications and logistics associated with more frequent eligibility checks.
- Those with mental health problems or substance use disorders could have more difficulties maneuvering the enrollment systems to retain their coverage.

D. The Budget Analysis is Flawed. The state waiver applications included estimates that ending continuous eligibility will lower coverage by about 2.6%, reducing HELP member months by 29,083, saving $22.2 million based on a per member per month (PMPM) cost of $763.77 and reducing WASP enrollment by 5,183 member months, saving $953,000 based on a total PMPM of $436.92. Curiously, the HELP application appears to include all federal and state costs which substantially overstates state savings while the WASP application cites state general fund savings, excluding federal savings.

We note that the 2.6% estimate is based on a study we did in 2013 about the cost of 12-month continuous eligibility for children, comparing states that adopted continuous coverage vs. states that did not.[11] It found that the 12-month continuous eligibility increased overall medical expenditures by 2.2%. Because adults have less stable coverage than children, in discussions with CMS, we estimated that continuous eligibility for adults could cost about 2.6%, which was included in the federal budget neutrality policy.

Some reasons why Montana's budget estimates are flawed:

1. Under the maintenance of effort requirement in the Families First Coronavirus Response Act, Montana cannot terminate Medicaid eligibility until the end of the Public Health Emergency, which is unlikely to expire until December 31, 2021, at the earliest (and

given the recent surge of COVID-19 infections due to the Delta variant, that date might be pushed back even later). After that date, states must gradually phase out the extensions of coverage as they redetermine eligibility. CMS has been advised that states will have difficulty processing redeterminations and renewals when that period ends and has authorized states to take up to 12-months to conduct those processes.[12] Thus, savings in State Fiscal Year (SFY) 2022 under the proposed amendments are likely to be small or nil.

2. Montana did not account for the increase in average monthly costs if continuous coverage ends.[1, 7] For example, we had estimated (using 2013 data) that 12-months of coverage could have an average monthly cost of $371 compared with $583 per month for six months of coverage, a 34% savings per month.
3. Montana has not accounted for the increased administrative costs that occur if 12-month continuous coverage is ended. This further reduces net savings.
4. Finally, we note that the 2.6% savings estimate understates the number of enrollees who would have their periods of enrollment shortened. Although this could result in an overall reduction of 2.6% of member months, it would affect more people because the typical beneficiaries will lose a fraction of their enrollment, not the whole years. If we conservatively estimate that the reduction of continuous eligibility means that each enrollee loses about two months of coverage, then the 2.6% cost savings means that the number of enrollees harmed would be about **six times larger**, or about **15.6% of enrollees would have enrollment shortened by about 2 months each**. This would equal about 18,188 HELP enrollees (115,588 HELP enrollees in 2020 * 0.156) and 3,362 WASP enrollees (21,552 WASP enrollees in 2020 * 0.156). **That is, terminating continuous eligibility could harm more than 21,500 Medicaid enrollees, based on recent caseloads.**

E. Montana Is Not Facing Serious Budget Pressures. It might make sense for Montana to pursue a small state savings if the state was facing serious budget pressures. But that just is not the case. A recent state budget analysis indicates that Montana expects to have a general fund surplus of more than $300 million in SFY 2022 and SFY 2023.[13] More important, Montana, like most states, will receive about $3 billion in additional federal funds under the American Rescue Plan Act.[14] The state has just received a major budget windfall and there is no compelling fiscal reason to cut coverage for low-income Montanans.

Rather than taking steps to reduce insurance coverage when health needs continue to be high due to the COVID-19 pandemic at a time that the state has ample budget resources, Montana should be strengthening health insurance coverage. If the state does not withdraw these amendments, CMS should not approve them.

Citations

[1] Goe C. 2020 Report on Health Coverage & Montana's Uninsured. October 2020. https://mthcf.org/wp-content/uploads/2020/10/2020-MT-Uninsured-Rate-Report_10.27.20-FINAL.pdf.

[2] Sugar S, Peters C, De Lew N, Sommers B. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic. Office of Health Policy, Assistant Secretary for Planning and Evaluation, HHS. April 12, 2021. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199881/medicaid-churning-ib.pdf

[3] Brantley E, Ku L. Continuous Eligibility for Medicaid Is Associated with Improved Health Access. Medical Care Research and Review. Forthcoming, 2021

[4] Sommers B, et al. Insurance Churning Rates for Low-Income Adults Under Health Reform: Lower Than Expected but Still Harmful for Many. *Health Affairs*. 10: 1816-24. Oct. 2016.

[5] Bindman A, et al. Medicaid Re-Enrollment Policies and Children's Risk of Hospitalizations for Ambulatory Care Sensitive Conditions: *Medical Care*, 2008, *46*(10), 1049–1054.

[6] Blewett L, et al. The Impact of Gaps in Health Insurance Coverage on Immunization Status for Young Children. *Health Services Research*, 2008, *43*(5 Pt 1), 1619–1636.

[7] Dawes A, et al. The Impact of Continuous Medicaid Enrollment on Diagnosis, Treatment, and Survival in Six Surgical Cancers. *Health Services Research*, 2014, *49*(6), 1787–1811

[8] Ku L, Steinmetz E, Bysshe T. Continuity of Medicaid Coverage in an Era of Transition. Association for Community Affiliated Plans. November 2015. http://www.communityplans.net/Portals/0/Policy/Medicaid/GW_ContinuityInAnEraOfTransition_11-01-15.pdf

[9] Kowlessar S, et al. Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Draft Interim Evaluation Report. Social and Scientific Systems and Urban Institute. July 2019. https://www.medicaid.gov/medicaid/downloads/mt-fed-eval-draft-interim-eval-rpt.pdf

[10] 42 CFR § 435.916 and Kaiser Family Foundation, Medicaid Eligibility, Enrollment Simplification, and Coordination under the Affordable Care Act: A Summary of CMS's March 23, 2012 Final Rule. December 2012. https://www.kff.org/medicaid/issue-brief/medicaid-eligibility-enrollment-simplification-and-coordination-under-the-affordable-care-act-a-summary-of-cmss-march-23-2012-final-rule/

[11] Ku L, Steinmetz E, Bruen, B. Continuous Eligibility Policies Stabilize Medicaid Coverage for Children and Could Be Extended to Adults with Similar Results, Health Affairs, 32(9): 1576-82, Sept. 2013.

[12] Tsai D, CMS. State Health Official Letter: Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency. Aug. 13, 2021. https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf

[13] Montana Legislative Budget Analysis. General Fund Balance Sheet. June 9, 2021. https://leg.mt.gov/content/Publications/fiscal/Session-2021/Status-Sheets/6-9-2021.pdf

[14] Montana Budget and Policy Project. THE MONTANA BUDGET. An Early Look at Legislative Action on the State Budget. May 2021. https://mbadmin.jaunt.cloud/wp-content/uploads/2021/06/2023-Budget-EARLY-SUMMARY.pdf

Aug 16, 2021

Ms. Mary Eve Kulawik
Department of Public Health & Human Services
111 North Sanders St.
Helena, MT 59604
Email: dphhscomments@mt.gov

RE: Montana's proposed Section 1115 Waiver Medicaid Expansion (HELP) Amendment and proposed Section 1115 Waiver for Additional Services and Populations (WASP) Amendment Application

Dear Ms. Kulawik:

The Montana Budget & Policy Center submits this comment in relation to the proposed amendment to Montana's 1115 demonstration waiver for the Health & Economic Livelihood Partnership (HELP) program, as well as, the proposed 1115 demonstration waiver for Montana's basic Medicaid program (which DPHHS has referred to as the Waiver for Additional Services and Populations, or WASP). We appreciate the opportunity to comment, and we urge the department to reconsider its proposal to end continuous eligibility.

The Montana Budget & Policy Center (MBPC) is a nonprofit organization founded in 2008. MBPC's mission is to advance responsible tax, budget, and economic policies through credible research and analysis to promote opportunity and fairness for all Montanans. MBPC fulfills this mission by providing credible and timely research and analysis on state fiscal issues to legislators, tribal leaders, advocates, the public, and the media.

As one of several organizations working to expand Medicaid in Montana, MBPC supported the Health and Economic Livelihood Partnership (HELP) Act, passed by the Montana Legislature during the 64th Legislative Session. As of July 1, 2021, over 100,000 low-income Montanans were enrolled in affordable health care coverage.[1] This effort has moved Montana closer toward closing the coverage gap, has reduced uncompensated care, and has injected billions in taxpayer dollars into our local economies. Recent data shows that nearly 75 percent of enrollees are working, with nearly 60 percent of businesses in the state benefiting from workers enrolled in Medicaid expansion.[2]

MBPC Comments on the Proposed 1115 Waiver Amendments to End Continuous Eligibility

Continuous eligibility, which is included in both the original 1115 waiver and a more recent extension proposal, is a critical component of Montana's Medicaid program, and ending such eligibility would result in the loss of coverage for thousands of enrollees.[3] A recent analysis by the George Washington University estimates that ending continuous eligibility for the adult Medicaid population would result in roughly 17,000 Montanans losing coverage at some point over a one-year period.[4] Medicaid expansion has proved to be effective,

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[1] Montana Department of Health and Human Services, "Montana Medicaid Expansion Dashboard," Jul. 2021.
[2] Montana Health Care Foundation, "Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health," Feb. 2021.
[3] On December 1, 2020, CMS approved a temporary extension to Montana's section 1115 demonstration, which included maintaining continuous eligibility for the Medicaid expansion population. Letter from Judith Cash, Centers for Medicare and Medicaid Services, to Marie Matthews, Medicaid director, Montana Department of Public Health and Human Services, Dec. 1, 2020.
[4] Ku, L., and Brantley, E., "Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility," Georgetown Washington University, April 7, 2021. SB 100, which is the focus of this analysis, proposed the end of continuous eligibility for both adult Medicaid population and children served under Children Health Insurance Program.

affordable, and good for the state's economy. Tampering with the parameters of the program will disrupt the lives of thousands of Montanans and put their health and financial stability in jeopardy.

MBPC raises three concerns with the end of continuous eligibility: first and foremost, it will create instability for people who rely on Medicaid; second, it will harm our workforce and local businesses; and lastly, it will result in increased administrative burden, at a time when the Department faces increased workload and worker shortages.

Continuous eligibility provides Montanans who are living on low incomes the ability to maintain health care coverage for a 12-month period, preventing gaps in coverage that can result from barriers to filling out paperwork or when income fluctuates over the one-year period. If the state institutes more frequent wage checks, thousands of people will be at risk of losing their coverage, either because of a temporary income boost or because they have difficulty navigating new bureaucratic requirements.

Gaps in health care coverage ultimately le ad to poorer health outcomes for Montanans. Adults who have gaps in coverage are less likely to have a regular doctor, they are less likely to receive preventative care, and less likely continue with prescribed medication.[5] Even temporary gaps in health care can result in long-term health consequences for those with chronic diseases. At the core of the problem, proposed end of continuous eligibility will put the health and well-being of our fellow Montanans at risk.

Continuous eligibility is also a vital support for Montana's economy. Nearly 75 percent of Montana's Medicaid recipients work, often at jobs that are seasonal or have frequently changing schedule.[6] Montana's current one-year eligibility period gives people the freedom to take more work when it is available without fear of losing their health insurance. With the state facing a significant labor shortage, ending continuous eligibility and instituting frequent wage checks could discourage workers who need to maintain their access to health insurance.

Some of the workers most at risk of churning on and off Medicaid expansion are those who work seasonally, in Montana's vital agriculture and tourism industries. Three out of five businesses in Montana employ at least one worker who receives their health insurance through Medicaid expansion.[7] Industries such as construction, agriculture, food service, retail, and education and health care workers see high percentages of workers accessing health coverage from Medicaid.[8] Healthy workers grow a healthy economy, and Montana businesses need our support at this critical point in our economic recovery.

Medicaid recipients who receive a short term boost of income which forces them off the program, and then lose that income, will be forced to re-apply for their benefits after losing coverage. This churning of recipients wastes both time and money not only for program beneficiaries but also for the state. For each beneficiary who is kicked off Medicaid and forced to reapply, the state will incur $400 to $600 in administrative costs.[9] Medical costs also increase for people who churn off and on Medicaid because many people lose the ability to manage long-term conditions.

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[5] Somers, B., Gourevitch, R., Maylone, B., et al. "Insurance Churning Rates for Low-Income Adults Under Health Reform: Loewr than Expected But Still Harmful for Many," Health Affairs, Oct., 2016 and Colins, R., Robertson, R., Garbler, T., et al., "Gaps in health insurance: why so many Americans experience breaks in coverage and how the Affordable Care Act will help: findings from the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011," Apr. 2012.

[6] Montana Health Care Foundation, "Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health," Feb. 2021.

[7] Montana Health Care Foundation, "Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health," Feb. 2021.

[8] Garfield, R., Rudowitz, R., Orgera, K., et al., "Understanding the Intersection fo medicaid and Work: What does the Data Say?" Kaiser Family Foundation, Aug., 2019.

[9] Swartz, K., Farley Short, P., Roempke Graefe, D., et al., "Reducing Medicaid Churning: Extending Eligibility for Twelve Months Or to End of Calendar Year is Most Effective," Health Affairs, Jul. 2015.

Frequent wage checks and reporting will create hardship for individuals, our economy, and the state. Recent analysis shows the average Medicaid expansion recipient in Montana is enrolled for less than two years, and 30 percent stay on the program for less than a year. Because most people are on the program for such a short period, more frequent wage checks will only create instability.

A 2015 study of the most effective ways to reduce churn for Medicaid beneficiaries shows that 12-month continuous eligibility is the most effective way to reduce churn.[10] Periodic eligibility checks that are any more frequent than this cause coverage gaps increases churn unnecessarily. Many of the people who lose coverage due so not due to a lack of eligibility, but difficulty complete the redetermination process and providing documentation to the state. Individuals may lose their eligibility if they do not respond to the form because they have moved, have unstable housing, or do not understand the notice.

MBPC urges DPHHS to reconsider the end of continuous eligibility.

First and foremost, we urge this administration to consider the impact that more frequent determinations will have on Montanans. Twelve-month continuous eligibility has proved to be a success in Montana.

However, if DPHHS proceeds with submission of the waiver amendments, MBPC urges the Department to clearly articulate its eligibility determination plans and find ways to mitigate the harm of frequent redeterminations. The more frequent the eligibility determination, the greater amount of churn and disruption Montanans will face.

MBPC appreciates the opportunity to submit this comment.

Sincerely,

Heather K. O'Loughlin
Co-Director
Montana Budget & Policy Center

[10] Swartz, K., Farley Short, P., Roempke Graefe, D., et al., "Reducing Medicaid Churning: Extending Eligibility for Twelve Months Or to End of Calendar Year is Most Effective," Health Affairs, Jul. 2015.

Comments
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to oppose to the proposed waiver to end continuous eligibility in Montana. No Montanan should be at risk of losing access to health care as they work hard to care for themselves, their loved ones, and their communities. In Montana we take care of one another, and protecting continuous Medicaid eligibility is a big piece of that. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am opposed to the waiver that would end continuous eligibility for Medicaid. This proposal to force participants to reapply multiple times a year creates red tape, confusion, and unnecessary work for administrators. This rule change will only cause problems on every level, which could lead to serious illness or death if Medicaid coverage was interrupted. Please reject this waiver. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My work with folks that happen to have disabilities, my experience for 42 years in the medical field, my son on the autism spectrum all have proven that we Montanans *need* continuous eligibility. Thank you. Sincerely,
Subject Line: Medicaid coverage Continuous medicaid coverage should not be changed from the annual reporting structure that now exists. Harassing recipients during these Covid times is cruel and unnecessary. Medicaid eligible people are stressed enough with employment and health concerns and should not be required to report income more than once a year. It doesn't make sense and requires more red tape and bureaucracy.

Subject Line: Comment: Protect continuous eligibility for Medicaid

To whom it may concern:

I am a PhD Health Economist employed by Montana State University, though I write to provide my comment as a public citizen.

The state's attempt to save on Medicaid services by ending continuous eligibility for coverage is misguided and wrong. Numerous published articles in health economics have shown that expansions in Medicaid coverage have wide-ranging societal benefits ranging from reduced use of bankruptcy, unemployment, and disability services as well as improvements in long-run health, educational, and family outcomes. Any policy that weakens Medicaid coverage or adds hurdles to continuous enrollment will hurt Montana's hospitals as well as its most vulnerable, low-wage citizens.

I am against the proposed waiver to end continuous eligibility.

Sincerely,

Subject Line: Regarding 2021 WASP AMENDMENT
To whom it may concern,

Regarding 2021 Waiver for Additional Services and Populations (WASP) Amendment:

Continuous Medicaid enrollment is best for Montana!

I have helped my elderly family member fill out her Medicaid paperwork. I know it is not an easy task, especially when the enrollee is elderly, struggling with poor health, crisis, etc. Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

Please note that Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage. This helps all Montanans! This is a popular program and gives our neighbors more stability and peace of mind.

Think about the elderly. Please don’t make their lives any more complicated or difficult.

Continuous Medicaid enrollment is best for Montana!

Thank you,

Subject Line: Save Continuous Eligibility for Medicaid DPHHS Administrators, I am writing to strongly urge you: DO NOT END CONTINUOUS COVERAGE for Medicaid services. This would be very harmful to many low-income Montanans--those who are most in need, including those with mental illness who do not have a supportive family and those with poor access to the Internet, who have difficulty applying. The current system works. Trying to reduce the ranks of those on Medicaid in Montana by ending continuous coverage would actually cost the state more in administrative costs than it would save. Ending continuous coverage is a heartless and un-Christian idea. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am a lifelong Montanan now living in Missoula. I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This would harm my family and my community, and it's especially disheartening to see you considering this proposal at a time when so many Montanans are already struggling. Please focus on helping your constituents and reject this shameful proposal now. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. It is critical to ensure our neighbors stay healthy! Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted], and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

This affects me personally. I was laid off from my job due to COVID, and I have been relying on Medicaid for my healthcare. I've been looking for new full time work and working part time in the meantime. It is such a relief to have continuous eligibility and stay on Medicaid, rather than bounce between plans. With my ongoing health issues, staying on Medicaid has been extremely helpful.

Ending continuous eligibility will cause harm for me and many others, and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Subject Line: Protect Continuous medicaid
to: Department of Public Health and Human Services, Director's Office
111 North Sanders Street
PO Box 4210
Helena MT 59604
c/o Mary Eve Kulawik
Phone: (406) 444-2584
Fax: (406) 444-1970
dphhscomments@mt.gov

To whom it may concern,

The Montana Department of Public Health and Human Services' request to weaken the state's Medicaid program by ending "continuous eligibility" for coverage is amoral and costly - financially and people's time and health.

Accept federal grant funding for continuous health coverage for those most in need, including those with mental illnesses. Thousands of Montanans are at risk and the Montana Poor Peoples Campaign urges you to act!

Under continuous eligibility, folks qualify for Medicaid based on their average income over the course of a year, so that fluctuations in their income don't kick them off insurance. Not only is this fair it is less costly to the state to administer.

Under the direction of Governor Gianforte the Montana Department of Public Health and Human Services (DPHHS) is asking federal Medicaid for permission to end 12 month continuous eligibility - not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness. This is a disaster in the making.

We are angry and confused at the way the DPHHS seeks to "save money" at the expense of the marginalized. We must stop this harmful force delivered to the most vulnerable among us. As an

elected civil servant our Governor has a moral obligation to make sure that the most vulnerable among us have the resources to care for themselves and their families.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Please do not end continuous eligibility in MT
Dear Director Adam Meier,

Please do not end continuous eligibility in MT. This puts many Montanans at risk of losing their healthcare just as our governor imposes rulings to prevent masking in schools. Montanans will need that healthcare as Covid infections are virtually guaranteed to increase this fall and winter now that the vast majority of children will be unmasked and spreading the infection to older community members.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I don't know what you need to hear or how many impacted individuals you need to hear from. This proposed waiver will cause harm to communities across Montana. DPHHS does not need to listen to the Gianforte admin. You need to listen to health experts, doctors, community members. It is never ok to create instability in access to care. But to threaten to do this during hard economic times and during a health pandemic is absurd and cruel.

Do not pass this waiver. Keep continuous eligibility in Montana.

Sincerely,

Subject Line: Medicare coverage
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Yes to continuous coverage
I am writing in support of continuous Medicaid coverage for Montanans. Times of economic and health uncertainty are not the times to create unnecessary complications for health coverage. It will be burdensome to Montana's citizens as well as to those administrators who determine eligibility.

Medicaid expansion and continuous coverage help create a healthier and more prosperous Montana. Who wouldn't want that? Sincerely,
Subject Line: HEART Waiver Do not eliminate continuous coverage for Medicaid. The change being contemplated is unworkable and cruel.
Subject Line: Please keep continuous eligibility Dear DPHHS: Please keep continuous eligibility for our most vulnerable citizens of Montana! Thanks so much,
Subject Line: Keep continuous eligibility for Montanans Hello, I am writing to express my opposition to the possibility of changing continuous eligibility practices for Medicaid. I write as a member of the clergy, and a pastor in Billings, Montana. I believe many people will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility coverage. While we may think that we are saving money in the short run, I do believe we will be hurting people and our society in the long run. Because there will be more emergency room visits from people who will be put off receiving medical care because they cannot afford it. And there will be other societal ramifications from this action that we are not even aware of yet. Jesus said, to love our neighbors as ourselves. We all have neighbors in our communities that need this coverage to continue to live lives. What kind of society are we creating? One of greater compassion and care for the poor and low-wage Montanan? I certainly hope so. And holding onto the continuous eligibility coverage is one way to live out this commandment!

Subject Line: HELP Waiver public comments
Two of my grandkids are on Medicaid. My grandson had to be life-flighted to Spokane for a head injury and was hospitalized for 6 days. Thank goodness for Medicaid because I couldn't afford Life Flight on my income. Not only that, but Medicaid pays for two of my grandkids' SLP (Special Learning Program) at school. My granddaughters are on my Missoula County Benefits Plan with Medicaid secondary insurance. My granddaughter was hospitalized 3 times for suicide. She then went to Yellowstone Boys and Girls Ranch. I could have NEVER afforded her mental health treatment and medication. It would be horrible if I had to apply for Medicaid every time we have a change in our household. Please do not change the current rules regarding Medicaid. Many Montanans will suffer. Thank you.

Subject Line: HELP Waiver public comments
Don't end continuous eligibility. There are too many seniors, young kids, and little babies that use it. I should be retired, but I need healthcare.

Subject Line: HELP Waiver public comments
This is not right. We as older people should be taken care of. Please don't end continuous eligibility.

Subject Line: HELP Waiver public comments
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I had two strokes. I know about needing healthcare.

Subject Line: Comments Against Ending Medicaid's "Continuous Eligibility"
Continuous eligibility coverage for Medicaid is necessary in order to ensure ongoing, basic healthcare for poor and low-wage Montanans -- working Montanans and those with mental illness -- most in need of the program. Ending continuous eligibility would not only harm poor and low-wage Montanans, but would also weaken Montana's healthcare system as a whole.

I am opposed to the proposed waiver to end Medicaid's continuous eligibility because it will harm Montanans and our healthcare system.

Subject Line: Continuous coverage of Medicaid
To whom it may concern,

Once again the state of Montana is choosing to balance its books on the very population of people who can least afford it, the poor and those suffering from mental health issues. Our state and nation is currently in the midst of a terrible pandemic. This is not the time to change horses in the middle of the stream and reconfigure peoples access to health care. I see the change in policy the Gianforte administration is pushing for as dangerous and unhealthy for Montana and Montanans. Covid cases are rising across the state, as are hospitalizations, and covid deaths. Flue season is around the corner. I sincerely doubt the decision to end continuous eligibility will save the state any money and most likely cost our communities money and lives. I am very much against the proposed waiver.

Subject Line: Disregard push for more frequently determine Medicaid eligibilty
Dear DPHSS,

What a lot of make-work this is to consider ending continuing eligibility for Medicaid. It's costly to the state and a silly exercise in framing an issue that people are cheating on the system. Of course! people will cheat on the system. They cheat on EVERY. SINGLE. SYSTEM. in business, government and the private sector today. But the number of cheaters is so, so small compared to the 90% or more who legitimately need the coverage that Medicaid provides. Let me tell you my story.

My roommate of 3 1/2 years was on a very expensive Rx drug, Seroquel, an antipsychotic medication that kept him sane, working, paying taxes and functional. When he didn't have access to it, or went off because it was unaffordable even with every ACA plan that he qualified for, he went to jail. When he went to jail, it cost taxpayers, he went through another mental health crisis and would end up using other public services. It was wasted energy. When he was on Medicaid, he could get Seroquel for a small, affordable co-pay and he stayed a functional citizen contributing to society and the MT tax base. He paid taxes.

He was found floating in the river this week, the end of a sad, difficult life. That's the effect of untreated mental illness.

If you want people to thrive and survive, follow the advice of all the major groups working in MT healthcare today and KEEP CONTINUOUS ELIGIBILITY. It saves lives and being on Medicaid isn't an easy process anyway. Trying to end continuous eligibility is short sighted and not a savings at all.

Sincerely,

Subject Line: Public Comment: Cutting Medicaid services
Please do not cut Medicaid by ending continuous eligibility.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Sincerely,

Subject Line: AGAINST continuous eligibility waiver for Medicaid
Poor and low-wage Montanans, like myself, will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

As a life-long Montanan, parent and voter, I am strongly AGAINST this disasterous waiver.

Subject Line: 12 Month Continuous Eligibility for Medicaid
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Continuous Coverage under Medicaid
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

As a cancer survivor, I am especially concerned for patients who may lose coverage in the middle of a regime of chemotherapy or who are now eligible to participate in treatment trials under Medicaid, but may be removed from those trials if their eligibility in interrupted by new Montana rules.

Twelve month continuous eligibility protects the health of Montanans and reduces costs associated with administering the program in our state. I urge you to maintain the existing system.

Subject Line: Montana Medicaid program
To whom it may concern,

I have been a grateful recipient of medicaid and this. year medicare/medicaid for the last 5 years. I have battled a few cancers. including stage 2 breast cancer where I just finished up radiation, an

aneurysm, and copd with 24/7 oxygen prescription. I would be dead without it. I have osteoarthritis, and all the concerns that come with being 65. I have worked since 8th grade with never a year gone by I haven't worked.

Please do not compromise at this time of greath healthcare need, this superior health program that I and so many truly depend on. I thank God and the state everyday for the ability to address my health concerns with any kind of success. I would be dead without it.

What is better for this money than citizen health... if anything Medicaid should be more inclusive not less.

Please do not change what works so well.

I am 4th generation with 6th generation grandchildren all born in Montana. Keep our state healthy in all ways, which includes its people so all have a better life and future.

Thank you for your attention to my concerns about taking away the funding needed for continuous coverage for Medicaid.

Truly yours,

Subject Line: continuous medicaid eligibilty
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

It is already so stressful being poor. If my son's status up and changes or my status changes, I have no idea what I will do to access my medications, or to keep him seeing his pediatrician regularly. I am a single mom, I work, I go to school. It's hard, and I know that it is not just hard for me. Why add so much stress to the lives of people who are already struggling?

Subject Line: Medicaid continuous eligiblility
-- As a physician (MT license [redacted]) who began treating children in Montana in the early 80's I can attest to the immense value of medicaid coverage for many of our most vulnerable children. I strongly urge you to maintain continuous (for a year) eligibility. (as an example, a child whose parent is a fishing guide might not be eligible during the summer months in the face of total annual income of $40K.

thank you,

Subject Line: Preserve continuous Medicaid enrollment
Montana DPHHS already has a mechanism for monitoring eligibility for public assistance programs. This system for recouping wrongful benefits is already in place, including recapture through wage garnishment or being banned from other public assistance programs.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could be unable to meet verification requirements because of lack of access to the internet or because of no local DPHHS office. This would lead to a loss of coverage.

Wrongfully removing people from Medicaid will hurt eligible Montanans. It will also hurt our economy and our healthcare systems. Losses of Medicaid reimbursements to rural hospitals and tribal health providers will reduce healthcare services available to ALL Montanans. When hospitals close, everyone is hurt, and healthcare services are diminished for all.

We do not need a complicated and time-consuming process for people to maintain their enrollment status.

Preserve our continuous enrollment.

Thank you,

Subject Line: Retain continuous Medicaid coverage
Dear DPHHS,

Many years ago I was a social worker within the DPHHS organization. I was proud to be part of an organization that saw itself as serving the fellow Montanans in need. I hope that sense of mission continues.

Since I retired I have been volunteering as a housing advocate - a job that, over the last six years, has connected me with many individuals who struggle with basic needs for a wide variety of reasons.

One of those struggles is often maintaining eligibility for services and support. Between work and/or just scrambling to survive without housing, medical and other service appointments, lack of access to the internet or limited ability to navigate the technology, and the tremendous fragmentation of some services, it can be very difficult to keep up with eligibility documentation for everything from SNAP benefits to VA or SSI benefits to housing assistance and LIEAP, etc. - let alone Medicaid. This is especially true when you consider how many of them rely on the gig economy or seasonal work that sends there income up for a short while, only to plummet much of the rest of the time.

Continuous Medicaid coverage is absolutely essential for the vulnerable individuals and families who struggle with so many challenges. Without it, even though they have the need and the eligibility for Medicaid,many will lose coverage when they need it most, simply because they do not have the means to keep up with the constant verification and paperwork requirements or because there income jumped up for a few months.

To me this is a moral question. Do we save $22 Million from the budget by risking the critical medical care and even the lives of thousands of our fellow Montanans? Or do we examine first what would

best serve our more vulnerable fellow Montanans and afford their right to access health care?

I hope you will decide based on the needs and rights of our fellow Montanans.

Thank you!

Subject Line: My family supports continuous Medicaid eligibility
My 27 year old son is on Medicaid which provides crucial mental health medications so he can be highly functioning adult. After many months of unemployment, in May he started a seasonal job that ends soon. He worked hard this summer six days a week as a river guide. It is remarkable how much his self esteem has increased. Now he has the energy and drive to look for his next job. But the last thing he needs to worry about is losing Medicaid and his access to his medications. He needs to stay focused on applying for work and continuous eligibility for Medicaid is an essential part of that. If at the end of a year his income has exceeded the Medicaid eligibility amount, not only will our family be very happy for him, but we will help him get insurance through the Marketplace.

If the state discontinues 12 month eligibility, it will only cause people like our son to constantly worry about losing access to crucial health care services. For anyone with mental health issues, this kind of worry can be debilitating. My son had a successful 5 months working hard because he did not need to worry about access to the medications that he relies on. In addition, he worked 6 days a week in the wilderness without internet or cell coverage. Obviously, it would not have been practical for him to deal with the paperwork and red tape of Medicaid eligibility during this time.

If the goal of Medicaid is to help people be healthy so they can work and prosper, then 12 month eligibility helps facilitate that. Please continue the current program of 12 month eligibility which makes much more sense that burdening people with more red tape and the worry of losing health care coverage.

Thanks for considering my comments.

Subject Line: Medicaid in Montana
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. When are we going to realize that helping those that are struggling helps us all.

Sincerely,

Subject Line: Continuous Medicaid Enrollment
To whom it may concern,

As a physician in Montana, I am emailing to encourage the DPHHS to continue with the 12 month enrollment for Medicaid.

Requiring Montanans to apply for Medicaid repeatedly through a 12 month period creates extra barriers for people to maintain their Medicaid coverage. This would lead to many people losing access to healthcare that is necessary.

As a pediatrician, I know firsthand how Medicaid coverage helps many of our children remain healthy, continue to go to school, and become thriving adults that contribute to our society. Please do not allow these changes that would lead many children to go without healthcare.

Thank you.

Subject Line: Opposing cuts to Medicaid services
Hi,

I work at the HelpCenter in Bozeman, which is a crisis and help line that operates 24/7. I can tell you that we get many many calls from people on Medicaid who absolutely depend on it's services for their well-being.

By making Medicaid a less reliable coverage you will be hurting so many Montanans.
I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you for considering my opinion.

Subject Line: Continuous Medicaid enrollment is best for Montana

Hello,

I am echoing these points along with many of my fellow Montanans:

- Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage.

- Requiring economically stressed people to verify their income more than once a year creates

unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

- There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

- Seasonal workers could lose their coverage during a part of the year when they make more money.

For these and countless related reasons, I urge you to maintain continuous medicaid enrollment in Montana

Regards,

Subject Line: HEART Waiver
Please keep continuous enrollment, because it is more efficient and cost saving for everyone including me, who falls between the cracks quite often, including the time I had my last stroke in 1998, it would have been cheaper for everyone if I didn't have that, and if you keep other folks from experiencing the same thing.

Sincerely,

Subject Line: Continuous Medicaid eligibility
Healthcare is a basic human right. Continuous Medicaid eligibility is essential to treatment of many health conditions and to preventive care. It is effective and efficient for consumers and providers. Please keep this policy in place!

Subject Line: Medicaid continuous eligibility
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Do NOT end continuous Medicaid eligibility Many poor and working poor Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage. This is a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced for many Medicaid patients. I am against the proposed waiver to end continuous eligibility. Please do not end this program!

Subject Line: Continuous eligibility - HELP and WASP Medicaid Expansion programs Discontinuation of Medicaid coverage for several months due to a small seasonal or other temporary increase in income only to be eligible again when that income drops, creates unwarranted stress, uncertainty, and bureaucratic, administrative strain on the system. The cost of repeated in and out of coverage and eligibility checks that could affect 20, 000 people on more has not been estimated or considered. The full human and administrative cost of ending continuous coverage should be considered before further action is taken. The small cash savings will be outweighed by the high administrative costs of repeated eligibility determinations of people entering and leaving coverage. Thus, I oppose amendments to the current Montana Health Economic Livelihood Partnership (HELP) and WASP programs that would remove the current 12-month continuous eligibility policy. I also request a copy of the proposed changes. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This change is unnecessary and further hinders those most affected by the healthcare system from accessing affordable care. Having to re-apply when life changes occur is one extra issue to worry about while COVID rates increase. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I'm sure you have so much time to read all these postcards. Imagine being asked to reapply to Medicaid every time something changes. Think of Montana, not the politics. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Ending continuous eligibility during any moment, but particularly during the midst of a pandemic could be harmful for so many low-income individuals & families in Montana. People need stable access to healthcare Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Stay on Medicade Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My friend has been having a hard time with her health issues and she needs her Medicaid. Please don't make life harder on her. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My mom and brother need to take medicine every day. Dont make our family have to worry about how we will afford medicine. We have enough to worry about Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I live in Missoula. Do the right thing & help people out! Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. All lives and voices matter. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. As an attorney I represent a significant number of people struggling with addiction who rely on Medicaid expansion to get treatment– much-needed, life saving drug treatment. We will never end the Meth crisis in Montana if we take away healthcare from those who need it most. Do not take away Medicaid the Medicaid expansion, it will do nothing but harm to our state. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I agree with this opposition statement Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I have developed mental health problems and I have been put in an inpatient place. Its hard on my mom. I don't know what we will do if I don't have Medicaide? Do the right thing Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My sister needs her insurance. She is diabetic and I dont want anything happening to her if she can't get her medicine. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I don't want to lose my Medicaide. I cant get by on work provided insurance. It's not enough on its own and way too expensive by myself Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Life is full of change, & poor / disadvantaged / “normal" / all (!) people deal with that change; no one should be penalized because life keeps happening. I believe this would disproportionately affect those that already have to jump through too many hoops. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Hello, I live in MT. I believe the proposed changes in the Medicaid expansion waiver will be harmful for man. Other states have studied the effects of gaps in health coverage. It won't be any different in MT. What kind of Americans could or would do that to one another - Not mine - Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Montanans need Medicaid. My child is on Medicaid and changes to the program would be devastating, as I am disabled and live on a fixed income Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I strongly oppose this! This is not fair and this is something people NEED! Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. When my partner was laid off we all lost our health insurance. Medicaid was a lifesaver for my family, without it we would have been unable to get insurance. At an incredibly stressful time it was a relief to know we were covered. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Please don't make this process harder than it already is! Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Please keep Medicaid continuous and easier for already insured people to stay on Medicaid! Thanks Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Ending continuous eligibility could put countless Montanans at risk. Healthcare is a human right especially during a pandemic, & it would be devastating for people who rely on Medicaid for their survival and wellbeing. We Are better than this! Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Health Care for all! Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Medicaid is vital- We must love this resource for those in need. I am a nurse - We must have medical care for all – It is necessary for all to have health care Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I opposed this! MT needs Health Care *(drawing of a heart)* Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Medicaid has helped me pay for outpatient treatment and stay sober Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This will cost more than it saves. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My friend would be dead without Medicaid. *(Drawing of 3 hearts)* Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Once a person is eligible for Medicaid they should get to stay on it for a year discontinuing Medicaid mid treatment could cost a life. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Continuous eligibility is import for preserving the well-being of Montana's people. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. As housing cost rise and average work wages stay low, it's more important than ever to keep Montanans safe & healthy. As someone with pre-existing conditions such as asthma and severe allergies, I cant afford to buy needed medications on my own after being booted from H.C. for making 9.75 Sincerely, a Montanan for Montana
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Please don't mess with Medicaid. Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I depend on Medicaid for my life saving medication because Im diabetic. Please don't do this to the people that depend on this. This is my life saving LIFE SAVING medication. I depend on Medicaid Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This is a bad idea. People need and depend on Medicaid for life saving medication. This will impact my life negatively. Im diabetic and I cant live without my meds Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I depend on Medicaid for my mental health problems and when I have my medicine I feel normal. Please don't make me sorry about going with out my medicine. Do not end continuous eligibility Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This is the wrong and unnecessary timing to remove safety nets of health care coverage for Montanans! What we need to do right now is hold a steady ship to ensure everybody can keep upright through these unprecedented times. Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Removing eligibility for healthcare options in MT. is a political statement that will cost the lives of those that don't have a voice and should be represented by our elected representatives! Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Montana need Healthcare. Dont end continuous eligibility Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. With increases in education costs and living expenses, having safety nets available for our Pell eligible populations is vital. Simple access does not mean opportunity. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This is unfair and cruel to end continuous eligibility. My goddaughter really needs the continuous eligibility. Without it she will find it difficult or impossible to maintain her coverage. Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My aunt is on Medicaid. She takes medicine every day that she needs by taking continuous eligibility away you are just telling people don't try to be better your life because your afraid of getting kicked off of your health insurance. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My oldest daughter is having her first child and is waiting for Medicaid approval for herself and soon-to-be-born daughter. We need to put Families first and have access to healthcare to everyone including low-income families. She has a full-time job, her partner has a full-time job but no benefits. This is a must for her family! Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Healthcare shouldn't be a privelage it should be how so all Montanans can continue taking life saving medicine people need to stay on the Medicaid that they need to be a productive member of society Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Please do not make it more difficult to stay continuously covered by Medicaid. Unfortunately, thinking about health care coverage is factored in to major life changes and pursuing career advancements. Please allow people to continue coverage while pursuing their dreams. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This is bad. People need to feel safe with medical just especially the people that take medication daily. Don't take medication and Healthcare away from people that need and depend on it. Sincerely,
Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Don't mess with Medicaid!! So many of my friends and family depend on it. Do the right thing and don't end continuous eligibility Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My best friend broke her arm and she was able to get it fixed and her family didn't go into debt over medical bills. That is a perfect outcome to a bad situation. What would of happened if they didn't have Medicade

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Hi, I am [redacted] from Missoula and I believe the proposed changes to Medicade expansion will be harmful for many Montanans. Please consider and thanks for taking my concerns into consideration!

Sincerely,

Subject Line: against the the waiver for continuous eligibility

Why are you doing this action? It will hurt already burdened poor and disabled citizens of Montana. How will they be able to submit necessary forms without help from a face to face office? If you persist in doing this waiver, Hospitals, Doctors and clinics will have to close their doors because portions of their patients cannot keep up with forms to medicaid.

Subject Line: HELP Waiver on Medicaid
To the Director, Department of Public Health and Human Services
c/o Mary Eve Kulawik
111 North Sanders Street
PO Box 4210
Helena MT 59604

The health of poor and low-wage Montanans and our economy will suffer if the state is successful in cutting Medicaid services such as continuous eligibility for coverage. Such a cut would be short-sighted and will weaken both coverage and Montana's whole healthcare system. I am against the proposed waiver to end continuous eligibility and ask that you put yourself in the shoes of those most in need. The pandemic, which is far from over, has raised physical and mental health needs. We

must not add to the burdens of others but instead join with the federal government to assist with health support systems.

Thank you!
--

Subject Line: Against!
Please leave the 12 month continuous eligibility for Medicaid alone. I work in a community health clinic in Livingston, and see no need to increase taxpayer costs to reduce the time period, and do not believe in increasing barriers to healthcare for those among us who are most vulnerable and at need. In my opinion, this is a short sighted, reckless, and potentially costly mistake. Stop it now!

Respectfully,

Subject Line: Medicaid services
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you,

Subject Line: 12 month continuous Medicaid coverage
Dear Montana DPHHS,

I don't understand why the state is trying to end continuous 12 month coverage for Medicaid recipients. It just seems like small minded stinginess to require folks to jump through hoops and fill out paperwork on a shorter than 12 month basis in order to keep their medical coverage. We all know that money spent keeping people healthy by keeping them involved with health care providers is far more efficiently spent than trying to treat them back to health after they've neglected seeing a provider due to lost coverage. This is even more true of people getting assistance with mental health problems who are at risk of a host of debilitating developments if they can't see their therapists or get their prescriptions filled. I ask that the Montana Department of Health and Human Services stop trying to make it harder for our less fortunate citizens to keep their medical coverage. The moves you're pushing aren't compassionate and they're not smart.

Thank you for your consideration,

Subject Line: Continuous Medicaid best for Montana
I want to encourage you to follow the recommendations of the Montana Human Rights Taskforce.

Sincerely,

Subject Line: Medicaid & continuous eligibility
Just writing a quick note to let you know that I am against the proposed waiver to end continuous Medicaid eligibility. It creates yet another hurdle for people who have plenty of hurdles already.

Subject Line: Medicaid Continuous Coverage
Please do not discontinue Medicaid continuous coverage. I've helped two elderly people qualify for Medicaid, and neither one of them would likely be able to comply with the paperwork requirements on a continuous basis, although both are clearly and unambiguously eligible. I imagine others are in the same boat. Changing the regulations would do a serious and inhuman disservice to those most in need and least capable of frequent status updates and what you envision requiring.

Subject Line: Support continuous Medicaid enrollment
Medicaid is a program for people who need it and need it continuously. Stopping and starting cancer treatment, thyroxine supplementation, insulin, etc., is not healthy; in fact, it is extremely expensive to society. Health already interferes with their ability to work; multiple reapplications could totally prevent them working, particularly with the associated interruptions to their medical care. Continuous Medicaid enrollment is best for Montana!

Sincerely,

Subject Line: Preserve continuous Medicaid eligibility
To whom it may concern,

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services.

Ending continuous eligibility for coverage will weaken medicaid coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients -- the Montanans most in need!

In a time of such incredible difficulty why would our state do anything to hurt those struggling to build a life in Montana. We must instead be doing all that we can to support folks. And that includes access to Medicaid services!!!

Do not pass this policy. Keep continuous eligibility in the Montana Medicaid program!

Sincerely

Subject Line: support continuous medicaid enrollment
Dear DPHHS:

I am writing to support 12-month continuous Medicaid enrollment versus requiring people to apply for Medicaid repeatedly through a 12-month period. Requiring reapplication is an unnecessary and onerous requirement. This is an important program that provides peace of mind and stability to our citizens – thanks to Medicaid expansion. Let's not change it.

With my best,

Hello, Mary. My name is [redacted], and I live in Missoula. My number is [redacted]. I'm calling to voice my opinion during the comment period. I am greatly opposed to the plans for the Republicans to end the 12-month continuous eligibility for people who already qualify for Medicaid Expansion or other programs or specifically mental illness or cancer. They already qualify for that program. They should not have other hoops to go through or risk losing their insurance just for the sake of saving money. Anyway, so if you could add my name to the comment period. If you need to call me back, again [redacted]. I just wanted to voice my opposition to that proposed change. Thank you very much. Bye Bye.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Opposition
I oppose the continual attempts by this administration targeting those in the most need in our state due to GG's political agendas. The short sightedness that will not just hurt those low wage and poor Montana's but hurt our whole healthcare system.

Where do people most vunerable and in need go? By making Medicade less reliable you lay the burden on an overwhelmed system already. Where is the "Christian" Gov now? Where are his morals to helping those in need?

Really Gov. Gianforte has to stop using his office to cause MORE harm than any supposed good. This is a political agenda using Medicaid targeting marginalized Citizens, threatening the health and well being of Montanan's.

Subject Line: Re: Medicaid Waiver public comment
Dear DPHHS Representative,

Please consider that continuous enrollment on a yearly basis is cost effective and serves an underserved population.

I work with low income individuals, many of whom do not have laptops or PCs, and completion of government forms without these devices can be daunting. I believe that we should not be placing more complexity and barriers to people's access to health care, especially during a pandemic. The more frequently people have to prove eligibility the more likely it is that people will fall through the cracks by missing deadlines, making errors while filling out forms, etc) and be denied health care coverage. This negatively impacts patients and providers. Seasonal workers (landscapers, construction workers, ski and tourism industry workers) could lose health coverage even though their annual earnings would qualify them for Medicaid.

I have reviewed the cost analysis published by the Legislative Fiscal Division, and the cost of increased bureaucratic work to implement this law far outweighs any savings that would be realized.

Please support health care for Montanans by reducing complexity and frequency of proving Medicaid eligibility.

Respectfully,

Subject Line: On ending continuous eligibility
We must look out for our fellow Montanans, and that means making sure everyone has access to the healthcare they need. As a citizen of Montana, I oppose the waiver to end continuous eligibility, as I believe this would only place more roadblocks in the path of people attempting to be involved and productive members of their communities.

Sincerely,

Subject Line: Waiver to end continuous medicaid eligibility
I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. In the long run the man hours required to start and stop and start care for our most vulnerable make this proposal more costly to manage and in the long run a greater tax burden to Montanans. We have a responsibility to care for the most vulnerable among us and my expectation is that my representatives meet that responsibility with compassion not political posturing.

Subject Line: Block waiver to stop continuous eligibility
Dear Director Adam Meier,

My name is [redacted] and I reside in Missoula, Montana. As a person who works in a nonprofit that serves low-income families, I strongly oppose the recently proposed changes to the Medicaid expansion waiver. We see everyday the potential negative consequences of ending continuous eligibility for Montana's Medicaid program, as it increases bureaucratic roadblocks for families already under stress and risks kicking Montanans who qualify off of their healthcare coverage. This would be a step backward for our state, as we work towards ensuring every Montana can get the healthcare and support they need to be successful. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, My name is [redacted] and I live in Florence, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, My name is [redacted] and I live in Missoula, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, My name is [redacted] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because My son and I rely on it to receive continuous care from various professionals in our community. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration. Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because due to COVID-19 I have been in and out of work and have been able to access Medicaid. I also work with young mothers who already face so many barriers when accessing health care. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Automatic reply: [EXTERNAL] Comments
It may be a good thing to know that untold numbers of us called a dozen
Republican Senators and spoke to them about the needs.
ALL of those 12 Republican Senators voted our way, and made it happen!

Subject Line: Comments
Send an email to dphhscomments@mt.gov

Department of Public Health and Human Services, Director's Office
111 North Sanders St.
PO Box 4210
Helena MT 59604
c/o Mary Eve Kulawik

Talking points
We fought for a long time for this some years ago - Democrats and Republicans together - and rightly so. It wood would be a horrendous disaster if people of Montana lost their access to necissary access to medical care.
[redacted]
Bozeman, MT

• Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage.

• Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

• There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

• Seasonal workers could lose their coverage during a part of the year when they make more money.

Subject Line: Proposal to complicate the current Medicaid application process to save money is unconscionable, while jeopardizing health coverage
According to an excerpt from an article on this proposal:

"While the state Department of Public Health and Human Services estimates that ending continuous eligibility, or a year of uninterrupted health care coverage, will save the federal and state governments roughly $22 million a year in the cost of benefits, critics say the change could result in temporary lapses in coverage for more than 20,000 people in a given year.

Inherent to opponents' concerns is the prospect of Montanans losing coverage because of paperwork, communication and bureaucratic errors rather than true income ineligibility, an outcome DPHHS has said it would make every effort to avoid."

The Department of Public Health & Human Services ought to be promoting healthy practices, encouraging coverage and enhancing the ability of those eligible for and in need of Medicaid to access Medicaid.
In my mind it is a derelection of duty to make folks jump through an increasing number of hoops, the failure of navigating any one of which in a timely fashion could jeopardize their eligibility and it is just plain and simply wrong.

Sincerely,

Subject Line: Medicaid Services
AGAINST the waiver

I am angry and confused at the way the DPHHS seeks to "save money" at the expense of the marginalized. We must stop this harmful force delivered to the most vulnerable among us. As an elected civil servant our Governor has a moral obligation to make sure that the most vulnerable among us have the resources to care for themselves and their families.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Please maintain continuous Medicaid coverage
Hi there,

I am sorry to hear of the proposal to force Medicaid recipients to reapply throughout the year to maintain Medicaid coverage. For people who are already living paycheck to paycheck (or worse) and with many other challenges, it's a lot to ask that they complete this paperwork repeatedly throughout the year. Medicaid expansion has been a success in Montana--people who really need it have gotten health insurance and need healthcare. Please don't mess with a good thing.

Thank you for your consideration and concert for all of our citizens,

Subject Line: Medicaid enrollment Dear DPHHS: I am writing to urge you to disregard the rules proposed by the legislature to require Medicaid recipients to register every month. This puts undue hardship on people who are already having a hard time financially and medically; it also makes additional unnecessary and costly work for state employees. This seems like more punishment of the victim than it does a solution to a problem. Thank you for considering my response.
Subject Line: Comments, Continue 12-month enrollment for Medicaid Requiring people to repeatedly prove their income during each year in order to avoid losing Medicaid coverage is a bad idea. People on Medicaid, even those who are near the income coverage cut off, have enough problems to deal with. More paperwork and more state staff required for more frequent audits moves the program in the wrong direction. The program is supposed to help these people, not create more headaches for them. Please continue 12-month enrollment for Medicaid.
Subject Line: Montana Medicaid Services Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.
Subject Line: New rules for medicaid enrollment I oppose the rules changes to the Montana Medicaid Expansion proposed by the 2021 Montana Legislature. I support making health care available and affordable to all. These rules changes make getting health care even more challenging than it already is.
Subject Line: Cutting medicaid services. I am against the proposed waiver to end continuous eligibility. People are relying on this service.

Subject Line: Comment on Continuous Enrollment for Medicaid

Hello!

I have family members on medicaid - one of my great-granddaughters is autistic and bi-polar and has many health issues as well!

I am deeply concerned that her health care will be interrupted by this continuous having to re-apply for medicaid!

Talking points

Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

Seasonal workers could lose their coverage during a part of the year when they make more money.

Please! reconsider this change to a program that's working well as is!

Sincerely,

Subject Line: Ending continuous coverage for Medicaid
Please please don't do this. I turn 70 on September 1st. I have had a stroke and a heart attack and I am struggling to get my independent contractor career as a professional clown back on track. This process already requires so much time and causes me so much anxiety. If I had to continuously get recertified, I wouldn't be able to do it. Please I am just finally able to work and pay off some of the debt I've accumulated during this time when I couldn't work. Thank you for your consideration,

Subject Line: Medicaid
Most of the people on Medicaid are also hard working Montanans that barely make enough to survive before they are charged outrageous amounts for medical bills. Help them by letting the 12 month application stand. Thank you,

Subject Line: Urgent
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Please do what is right and good to take care of all people-not just the chosen few.

Subject Line: Against the waiver
Hello,

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you,

Subject Line: No to cutting Medicaid services …
Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. (I, myself, will be directly affected by this inhumane action.)

Subject Line:Medicaid Expansion
I have been in healthcare over 30 years. Not only is this mean spirited but it also makes no sense financially. If Medicaid Expansion ends that means the cost shifts to the clinic, ER or hospital until the patient is re- authorized(?).

A message from the Poor People's campaign

"We are angry and confused at the way the DPHHS seeks to "save money" at the expense of the marginalized. We must stop this harmful force delivered to the most vulnerable among us. As an elected civil servant our Governor has a moral obligation to make sure that the most vulnerable among us have the resources to care for themselves and their families".

Please share with the morally challenged.

Thank you

Subject Line: AGAINST WAIVER TO END MEDICAID ELIGIBILITY To the DPHHS,

I am working part-time, still looking for full-time work in my field, and currently rely on Medicaid for myself and my son. My wages fluctuate, and the proposed Medicaid eligibility waiver will make it difficult if not impossible for us to have continuous health coverage. This is especially dangerous during the pandemic, and as the Delta variant continues to infect and kill Montanans.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need.

I am AGAINST the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana! Please don't let Governor Gianforte, who knows NOTHING of the struggles

of the working class in Montana, take away our health care!

Sincerely,

Subject Line: Vote AGAINST Medicaid Waiver
Please vote AGAINST the Medicaid waiver.

It will hurt the least among us who need consistent medical coverage and IT WILL NOT SAVE MONEY. PLEASE VOTE AGAINST THIS PROPOSAL.

Subject Line: medicaid continuous enrollemnt
Dear Sir/Madam,

As a Montana and Federal taxpayer I have no problem with continuous medicaid enrollment. Our daughter is mentally ill and would be even worse off and unduly burdened having to re enroll numerous times adding to an already stressful life.

Thank You,

Subject Line: Please do not end 12-month enrollment for Medicaid!
Dear DPHHS,

Please do not end 12-month enrollment for Medicaid. It's a huge challenge for people to have to apply repeatedly throughout a 12-month period.

Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage. And this is so important during a pandemic, too.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could easily miss deadlines, which would mean a loss of coverage.

There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

Seasonal workers could lose their coverage during a part of the year when they make more money.

Yours truly,

Subject Line: Medicaid Expansion
Medicaid Expansion has covered thousands of low-income Montanans who could not afford health care helping them access affordable heyaralth care coverage and become healthier as a result. When low-income Montanans are can access health care and become healthier we all pay less for their coverage.

Requiring income verification more than once a year creates burdensome red tape for those already having to work multiple jobs and could cause people to miss deadlines and lose coverage. Losing health care coverage will mean their health will suffer and their kids health will suffer when parents cannot care for them adequately.

I strongly urge you keep the Medicaid Expansion program as it is and not require additional income verification. It's been a very successful program and needs to be kept that way.

Sincerely,

Subject Line: Continuous Medicaid Enrollment is Best for Montana
New rules proposed by the 2021 Montana Legislature would require people to apply for Medicaid repeatedly through a 12-month period. This creates a complicated and time-consuming process for people to maintain their enrollment status, and people could lose access to health care, medication, and more along the way.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

Subject Line: Medicaid eligibility rules
In a state with so many seasonal jobs: agriculture and recreation being two of the biggest, it seems so counterproductive to require repeated eligibility qualification for Medicaid. Good health is a vital issue for all of us, employer and employee alike. For many with lifelong conditions like asthma and diabetes, it requires consistent and constant attention. Interruptions in care can be catastrophic for a patient and complicate the “business” of health care and health care providers.

Please don’t break what’s working well.

Subject Line: Do not change continuous elegibility for Medicaid coverage
Poor and low-wage Montanans will be hurt by the state’s attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana’s whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need.

I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. It is cheaper and simpler for the state to NOT require repeated applications for this help. There is no reason to change the current system. It will only hurt Montanans who need this coverage.

Subject Line: Continuous Medicaid Enrollment
I would like to support continuous enrollment for Medicaid.

Asking already stressed and possibly ill people to jump through more bureaucratic hoops to get their medical care covered can create even greater stress and potentially lead to
- People who qualify not getting medical care they deserve/need
- People who qualify having interruptions in their medications or treatments
- Disruption in coverage for seasonal workers
- Added stress/confusion

Making this very important and necessary program more difficult to access would be a shame and harm the peace of mind it has afforded our most needy neighbors.

Please do not end continuous Medicaid enrollment!

Thank-you,

"See the light in others and treat them as if that is all you see."

Subject Line: help those in need don't hurt them
Legislation that hurts those most in need should always be voted down. Continuous coverage should be provided for that demographic if eligible. We know what is right and what is wrong and will vote out those who try to pass legislation that is against the Montana way, which is to tell the truth and help those who need and deserve it.

Subject Line: Don't weaken Medicaid by ending continuous eligibility for coverage
I am writing to object to the DPHHS's efforts to end 12 month continuous eligibility for Medicaid coverage which will hurt poor and low-wage Montanans. This policy will weaken coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: WASP Comment
Dear DPHHS Staff,

I strongly support continuing continuous enrollment for Montana's Medicaid program. Medicaid expansion has been enormously successful in providing previously uninsured Montanans with affordable health insurance. These Montnanans can live happier, healthier lives due to their access to affordable health care, plus not having to deal with the stress and uncertainty of not having health insurance because it is too expensive.

I strongly oppose ending continuous eligibility for Medicaid for a number of reasons, but especially because adding additional administrative burdens to people who are already living economically precarious lives is unfair and inhumane. Requiring people to verify their incomes more than once a year would create unnecessary confusion and lead to eligible people missing deadlines and losing coverage. Additionally, seasonal workers -- upon whom Montana's agricultural and tourist industries rely -- could lose crucial coverage either by missing deadlines or by being ineligible for part of the year, but still not making enough money to afford private health insurance when they are ineligible.

In summary, there is no reason to add unnecessary and burdensome red tape to a popular and successful program that provides stability, peace of mind, and access to health care to a broad swath of Montanans.

Thank you for taking this into account,

Subject Line: AGAINST the ending of Medicaid continuous eligibility
Ms. Kulawik:

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

I urge the Gianforte administration to really examine the effects of this decision. Thank you for hearing my concern.

Subject Line: Waver to cut Medicaid continuous coverage
Please support continuous coverage for Medicaid recipients as EVERYONE'S health is affected by cutting welfare! The big lesson of this Pandemic is that we are ALL in ONE huge lifeboat, affecting each other.

Please report back the action that your department takes. Thanks

--
Love is all there is.

Subject Line: HEART Waiver
Dear Officials at the Montana Department of Public Health and Human Services,

I am writing to urge you to seriously consider a broader range of consequences that the publicly announced narrow and immediate monetary savings that are expected to result if you halt the current "continuous coverage" policy of Medicaid in Montana.

Please consider the costs of administrative hours spent in removing current enrollees and then re-enrolling those same seasonally or sporadically employed recipients of aide when they again become eligible.

Please consider the added health care costs that would result from people no longer being able to deal with minor medical issues that then become more expensive major issues.

Please look at the long term anguish and mental health issues that will result from not only struggling with short term, changing employment situations, but now having to deal with loosing and re-applying for medical care.

The current regulations provide sufficient oversight to preclude any long term abuse of Medicaid funds in Montana, and should be left with at least a year's worth of continuous coverage to ensure that our populace is healthy and we are neither needlessly straining our health care budgets nor our mental and emotional well being.

Please do not rescind or alter current health care coverage for Montana low income recipients.

Thank you for listening,

Subject Line: Medicaid Expansion
I find it distressing that the state is looking to rollback "continuous enrollment" for Medicaid. Several families I know are relying on Medicaid and any potential interruption of that would lead to a significantly negative outcome for them.

Please do not eliminate "continuous enrollment" for them and all of the families that are relying on it.

Thank you.

Subject Line: HELP Waiver
I'd like to offer my public comment on ending continuous yearly enrollment for some Montanans receiving Medicaid. This a vulnerable population of people that may rely on their health care for survival. Montana benefits from having our residents healthy. I see that it is estimated we will save an estimated $22 million a year, but at what cost to our state?

DPHHS has not released the calculated cost of the greater administrative load incurred with Montanans having to reenroll in the program. This group of Montanans is already under great stress being at the 138% of the federal poverty level or below. Paperwork and bureaucratic red tape can seem like an overwhelming obstacle for someone without access to networking tools, especially if they are sick. Some in this group are mentally and chronically ill and having consistent heath care is critical. Having these folks end up in the emergency room or having dangerous psychotic episodes will produce costs which impact the estimated savings as well. Healthy neighbors improves life for all of us. Please don't end continuous eligibility.

Subject Line: Public comment
I am deeply concerned about removing the 12-month continuous eligibility for the Medicaid HELP Waiver program. I am not in favor of this for the following reason. Those who are on this program have a higher chance of not following through with eligibility guidelines. Therefore, they will be removed from the program which in turn will cause them and our community more challenges and money.

Sincerely,

Subject Line: HEART Waiver
I'm writing to ask that the eligibility period for Montana Medicaid services not be changed. Please keep them at one year intervals.

While it sounds like an easy program to implement, the variables for error are high. The state is currently understaffed and overloaded with cases for review. Changing the eligibility period would add to the workload and cause an even longer backlog.

Those that qualify for a year and then find a new job that offers more money may use that time to save money to purchase insurance before they are kicked out of the program. The likelihood that they would have insurance after leaving the program is relatively low as the cost of private insurance is unobtainable to most middle class families.

Many rely on Medicaid for counseling services. Give them a year to continue to receive mental health help without the fear or frustration they will have to reapply or abruptly stop attending sessions in groups or one on one.

When my sons were young they qualified for Montana Healthy Kids. There was more than one occasion that the case manager did not send out renewal forms in time for the annual review. We would then have to submit the bills and wait for the caseworker to retroactively provide the coverage due to the lapse from a personnel issue.

Montana has a 6 month probation period when starting a new job. Within that time, a person may be let go at any time. If they had been removed from Medicaid in month two of a higher paying position and then lose the job in month five they have to reapply for the program they were removed from. That requires more paperwork for them and Medicaid employees.

Please keep program eligibility at one year. Many with medicaid coverage don't use the coverage constantly. It's there for emergencies or required medical care.

State taxes are calculated based on a yearly income total once a year and reported once a year with filing taxes. Property taxes are assed for a yearly period not reviewed each month to fluctuate with cycles of tourism where land prices could demand more money. Vehicles are registered and taxed once a year as well. Our county, Flathead, sent out the renewals for vehicles after the expiration of registration last year due to the workload and backlog from the pandemic shutdown. How a monthly review for Medicaid eligibility would be any different and not provide errors or issues is beyond me.

I appreciate your consideration of these comments and hope that the eligibility period does not change.

Thank you,

Subject Line: Fwd Help Act Medicaid continuous eligibility comments

My name is [redacted]. As a Montanan with a disability, I am concerned about those Montanans with non seen disabilities or chronic disabilities that are relying on Medicaid to maintain health insurance coverage. Not every person with a disability is able to live or work without services. Many times Medicaid is often the primary insurance option for citizens with chronic health conditions , mental health, or chronic disabilities.

Continuous access to medical treatment, medications, and other services offered through Montana Medicaid is often essential for many. Please do not end continuous eligibility for Montana Medicaid.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. As a Montanan and someone on Medicaid, this is vital to the life of many low income Montanan's. I would implore you to see reason and support this community in REJECTING this waiver. So many lives have been impacted by COVID-19, and so many have been saved by the continuous eligibility. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. The way it is now gives some stability and predictability to the budgets and lives of the low income people who rely on Medicaid. Having to battle paperwork more than once a year is daunting and will discourage folks who really need the coverage to apply for it. This change seems punitive and these folks have seen enough of that. Please reject the change.

Sincerely,

Subject Line: Comment on the HELP waiver-2021 Medicaid Expansion Waiver Amendment
Dear DPHHS:

Please do not end 12 month continuous coverage for Medicaid under the proposed HELP waiver. The financial benefit to the state of Montana is outweighed by the damage to vulnerable populations.

In my work with child welfare cases in Montana courts as well as in our local legal clinic for low income family law cases, I see adults with mental illness frequently who depend on their medication to keep them stable and able to safely parent their children. These single parents want to parent their kids, and Medicaid gives them a steady supply of their medications.

Waiving 12 month coverage will hurt low-income parents and children, some of our most vulnerable Montanans. Please think of them and do not do this.

Thank you.

Subject Line: HELP Continuous Coverage proposal
Dear DPHHS,

Does the $22m in supposed savings account for the additional money required for increased administrative personnel and time? Will the $22m be put towards reopening county offices? Currently we have no office in our county and it is absolutely impossible to get ahold of anyone in the neighboring county office. No one at the state office can provide assistance as it is. You are just referred back to the "local" office.

Please do not make this proposed change. I don't think that people who do not need to navigate this system understand how much difficulty and chaos this change will create. Please leave the continuous coverage in place!

Subject Line: HEART Waiver
I'm not sure if this is where I'm supposed to send this but I wanted to let someone know that if there's a gap in my husbands coverage he may not be able to get his heart meds or see his Doctor regularly. He will die without these meds and regular cardiologist visits. Please don't let our coverage lapse.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name [redacted] and I live in Lewistown, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. It also increases burden onto people who process Medicaid applications and claims every time there is ending and restarting of eligibility. Montanans should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Continuous Eligibility
As a parent of an adult son with mental retardation, I strongly oppose elimination of continuous eligibility for Medicaid. Our son has heart problems and diabetes. He sees his physicians frequently in order to keep his conditions stable. Since graduating from high school, he has had jobs in restaurants and has lived on his own in an apartment. He can handle his day-to-day responsibilities, but he couldn't understand having to sign up for Medicaid over and over again. We as his parents would have to be alert to his eligibility, and we would have to try to fill out the forms to get him eligible again. All of this would cause anxiety for our son and our family.

It has been are experience in the past, that DPHHS does not alert us to problems, and we have to figure things out again and again. The process of people exiting public programs only to re-apply later would create administrative strain on state public health workers and would end up causing more paperwork and less efficiency in serving people who need Medicaid. Instead of wasting time on repeated eligibility checks, it makes sense to have 12-months of eligibility and a well-defined period to renew eligibility.

In our son's case, his health problems are currently managed very well, but if there was a break in service for any length of time he would likely have serious relapses in his health. The purpose of Medicaid is handle chronic illnesses efficiently so the state does not have to pay enormous sums for acute care.

Let's stop wasting time and money to "find fraud" when fraud is not a significant problem. Let's keep people healthy and productive so that people with disabilities can work and be independent.

Subject Line: HEART Waiver To
Whom it may concern,

Does the dignity of the human person matter?
Ah, but it is PRAGMATIC.
The Human Person is but an actuarial number on the chart of PRAGMATISM.
The US has the highest number of incarcerated, violent, cancers, and stress induced illness in the developed world.
This State administration is adding to this with this arbitrary policy.
I submit to you to consider the ripple effect in domestic violence, despair, stress induced healthcare, anxiety, mental health, exacerbation of addiction and so on, and so on,
for the sake of removing yet one more rung in the Darwinian "Survival of the Fittest" ideology.

Please Don't Do This.
I am not on Medicaid, but was for a short time after having been forced into poverty with starvation wages, no insurance and an emergency appendectomy. It took me 6 years to pay the $33,000.00 medical bills on a starvation wage Montana job.

Don't Do This.

Subject Line: continuous coverage
Please do not end continuous eligibility for some Montana Medicaid recipients. Dependable healthcare is the foundation of a successful life. This is a very cost-effective way to support individuals attempting to improve their situations. People with chronic conditions need the certainty

that health issues will not affect their ability to work. Administrative costs to make this change would not be inconsiderable, making it even less effective as a money saving strategy.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. So many Montanans, particularly those with chronic health issues and longterm treatments (like cancer) will be relying on their continued care. Ending this eligibility will cause far more harm and for no good reason.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Read that sentence three more times and you'll see how difficult it is to be clear in our present political climate. Let me be more clear.

I have good medical insurance through my husband's former job in Colorado. I'm lucky. A person shouldn't have to be lucky to get adequate medical coverage. I want ALL of my neighbors in Montana to have the coverage I get by being a former Coloradan. Why not? We can afford to be healthy. We can't afford to be sick. If there's federal money for this, that's our money, too. Aren't we a part of this nation? We can strengthen our own communities. We can stand by each other. We can be a stronger Montana when everyone is healthier.

Always work to expand Medicaid and Medicare. Anyone who tries to cut Medicaid or Medicare, set them straight.

I'm counting on the Department of Public Health and Human Services to live up to its name.

Sincerely,

Subject Line: Please reject the waiver ending continuous eligibility in Montana
Dear Director Adam Meier,

My name is [redacted] and I live and work in Helena, Montana. I am writing to voice my strong opposition to the proposed changes to Montana's Medicaid program. I moved to Montana to be near my grandchildren, and I moved here with the prospects of a comfortable retirement because of the existing medicaid benefits in our great state.

These potential changes affect me personally because I am a very healthy, energetic 63 year old, but I do have diabetes. And while I eat well and exercise regularly I still require insulin and a couple other medications. In just a couple years I will qualify for Medicaid and my continued success in life will be highly dependent on this program's ability to support my medical needs. I hope to be around long enough to see my grandkids graduate from college in the next 20 or so years. I have worked hard for the greater good in our community at the United Way of Lewis & Clark Area. While this has been fulfilling work, it has not left me with a huge nest egg for retirement, so programs like Medicaid (In its current, or even improved form) will be essential for my wife and I as we approach our latter years here in the treasure state.

The idea of ending continuous eligibility will cause harm to me and my family and could lead to negative health outcomes. I am not alone, I live in a relatively new subdivision and retirees from across the country are moving to Montana because this is a great place to retire. If this Medicaid benefit changes, you will witness an exodus of older adults. This idea is bad for the citizens of Montana, it will negatively impact the quality of life here. This is bad for Montana. Thank you for reading this message and taking these thoughts under advisement. This group's thoughtful consideration to these concerns is important to sustain the good people of our state. Please send me a personal email to confirm you have read these comments. Thank you, [redacted]

Subject Line: Opposed to MT ending continuous eligibility
Dear Director Adam Meier,

Hello DPHHS staff - My name is [redacted], and I live in Missoula, MT. I am reaching out today to share my opposition to the proposed ending of continuous eligibility within Montana's Medicaid program. This affects me personally as one time in my life, and I was on Medicaid. I had a significant health scare during that time and was lucky the lump they removed from my body was non-cancerous. A few months later, I experienced another significant health emergency. My life was very complicated, and I was trying to hold down employment, reenter college to finish my degree, and live my life. Thankfully, Medicaid was there for me during these challenging times and provided me a safety blanket to accomplish my goals of finishing my degree and gaining employment with insurance. I appreciate that I did not have to be tracking each piece of my enrollment and knew I was covered as I went to various appointments. Ending continuous eligibility will cause harm to Montanans, such as myself, who temporarily have fallen on difficult times. As we continue to move through the pandemic, this option seems to be a terrible idea. It could only lead to individuals not seeking care leading to negative health outcomes, such as the increased risk of exposing others to Covid-19.

Thank you for your time,
[redacted]

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I believe it will be harmful to our lower income citizens in Montana, create an expensive bureaucracy, impact the provision of necessary health care and create unnecessary hardships in maintaining good health for Montanans. No Montana should live without health care.

Thank you,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Missoula , Montana. I am writing to voice opposition to the proposed changes to Montana Medicaid expansion program. Specifically, it is my belief that the proposed change in continuous eligibility for the Medicaid progrom would be very harmful. This change would cause low income working Montanans to lose their healthcare, make it more difficult for people with chronic illness to visit their doctors, Personally, I am very concerned for people who have a disabling mental illness and receive Medicaid benefits through the WASP program. From my 30 years experience with a relative with mental illness, plus past work experience in the field, I know itis often is extremely difficult for those who have mental illness to complete paper work on a timely basis, and even to maintain a stable home address. The possibility of losing coverage for medication, and other treatment because of paperwork deadlines would be extremely harmful. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility for people who qualify for Medicaid expansion and for those with a disabling mental illness in Montana.

This will lead to gaps in health coverage. Other states have studied the impact of coverage gaps and have found that nearly half of adults with gaps have skipped or stopped taking prescription medication. I have experienced gaps in coverage while living in Montana and missed weeks of taking my behavioral health prescription medications. Montana does not have enough behavioral health providers so even after someone gets new coverage it can take months to get an appointment with a provider. I was lucky that my gap only lasted a few weeks but it was incredibly destabilizing. Not having access to my regular provider and medication caused me extreme distress, negatively impacted my mental health and my ability to function. For other people it could lead to a serious mental health crisis landing them in the ER or jail. Lives will be at risk.

I am also concerned about what will replace continuous eligibility. All options will create a burden for people on Medicaid, state employees, or both. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Great Falls, Montana. I am writing to voice my opposition to the proposed changes in Montana's Medicaid Program. My dad raised me on his own, and has been a hard worker for as long as I can remember. He paints houses and does small contracting jobs for a living, and has even done "odd jobs" like plowing/shoveling snow and raking leaves to try to make ends meet. As an Independent Contractor, his income fluctuates depending on a multitude of factors. These can include how many people have work for him to do, if people have money to fix their properties based on the economy, whether there is exterior work alongside interior work because of inclement weather, and if he can outbid many larger construction businesses with more financial flexibility. My dad, as a result of his thirty-plus years of work with construction and painting supplies and extreme exposure to unsafe, industrial-level chemicals, has many ailments. This includes Asthma-COPD Overlap Syndrome and chronic pain, on top of fairly common ailments seen in people in their mid-sixties. As a low-income person, he relies on Medicaid to access the healthcare needed to keep him healthy, able to work and spending time doing the things he loves. I remember a time when my dad didn't have access to healthcare, and although I was young I was able to comprehend how difficult and at times, very scary that was. There are plenty of hardworking Montanans just like my dad who also rely heavily on being able to access Medicaid year-round, regardless of their seasonally-dependent income levels. This would only make life harder on so many Montanans, already struggling to get by. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My name is [redacted] and I live in Helena, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Public Comment amendments to the current 1115 HELP and WASP Waivers
We wish to submit the following public comment regarding the above mentions amendments:

Poverty is a complex and insidious determinant of health caused by systemic factors that can persist for generations in a family. Life is unstable for many low-income families. This instability is marked by uncertain and irregular employment, erratic work schedules, fluctuating public benefits, shifting household composition, frequent housing moves, and other changes that undermine not only their precarious finances but also, evidence suggests, the health and well-being of themselves and their children.

Those experiencing poverty often have higher rates of chronic disease and difficulty navigating health care systems. This amendment would further add to the instability of these families by adding barriers to health and healthcare for many of our families because of the requirements of reporting by individuals enrolled in this program.

Many of our members will forgo care because of the cost care after the loss of coverage. Lack of access to medical care is a significant public health concern and equates to higher costs in the future. For these reasons and others, these amendments are opposed by the Little Shell Tribe Health Department.

Subject Line: In Support of Continuous Eligibility for Medicaid Expansion Programs
Hello, I would like to submit public comment in support of continuous eligibility for Medicaid Expansion Programs. I am a mental health therapist who works with many low income and high risk people in Montana. Continuous eligibility helps children, adults and families access health care and have reliable, consistent health insurance.

Please protect access to health care by not ending continuous eligibility for Medicaid Expansion Programs in Montana.

Sincerely,

Hopefully, Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Please consider my opinion w/o retribution. To end continuous eligibility is just seemingly another way to cripple the already crippled. To victimize the already victimized. All it would do is cost the state more money to implement such - and in the end would only serve to harm the ALREADY HARMED ENOUGH!

Subject Line: Medicaid Eligibility
Dear DPHHS,

Please consider this a public comment about the proposed coverage changes to the DPHHS Medicaid rules.

As a provider and a past/present recipient of Montana Medicaid, I am very familiar with many levels

of your services and deeply appreciate the boon this service is for Montana.

Please do not cause extra time/stress burdens for Montanans who are struggling to survive by causing unnecessary paperwork. The time tax on the poor is real. Please maintain 12 month eligibility for Medicaid.

As a rare individual who is currently both a provider and a care recipient, this proposal would be damaging for me on both fronts, and make it more likely that I remain on Medicaid for longer. Why would we add more headache for providers, cause disjointed care for Medicaid recipients, and adversely impact their health due to discontinuations in care and increased stress burden on those already struggling financially?

As an example, I had a client who was about to re-commence services, then heard that he was briefly not eligible for Medicaid, cancelled the scheduled services, had another relapse on Meth, and is currently very likely to die in their 40's due to complications. This is the type of problem which is less likely without imposing a time tax on vulnerable citizens.

Thank you for your services, please do not make people re-prove eligibility more than once every 6 months.

Kind Regards,

Subject Line: HEART Waiver
I oppose the proposed Medicaid HELP waiver which would modify the current annual continuous coverage. Changing this to 6 months is unnecessary, expensive and unworkable government overreach. This bad idea was rightly defeated twice in committee during the legislature. Good administrative policy would respect the intent of the legislature rather than make an end run around it.

Lack of continuous coverage would burden those in need of care, employers and rural hospitals. Seasonal workers and others in changing job situations would be penalized and risk losing coverage. Rural residents and those with limited internet access would find this additional layer of bureaucracy difficult to manage. Our existing system has adequate safeguards and there is no need to spend more on punitive administration.

Subject Line: Comment re continuous eligibility for Medicaid
Hello,

I oppose the proposed eligibility change to Medicaid eligibility. The proposal does not specify what eligibility parameters will be used in the future. Without this information, no one can make an educated decision about how this change would impact the Medicaid program, staff, people served, or the cost. Historically, eliminating one process without a new process in place, or even planned, creates dysfunction in our government and increases the cost of providing that service. This proposal, as it stands, will create problems and expense that could be avoided with thoughtful planning.

Thank you for your time and consideration,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.i have family members who use medicaid.

This will do more harm than good.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. The pandemic is raging on and families are still struggling. People need to have security around health insurance. No one has the time or energy to devote to endless paperwork to prove ongoing Medicaid eligibility. If continuous eligibility ends, more people will fall ill and die because they will become uninsured. Please reject the waiver to end continuous eligibility in Montana. Montanans depend on it to live.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Clinton, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Rocky Boy, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm

and lead to negative health outcomes. This is bad for Montana especially during the pandemic of COVID-19 delta variant on the rise. Protect your Montanans!! Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [redacted] and I live in Rocky Boy, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I am moving from Helena to Missoula, Montana. I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Continuous eligibility protects my daughter and I from losing all health coverage. I am a solo parent to my daughter, both financially and physically.

I had a year long job in Helena that supported us, but now have to move to Missoula for stable housing. I am having difficulty finding work in my field, and thus am waitressing until I find more stable work. My current job pays minimum wage, offers no benefits, and exposes me to hundreds of people daily. If I get sick, Medicaid will protect my daughter and I and we will be able to get the care we need.

My daughter also currently has a tooth that is impacting a permanent tooth in her mouth and needs oral surgery. Without Medicaid we won’t be able to get those services this month and it would put her in much worse danger of long term damage and infection.

Please continue the continuous eligibility coverage for Montanans. Please protect Montanans like my daughter, myself, and others who face losing any health insurance coverage during the pandemic. Thank you for your time and consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My son is in cancer treatment and is covered under Medicaid. He signed up in March, as he was under employed and had no health insurance. He had his 26th birthday in the hospital , having had emergency surgery to remove a cancerous tumor in his colon. This coverage is a life saver for him and I'm forever grateful to past legislators who passed expansion. To go through cancer treatment and have to worry about signing up every three months is stressful and shows no concern for the welfare of people who are really sick. Most people sing up for health insurance on a yearly basis, that how Medicaid should be as well.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. I have spent my adult life working with individuals with disabilities and know this will disproportionately affect them. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in My name is [redacted] and I live in Ronan, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Please Help Medicaid
My name is [redacted] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This has affected me personally because my daughter was diagnosed with bipolar disorder and has been either in a state of severe depression or mania for the majority of the past 3 years to the point of either not being able to work or being able to only work part time. She has had to be hospitalized two different times for between 1-3 weeks (once for mania and once for suicidal depression). Her depression continued to be so severe that she was advised to undergo electroconvulsive therapy (ECT) because they couldn't find a medication that was effective for her depression. She ended up having 16 sessions of ECT, which finally began to help with her depression somewhat after the 11th session. Sadly it has negatively affected her memory, making applying for, learning a new job and/or resuming her regular self-employment not possible. She has been able to both do some volunteer work and work as a personal caregiver for an elderly couple in the family, but often is unable to go to work 1-3 days/month due to her health challenges. Ending continuous eligibility will cause devastating results for her and others, leading to severely challenging health outcomes that cannot be good for Montana's population.

I truly believe her Medicaid is the only thing that has allowed her to get the medication, hospitalization to keep her alive and safe when she needs it, and professional help that she needs to begin to manage her condition. Continuous eligibility for Medicaid makes it possible for her to work limited hours in a safe and supportive environment, when her condition allows. There are some days she cannot function due to either the debilitating depression or the mania and psychosis. The proposed requirements will make it more difficult, if not impossible for people with disabilities to get the help they need. Additional eligibility or reporting requirements are unreasonable for the people that need Medicaid to manage a chronic illness and those of us that have to help them with the required paperwork, when they are unable to function or complete it independently.

Health care should not be reserved for wealthy able-bodied people. Living on a low income is hard enough, but to do it without access to healthcare can be impossible. These requirements will not help Montana families succeed. New barriers will deny people access to health care when they need it the most. I am afraid my daughter would not be alive today if she hadn't had access to the medical care she needed, thanks to Medicaid.

Please consider my comments on the proposed waiver. The financial gap in our state between those who can afford health insurance and those who do not have access to health coverage is vast. Montana needs to provide healthcare to all its residents so that low-wage workers with serious health conditions have resources when they need them most. No Montanans should live at risk of becoming jobless and without healthcare.

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Proposed 1115 Waiver
My name is [redacted] and I live in Missoula, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Subject Line: Medicaid
My name is [redacted] and I live in Missoula. I am writing in opposition to the proposed changes to the Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana!

My daughter, [redacted], has Down syndrome and needs Medicaid. It makes it possible for her to work limited hours in a safe and supportive environment. The proposed requirements further complicate an already complicated system. Applying new barriers will deny access to those who need it the most, which is obviously contrary to the intent of Medicaid to begin with.

Thanks for your time and consideration.

Subject Line: Medicaid rules change
If the state legislature rejected the changes your department is considering, wouldn't that tell you that Montanans do not support changing from continuous eligibility? Aside from the unnecessary cruelty of uncertainty and constant monitoring/reporting, you are creating a paperwork nightmare on top of what has already been onerous. To what advantage? To WHOSE advantage? Should you really be in the business of punishing and shaming Montanans who need the safety net that Medicaid provides? Or providing a disincentive to improve personal financial stability?

I oppose these changes, as apparently did those who attended a recent hearing on this rule change.

Subject Line: Comment on Medicaid Expansion Eligibility change
I strongly oppose the proposed changes to MT's Medicaid program, specifically the elimination of continuous eligibility. Child Care Resources serves working, low income families in Missoula, Mineral, and Ravalli counties. Parents may have entry level jobs and may get a modest raise that pushes them over the Medicaid eligibility level, but does not cover the cost of health insurance. Most entry level jobs do not have health insurance available. When people are uninsured they are less likely to seek medical care for routine matters or treatment of chronic conditions and as a result more frequently end up using emergency services. Earlier intervention would have been less costly. And because they don't have insurance they are unlikely to be able to pay the ER bill. This might disrupt an already precarious financial situation and send the family into crisis that could include losing their housing.

This policy change seems incredibly short sighted, particularly now in the midst of a global pandemic with coronavirus cases surging in Montana. Children are not eligible for the vaccine and are vulnerable to the delta variant. We should not take health care away from people in this vulnerable situation.

I urge you not to change this rule. If that is not possible given legislative action, I urge you to delay until the pandemic is behind us, until all kids are eligible for vaccination.

Thank you for your consideration.

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

Please do not put more people at risk for loss of health care. The pandemic has caused enough harm already to working people. Don't add loss of health care benefits to it.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: *no subject*
Gov . Gianforte, I am a recently diagnosed diabetic..not only did losing the pandemic snap benefits affect my food choices but without my ability to maintain my current medical care plan this will be detrimental

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver Dear Medicaid Expansion Extension Director's Office, I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration. Sincerely,
Subject Line: Please don't change continuous eligibility! To whom it my concern, I am writing to voice my support or the current support for continuous eligibility. I believe this is a crucial part of our current system to give workers some flexibility in times of transition. Taking away this safety net will only leave more people without insurance. Please do not move forward with this action. Thank you for your time and consideration. Sincerely,
Hi, I'm a resident of Missoula, Montana 59808, and I'm calling to urge you not to end continuous eligibility for Medicaid. I don't need a callback. Thank you and have a nice day.
Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver Dear Medicaid Expansion Extension Director's Office, I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration. Sincerely,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: *None*
Please do not end continuous eligibility Medicaid coverage.

Hello, Coordinator. My name is [redacted]. I live in Whitefish, Montana. I'm calling about the 12-month continuous eligibility that's slated to potentially be removed from the Medicaid Expansion, and I just wanted to express my concern about that. I think it is a terrible thing that would happen to lots of Montanans. Many are seasonal workers that depend on this service. I'm really concerned that this is going to hurt the economy and the people of the state. Again, I'm calling to, in opposition for this removing of funding for the 12-month continuous eligibility of Medicaid Expansion. Thank you for your time and for listening to your constiuents. Have a good day.

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Ref: Opposed to suggested expanded Medicaid requirements
Dear DPHSS,

The rules around Medicaid expansion negotiated in the two legislative sessions prior to 2021 laid down the operation of the program and then further tweaked it to create a Montana hybrid that works well in this state. It serves underserved clients who need healthcare, large hospitals and county clinics essential to emergency care. It benefits employers who have healthier workers and fewer absences. It helps the tribes, their members and IHS facilities spread across the state. In all, IT HELPS ALL ASPECTS OF MONTANA'S ECONOMY.

Why mess around with a program that works so well? Don't do it. Don't implement the bill that was passed this session and signed by the governor to require participants to re-apply or be re-certified

to show the need for benefits. It's silly and wastes the time of participants and state workers who have to implement those policies.

A dedicated taxpayer,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Comment on Proposed Change to Medicaid Expansion Eligibility
Dear Sirs/Madams:

DPHHS proposes to eliminate continuous eligibility for the Medicaid expansion program even though the Legislature recently rejected doing so in a bipartisan vote. They recognized the life-threatening problems people would face if they could be denied health coverage every time they had a change of income over the course of a year and the difficulties that would arise in trying to administer the proposed change. The Legislature found the proposed change lacking and DPPHS needs to do the same.

Sincerely,

Subject Line: We do not support work requirements
I urge you to support the Medicaid expansion with no work requirements that helps thousands of Montanans out of poverty.

Work requirements sound reasonable on the surface but really do not reflect the reality. It would be more accurate to design requirements not for inclusion but for exclusion. In other words, requirements for starvation. Under what conditions are we willing to allow people to starve? If they are able bodied but refuse to work? If they are sick or elderly and cannot do normal work? If they have made poor choices and therefore are subject to too many responsibilities to hold a job?

This is a measure not of who is "worthy" of support but rather of what kind of society ours is. We can hide behind our "positive intentions" by forcing people to work for whom that is not a possibility, but in the end we must either declare what kind of society we are, or be exposed by others for our hypocrisy.

Thanks for the opportunity to comment.

Sincerely,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. Please consider those who might be less fortunate than you!

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Please deny this waiver to save lives of my fellow Montanans.
Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will

increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. While this may feel like a cost saving measure, I'm the long term lowering access to continuous care will cost way more.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. We need to care for our fellow Montanans.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.
All Americans should have access to good, uninterrupted healthcare.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Proposed Medicaid eligibility protocol change
I am writing on my behalf and that of my wife, [redacted], to register or strong opposition to the DPHHS plan to change the terms of Medicaid eligibility for Montanans. Of all the hair-brained, stupid ideas! This is why people cringe when they hear the word "bureaucrat". If the legislature rejected this idea, why in the name of sanity would DPHHS go forward with this change. DPHHS should instead spend their time supporting local health officials who know what they are talking about when it comes to Covid mitigation methods.

Subject Line: HEART Waiver
Please, Please do not force a work requirement or eliminate continuous eligibility for Medicaid as conditions of obtaining Medicaid benefits. The people on Medicaid have very rough lives and are doing their best. The vast majority of people want to work and improve their lives. These exceptions to the Medicaid law just adds more stress to their lives.
Thanks,

Subject Line: Medicare expansion change
PLEASE do not change the eligibility of the Medicaid recipients! PLEASE 😩

Subject Line: We need HELP!
I urge you to keep Medicaid available for as many Montanans as possible. The benefits of HELP will assist us in the recovery from the pandemic and we need our residents to be safe and healthy. Keep HELP alive.

I'm [redacted]. I have a cell phone. My phone number is [redacted]. I live in St. Regis, Montana, and I'm temporarily in Missoula, Montana. I'm taking care of a friend. I'm calling in regards to the state Medicaid program, and I want to go down as a proponent **for** Medicaid, you know. If they get rid of that Medicaid program, somebody's got marbles for brains because that is so important. I know of three people personally, family members, that are on state Medicaid, that would probably die if they weren't on it; and so I think it's a crazy, absolutely crazy idea, especially with this pandemic going on and eveything else, no work and etcetera. Anyway, you can put me down that I'm against them getting rid of the state Medicaid program; and if you need to call me and talk to me, I'm willing. All you have to do is dial my number which I gave you. Thank you so much for your time on this. Bye.

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

It actually may cost MORE to end continuous eligibility because then uninsured and underinsured people will wind up going to the ER or urgent care for non-urgent needs, or for concerns that wouldn't have been emergencies if they were dealt with in a timely manner through covered care. It costs society MORE to bail out hospitals with patients who can't pay their ER bills. Of course, money is only one concern here, and not even my most urgent concern, but it seems to be all that Montana legislators are concerned about at this point.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Have some compassion for all low income Montanans. Do not waste money with more bureaucracy, keeping these people from knowing what government help they will get over a longer term, give them the money to buy goods and services from Montana businesses and organizations, deal with their health conditions. Much better for the economy and poor people to keep the medicaid program's continuous eligibility. Don't assume poor people are trying to lie and cheat - that is a huge lie - rich people lie and cheat and you let them continue to do so.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

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Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. Negative health comes add to state expenses in the long run.

Please consider the complete picture.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Please Oppose Changes in the Medicaid Expansion Waiver
Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Please don't hurt poor people! Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

It's very sad to me that the simple act of taking care of the less fortunate in our society can be such a struggle - the conservative bias toward demonizing the poor as lazy or undeserving of basic needs needs to be countered wherever and whenever possible, and this issue is a perfect example..

thanks for your time!

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.
We are all healthier when everyone is healthier because disease is contagious.

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Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. This is a time for compassion and caring.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.
It is not in the best interests of Montanans to end continuous eligibility.
Ending continuous eligibility will make more difficult to maintain continuity of care. It will cause undue stress and confusion for people who lose their healthcare while transitioning to new employment. And it may make it harder for people with chronic illnesses to visit their doctors.

No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

This endeavor to stream line and make expanded Medicaid more cost effective, actually makes it more cumbersome to those using it. Getting on and off the program due to work vagaries, seasonal and gig workers, is a bureaucratic nightmare. For the person needing it and those administering the program.
Wouldn't it be more cost effective to have a review every 1,2 or 3 years??This way seasonal work patterns can be seen and understood. Benefiting those in need and the service needed for Montanans to stay healthy.

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. I am a 62 year old small business owner who is grateful for the expanded Medicaid coverage. I have qualified for three years, but was too proud to accept assistance for two of those years. Instead, I paid $800 a month for health insurance and had an $8000 deductible.

With the expanded Medicaid I still pay $750 monthly premiums, but my deductible dropped to $1500 and I have much better coverage.

I work more than 40 hours a week and I will get to the loony where I don't need this assistance - but it is not today.

Both of my young adult daughters work full time in Missoula and are new college grads, making enough to pay for rent but not health insurance. Without Medicaid expansion they would have to choose between rent or health insurance.

We are not a family of takers. But for a while longer, we need this coverage.

Ending continuous eligibility will cause harm and lead to negative health outcomes.

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Sincerely,

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Dear Medicaid Expansion Extension Director's Office,

I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.
I am a Montana taxpayer. I believe that one of the most useful purposes to which my tax contribution can be put is ensuring that my less-fortunate neighbors can receive the benefits of Montana's expanded Medicaid services, and I believe that they should be able to receive them continuously once they become eligible. It's not hard to imagine someone who is living on the edge of poverty bouncing in and out of eligibility, and forcing them to continuously prove or re-prove their eligibility is simply an onerous burden that they should not have to face.

Ending continuous eligibility will cause harm and lead to negative health outcomes. This proposed change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors.

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I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors or nurse practitioners, further impacting the already stressed healthcare system. Do your part to support you medical community.

Sincerely,
[redacted] APRN, FNP-BC

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Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I am a Montanan who has worked themselves out of extreme poverty. I have spent the last 15 years as a single parent of three. Having come from an impoverished single parent home myself, and having started my own family while I was still in highschool, the deck was stacked against me. However, I took advantage of the various public aid programs and was able to stabilize my situation. I slowly, but surely advanced professionally, yet each step forward was met with at least one giant step back. Everytime I got a raise or a promotion I lost some sort of aid. The raise in income was completely offset by the sudden expense of a previously covered necessity. To make a long story short, after years of struggling in this way I was finally able to get an education that afforded me a career that paid all of the bills. I am in no way beyond the reach of poverty now; like most Americans I am one adversity away from it. That being said, the only reason I find myself emerging from the bog of poverty is due the grace periods of some aid. The continuous eligibility of medicaid allows people to get a foothold, so that when the expense finally falls on their shoulders they are in a place of stability instead of transition.

Ending continuous eligibility will harm Montanans who are transitioning from poverty, especially as we are all trying to recover from the pandemic. Please do your part to keep this critical piece of medicaid intact.

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This change would cause great anxiety that I might lose my coverage. As a working Montanan, please protect our right to access to quality healthcare.

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Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted] and I live in Corvallis, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and

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Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My name is [redacted] and I live in Missoula, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program - in particular for youth and young adults. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

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Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
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Sincerely,

Hi, my name is [redacted] and I'm at [redacted]. I have just some questions, I'd like an understanding of the changes that you're talking about making in Medicaid. If you could just call me back, it would be nice.

Subject Line: Medicaid waiver
Native Americans should be exempt on this waiver because the federal government reimburses the state at 100%FMAP for Native Americans verses 89-90% FMAP for non Natives.

Subject Line: Medicaid
I totally support continuous coverage for Medicaid recipients. Please maintain current rules.

Subject Line: 12 month Medicaid coverage
Dear Gov. Gianforte

My best friend needs Medicaid to survive.
I hope you don't kick him off of it just because Medicaid is a government program serving the type of people that our profit driven health system can't make a profit from, proving that the drive for profit (capitalism) is a parasitic racket. Which should be abandoned for it's primitive brutality, as it has been abandoned in every other developed nation in earth.

Subject Line: eligibility for medicaid
as a a constituent, i urge you to maintain current eligibility rules for medicaid.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted] and I am a resident of Missoula, Montana. I am opposed to the changes in the Medicaid expansion waiver, especially the end of continuous eligibility for Montana's Medicaid program. Montana's economy features many sectors, from agriculture, to tourism/recreation, education, and others, which are seasonal in nature. Money made during one part of the year spreads out over parts of the year when people earn much less. Making them gain and lose Medicaid based on those fluctuations is wrong. It does not save the state money, since the Medicaid expansion is a federal program. Why don't Montanans deserve what we pay for, and other states have? There are no positive outcomes for this and it is an unnecessary change that only makes things harder (and potentially life-threatening if people must periodically end treatments, stop filling medications, etc.) for people. Government is meant to work for the people, not make their lives worse. To end year-round eligibility smacks of meanness. Montana gains nothing if it's people are unhealthy, so please do the right thing and do not change year-round eligibility. Thank you for your time.

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Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
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Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
Hi my name is [redacted]and I live in Missoula, MT and I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Ending continuous eligibility will cause harm and lead to negative health outcomes. I am a social worker in the community where I work at Mountain Home Montana and the YWCA Missoula, supporting vulnerable families that have experienced domestic violence, homelessness and poverty for most of their lives. They heavily rely on Medicaid to support their health and mental health needs and creating more barriers for them to receive this support will make it more difficult for them to receive the care that they need. Not only do many of my clients rely on Medicaid, I also rely on Medicaid for my personal healthcare needs and hope you will consider the many Montanans this proposed waiver will affect. Thank you!

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted] and I live in Butte. As a social worker in Montana since 2000, I have witnessed firsthand the devastation caused by budget cuts to services for our most vulnerable populations. Without support and assistance, many people with special needs and conditions lose their benefits in the best of circumstances. Now the state of Montana is considering adding the extra burden of continuous eligibility without strengthening the safety nets around the people who need it the most. I predict a rise in issues with people with mental illness and homeless individuals and an increase in services being provided in inappropriate settings such as jails and emergency rooms. This will ultimately cost the state, cities and counties and individual communities much more than providing continuous Medicaid for eligible individuals. Reject this unnecessary and costly waiver. Thank you.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Healthcare is a basic human right and we should not be trying to deny it to the poor and middle income Montanans who need it.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Making it harder for the disabled to continue to receive benefits and Healthcare is wrong. To make a real difference, tax those who make over 400k - THEY are the real welfare queens.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Creating more hassle and headaches for the folks who need this vital access to healthcare, AND creating more hassle and headaches for the state employees tasked with processing additional paperwork seems like a lose-lose situation for Montanans.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted] and I live in _Bozeman____, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. There seems to be some idea this would save Montana money. I can tell you, all this would do is SHIFT the responsibility for low income Montanans health from Medicaid to local hospital emergency rooms. As a healthcare worker I see this DAILY. People without insurance utilize the ER much more, and when they finally seek care they are generally sicker, requiring more resources, staff, hospital beds, to get them back on their feet.

Kicking people off to save pennies would result in exorbitant increases in unpaid bills to local hospitalsthat are already strained due to Covid. Please choose to keep continuous eligibility, for the benefit of low income Montanans and healthcare workers.

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Sincerely,

Subject Line: Medicaid
I have schizophrenia and a co-occurring disorder and I rely on Medicaid to cover the mental health services that I need and other medical expenses... I am hoping that people who need Medicaid will not lose their coverage but I strongly believe that some changes need to happen. The system defeats it's own purpose because of the caps on our wages and savings, that haven't changed in well over 30 years... The cap for what I can have in a bank account has been $2,000 the whole time but I am not sure about wages. I think that these caps need to be caught up to date, in correlation with the increases of the minimum wage, inflation, etc.. When I am doing what is suggested by my mental health providers, take my meds as prescribed, am not doing any using/drinking and I get help with my vocational goals, I should be able to get some money saved and to be successful.. I believe that this is what my support systems are there for... I see no valid reason why "higher functioning" people who have mental illness cannot work part time, when they are doing what is suggested... The Covid-19 panic screwed me up and has set me back but I am determined to "get on my feet," and to continue with my recovery!!! I have gotten a job with help from Voc-Rehab and Opportunity Resources, I am not working very many ours but when I am ready, I may be able to work more hours!!! Please take these things into consideration... Thank you...

Mary Eve, my name is [redacted]. I'm in Bozeman. My cell is [redacted]. No need to call me back but I'm calling you because of an article in the paper today on Medicaid and the department taking comments on doing away, on changing the current Medicaid procedure for continuous Medicaid. I am extraordinarily opposed to making that change that the department is now considering where people have to report more frequently what their earnings are and may be bumped off Medicaid for a month if they make more than a certain amount. I think it plays havoc with somebody's medical care and could interrupt a continuous flow of treatment that's necessary

for good health. It's silly. It's dangerous and harmful to Montanans. So if you're recording comments, please record mine. [redacted]. Thank you. Bye.

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [redacted] and I live in Billings, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [redacted] and I live in Helena. Ending continuous healthcare will hurt Montanans. This change increases barriers to healthcare hurting low income Montanans and making it harder for people with chronic illnesses to see their doctors. It will lead to negative health outcomes at a time when we can least afford to stress our healthcare system.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [redacted], LCSW and I live in Helena, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
Keep continuous eligibility for Medicaid! Cut the red tape around health care.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted], and I live in Missoula, MT. I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana because I believe that it is inhumane and harmful in so many ways to put up more barriers around healthcare for low-income people.

I have been able to go to the doctor for the first time in many years without worrying about struggling to pay medical bills. For the first time, I have the healthcare stability and freedom to pick my primary care provider that has allowed me to start gender-affirming care. Medicaid is also helping me to get professionally evaluated for ADHD, a disorder that has caused a lot of confusion and anxiety in my life recently. If I did not have the peace of mind granted by continuous eligibility, I may have not viewed Medicaid as a stable option for vital health services.

Please consider my comments and the health and wellbeing of all low-income Montanans, families, workers, LGBTQ2S Montanans as you rethink the changes being proposed by this waiver.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [redacted] and I live in Florence, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This change will waste time and create mounds of unnecessary paperwork. Some people with seasonal employment may lose crucial healthcare that will shorten their lives or lead to suffering.

The current system is not broken. Keeping yearly reviews is the best policy, but if that is not possible, twice-yearly reviews should be the maximum.

Sincerely,

Subject Line: Healthcare
Governor Gianforte,

It is not lost on me the changes you are making to our healcare system "HELP" program. I have a friend who works dull time for an accountant, has 4 children and greatly relies on this program for medical benefits. She has her hands full as a single mother and I don't understand why you would make the program more difficult to access.

The Political party of yesterday worked together better. Please bring common sense back into state government.

I oppose cuts to Montanan's health care. Why would you deliberately do that to your constituents? Why?

Thank you,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I cannot see a reason to make it more difficult to access health care. It's already hard enough.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in whitefish Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because I am a self employed landscaper. Most of my work is in the summer months. If I cannot keep my health care because I earn more for a few months it will be devastating to me. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Comment regarding the MT DPHHS to end 12 month continuous eligibility
To whom this concerns,

My name is [redacted], and I'm a resident of Kalispell. I am also a member of the Montana chapter of The Poor People's Campaign. It has come to our attention that under the direction of Governor Gianforte, the Montana DPHHS is asking federal Medicaid for permission to end 12 month continuous eligibility—not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness.

I'm not going to mince words: what we have seen coming out of the Gianforte administration and the 2021 legislature is an utter disregard for the poor and low-wage working people of Montana. Not only do I find the threat to thousands of Montanan's health care access morally reprehensible, I also find this policy strategy economically shortsighted. Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees. By DPHHS's own admission, this proposed new bureaucracy would result in thousands of Montanans losing their health insurance and having their care interrupted. The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, would be $24 million, by DPHHS's own estimates. A lack of insurance is a burden on everyone via our public and private institutions.

It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic. Those who get health insurance through the market place (privately or through work)

renew their insurance once a year. Why the discrimination against those who, for a host of reasons, get subsidized to have the same access to care?

My family just recently got healthcare through the special open enrollment period, and my 18 month old son was eligible for Healthy Kids Montana/Medicaid. Since he was born, my partner and I have had to bear the financial brunt of having to pay out of pockets the cost his regular wellness care, including early childhood vaccines. We are a low-wage earning family that contributes to the community. But we also are incredibly grateful not to have to chose anymore between paying regular check-up bills and putting food on the table for our kid. If for some reason my partner's wages were to increase just slightly mid year, that peace of mind and financial relief would be stripped away from us. That is not a dignified way to live.

Thank you for taking into consideration mine and the public's comments on this issue. My hope is that the DPHHS will take a course of action that benefits those it serves and keep making Montana a place where people like my family can not only (barely) survive, but thrive.

Hi, Mary Eve. This is [redacted]. I'm calling regarding Medicaid Expansion, which I worked for pretty hard for two sessions below and thought we had accomplished a lot, especially as it related to small businesses. They were the ones that seemed to understand the most that by having a good Medicaid Expansion program for people that aren't eligible for the Affordable Care Act, it made a huge difference to them. They're employers who can't afford to provide insurance. They're employers who can't afford to provide living wages. They're employers who can't give 40-hour weeks. They're people that, employers who can't provide regular work, but they need employees. So Medicaid really worked well for the employers, especially small businesses, which they clearly understood as we talked to them and that's why they passed it. That all still exists today. In fact, it even exists more with the pandemic, so I'm not quite sure why you're wanting to, well I do know why you're wanting do this waiver. I just worked for the state, developmental disabilities, and we have those people that don't like human services, but it doesn't make sense. It's not logical. It doesn't fit together. It increases your, the workload of the state. It frustrates and makes it very difficult for some individuals that are on the Medicaid Expansion. At the time we were doing Medicaid Expansion, we were told the fraud rate was about 5 to 7%. I don't think that's very much, especially when you look like that, you know, Trump and those people and all of the Republicans in Congress not wanting additional people to serve in IRS to go after folks doing fraud on their taxes. We're worried about a little bit of fraud, is that the reason? Or we just don't want people to have Medicaid Expansion because they don't think they're worth having health insurance. The other issue is the transparancy issue. How you guys have a hearing when you don't have any details? That makes no sense whatsoever. There's no transparency there. There's no way anybody can give you absolute *(or actual?)* information as to what the impact is going to be if they don't know what that means. Does that mean everybody has to have an in-person hearing? Does that mean they have to supply 15 pieces of evidence? Does that mean their employer has to sign off on something?. Any of things can change while you're writing rules. For God's sake, we know that. When is Gianforte and his director going to learn how to write rules and hold rule hearings. This is really discouraging after the one they had on the transgender stuff, that it was so disruptive that they couldn't even begin to hold the hearing. Anyway, so that's my,my issues. It is transparency, giving people the ability to actually comment on something rather than just trying to shove it through and tell them that they have no rights or that you don't want to hear them. Number two is the impact on the economy and small businesses. Number three, of course, is that people getting healthcare. I guess I'm all done. Thank you. Bye bye.

Subject Line: Do Not End Continuous Medicaid eligibility!
I am a long time Montana land and home owner and voter, and I am writing to voice my opposition to ending continuous eligibility for the HELP program and Medicaid health insurance upon which thousands of Montanans rely. Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago, and it has been incredibly successful. Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees.

Ending a fiscally responsible program under the guise of saving money will only add to medical costs for everyone as hospitals emergency rooms are stressed to capacity when people lose their health coverage. This is particularly unwise during an international pandemic.

Please look at the long term consequences of your actions. Health care for the people of Montana is not a cost we can afford to cut!

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. If you believe in smaller government, and less intrusion into private lives, a yearly update should be all right.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted]. I live in Montana City, Montana.

I strongly oppose the proposed changes to Montana's Medicaid program ending continuous eligibility. I have an adult son with a serious mental illness who has received great assistance from Medicaid by providing him access to medications that have helped stabilize his illness so he can have a more functional life. He has faced difficulties keeping full-time employment at times as his illness has required hospitalizations and years of recovery from serious health setbacks. I fear these changes could cause my son great harm and lead to very serious negative health outcomes. This is bad for my son. This is back for so many Montanans. It is shameful that the health department is attempting to take away health benefits from the Montanans who need them the most. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: empty
Health care should be a human right. As someone who is disabled and on limited income, why do you make it so difficult to get affordable coverage? It's cruel and obviously that's the point!

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. All Montanans need reliable access to good medical care regardless of their income. Especially those in low income jobs, or no jobs. We can't have a healthy economy without healthy employees. Please don't make it difficult, or impossible, for Montanans to be healthy and gainfully employed. Protect everyone by protecting this category of Montanans.

Sincerely,

Subject Line: Medicaid Continuous Enrollment
Please reverse, discontinue, or eliminate all initiatives, efforts to change enrollment in Medicaid to "continuous". Changing enrollment eligibility to "continuous" serves no direct, or demonstrated purpose and is without clear evidence for it's intended goal.

Thanks for the opportunity to comment,

Subject Line: Changes in eligibility for Medicaid
To whom it may concern:
I am writing because I am concerned about proposed changes to the HELP program. Ending continuous eligibility threatens many Montanan's healthcare. The Help program has been very successful and nearly 2 in 3 businesses rely on it to provide health insurance to their employees.

If as a Republican Administration, we are truly about having less government in people's lives, why are we adding this extra burden on people to be eligible for health care. This proposal to change the HELP program will result in more bureaucracy and will cost more for me as a taxpayer to administer. It will also kick many people who have fluctuating incomes off of their health insurance and will require hospitals and clinics to cover the loss of that coverage. Also, I renew my health care once a year, why should there be different rules for people who can afford their own health care and those that can't. This doesn't seem fair at all.

This policy change makes no sense, especially now after a year when businesses were struggling so hard during a pandemic. Please leave the HELP program as it is.

Subject Line: Please do not end Medicaid expansion
Please do not allow Medicaid expansion to end. It allows self-employed enterepreneurs and artists like myself to pursue and support myself and my family through my art full-time. And I'm not the only category of earner in the state who benefits from this healthcare. Nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees.

And anyway, Republicans and Democrats came together in a bipartisan consensus to create the HELP program providing for 100,000 Republican voters and Democrat voters. Why are we changing that agreement now?

Best,

Subject Line: HELP/WASP Waiver Amendment Comments
Dear Ms. Kulawik:

I write in opposition to the Department of Public Health and Human Services' proposed waiver amendments for the Health Economic Livelihood Partnership (HELP) and Waiver for Additional Services and Populations (WASP) Demonstration Programs. The Department's proposal to end twelve-month continuous eligibility for these vulnerable populations threatens Montana families' healthcare and would weaken our state's economy.
Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago. HELP has been incredibly successful at expanding access to health care for nearly 100,00 Montanans—some of whom got insurance for the first time in their lives. It isn't just our friends and neighbors who have benefited from HELP—nearly 2 in 3 businesses throughout Montana rely on HELP to provide health insurance to their employees.

The waiver amendments presented here today simply represent putting red tape between Montanans and their health care. Right now, Montanans covered through HELP and WASP sign up for coverage once a year, just like the rest of us who have other kinds of insurance. We fill out the paperwork at the start of the year, and we can rely on our coverage and plan our care for the coming months. That's just how health insurance works.
Under these waiver amendments, Montanans who are working multiple jobs just to make ends meet, or piecing together seasonal work, or who have a severe disabling mental illness will have to jump through bureaucratic hoops multiple times throughout the year just to keep their health coverage. Whether you consider it from the standpoint of government efficiency, or basic common sense, this bureaucratic red tape simply doesn't make sense.

By the Department's own admission, this new bureaucracy will result in thousands of Montanans losing their health coverage. Not only will low wage earners be kicked off their coverage, but Montanans with debilitating physical and mental illnesses will have their care interrupted when they can't navigate these new and unnecessary hurdles. The so-called $24 million "savings" that DPHHS estimates from these changes is coming straight out of the pocketbooks of the Montanans who will lose their coverage. It will come straight out of the balance sheets of hospitals and clinics throughout the state, including our rural hospitals that got a lifeline when we created the HELP program.

A year and a half on from the start of the COVID-19 pandemic, Montana families are just starting to get back on their feet. Main street businesses are fully reopening and getting their customers back. At this delicate time, it is beyond the pale to threaten their recovery by intentionally making an effective program less efficient, less fair, and more bureaucratic.

The HELP program passed with bipartisan support because folks recognized that a healthy economy needs healthy workers. Instead of creating problems where none previously existed, the Department should put these ill-conceived proposals back on the shelf. I encourage you instead to focus on making our shared investments work better, instead of creating red tape that hurts our families and our businesses. Thank you for considering my comments.

Sincerely,

Subject Line: Medicaid eligibility hearing
Please don't change the eligibility requirement time frame for people who are in Medicaid. The one year eligibility requirement is appropriate and doesn't need to be changed. Many years ago I was on Medicaid and it provided health care to my child at a difficult time in my life. People need support and not another eligibility requirement. It feels intimidating when life is already hard. Thank you for listening,

Subject Line: Medicare cuts
To who it may concern

Once again our state government is going after the little guy in the state. Once again, we don't value human life though you all say you support pro life until it actually means you have to put some money on the table to help people. Where is this reflected in this bill? Where is the call for government to have your back if u need help in this state. Somehow giving tax breaks to businesses, bailing out oil and gas companies, giving raises to those that work in state government is all ok. But somehow allowing 100,000 people to have Medicaid for a whole year is unacceptable and has to be addressed. Why is this? The state is so broke and we have to continue to make life harder for those that are already struggling. Lets imagine the paperwork involved in taking someone off of Medicaid for a few months and then maybe having them put back on when maybe they qualify again? So in the state of Montana if a single person makes more than $12880 they are not eligible for Medicaid, If a family of 4 makes more than $26000 they are not eligible, but this is who we think in our state we shouldn't support? Are you kidding me? This is who we're going to make life more difficult for? Why? Cause u beleive they're getting something for nothing?

I recently heard that 1/2 of Montana's budget comes from the federal government? It appears to me that as independent as Montana's beleive they are they aren't really? Obviously we aren't paying enough state taxes to support the programs we want. But somehow this doesn't help these people are Medicaid, you're still willing to go after them and leave them with no insurance. What do u think they'll do then? Go to an ER and get free services and the hospitals lose out.

Seriously, I am disgusted with this administration and legislature that has done nothing but attack the most vulnerable in our communities, attempt to " fix" problems where there are none. Trans girls playing sports, taking away reproductive rights from women, limiting voting access all in The name of a government that is here to support us with our tax dollars.

Shame on all of you for even thinking after the emotional year, bad financial year for so many that this is also what you need to put out there to the citizens of this state that are already struggling.

Subject Line: Do not end continuous eligibility for Medicaid
Please do not end the current 12-month continuous eligibility policy for Medicaid recipients. It is unfair to the recipients, many of whom may work seasonally, or have fluctuations in income due to fluctuations in the number of hours of work assigned by their employers. It is also unfair to the Montana taxpayer, who will have to pay for the unnecessary extra work caused to the State by eliminating the 12-month continuous eligibility. Such a change purports to "fix" something that has been working quite well, adding inefficiencies to a good program for businesses and for the health of all Montanans. Please do not end the current continuous eligibility policy.

Thank you.

Subject Line: HEART Waiver
I am writing in opposition to the elimination of the Continuous Eligibility provision in our present Medicaid program.
The negative impacts on poor, low-income persons by rescinding continuous eligibility far outweigh the
benefits of such an action. In fact, given the reduction in health care to Medicaid recipients makes it hard
to fathom why Montana legislators would consent to such legislation. Add the need to respond to a pandemic
and it is clear that this is not the time to reduce health care to those who are poor. The churn that will be
caused will reduce incentives to keep trying to get health care and it will over tax DPHHS
with the great increase in administrative effort.

Overall, this move to eliminate continuous eligibility seems mean spirited, given what our State is going through as a result of shutdowns and other threats related to COVID impacts.

Subject Line: Medicaid eligibility review: Not cumbersome or frequent
Hello Linda,

I am writing to you for more information on the new proposals surrounding changes to the state Medicaid plan.

As a private practicing LCPC in Montana, I am financially dependent on having a clear, simple, and easy to navigate system for insurance reimbursement, and recently Montana Medicaid programs have been very helpful, enabling me to achieve financial independence and commit full-time to my new small business. Without Medicaid coverage, this might not be a possibility for me and I might have to close my business. I understand the need to occasionally review Medicaid eligibility, and am hoping to file public comment urging officials to make Medicaid a non-burdensome program in terms of time for proving eligibility, and for eligibility review to occur as infrequently as practicable--a 12 month or 6 month eligibility being much preferable to other frequencies of review.

I realize that I just missed a Zoom meeting on this topic, but would like to be informed as the process goes forward, perhaps you could add me to the mail list for updates to these events? Also, could you please note me as advocating for a simple, infrequent review process?

Kind Regards,

Subject Line: Medicaid
To the members of DPHHS:

Please do not end continuous eligibility for our fellow Montanans. The HELP program was a bipartisan program and has been very successful.

Also, businesses rely on this program to provide health card for their employees.

What is stunning about this move is that all of us who are fortunate enough to:

A- Afford our own coverage
B- Have a job that provides it

Make OUR changes YEARLY! Our fellow Montanans who rely on Medicaid have a right to that courtesy as well.

Why make more administrative work and higher costs which will get passed to taxpayers for managing this ridiculous move?

It's bad enough the poor, which includes family, friends and neighbors of mine; (some who suffer mental illness, and CAN NOT work) have to deal with this red tape.

It is a cruel policy.

And no matter what you cut on one end ends up hurting more than our vulnerable citizens here; they will still have health issues; this will cost hospitals and clinics and doctors more money and more paperwork, and really, let's address the real issues here:

Hurting the poor.
Hurting our small businesses
Hurting Montana's families who need help

This is an inefficient program and will cost ALL of us more in the long term.

Thank you for taking time to read my comments.

Sincerely,

Subject Line: Medicaid 12-month continuous eligibility
DPHHS

I am a 50-year resident of Montana and an active voter.

I believe that Montana should continue its policy of considering a full 12-months continuous year of income when qualifying whether a client is eligible for Medicaid insurance.

Please ensure equal and efficient administration by maintaining Montana-established policy of considering 12-month income for continuous eligibility.

This vital program provides reimbursement for services received from Montana clinics and hospitals and saves lives.

Thank you for your consideration.

Subject Line: Medicaid legislation
To whom it may concern, I am almost 70 yrs old and I love my work. It is seasonal and I am an independent contractor sole business owner, consequently my income varies radically during the year. In 2018 I had a serious stroke, requiring several weeks in the hospital and many months of rehab and a year of not being able to work; then I was able to work for a year and then covid hit. I am fully vaccinated and have a good season this year and am working hard to get out of the debt I incurred while recovering from my stroke. Earlier this year I suffered from tako-tsubo or broken heart syndrome, another serious heart health event, but have continued to work and hope to do so for a long time to come. If you change the way Medicaid is figured, I will be covered and then not, covered and then not, and many, many hours will be spent reporting and in the analyzing of my income and needs. Figuring it out annually makes economic sense as my income and expenses vary so much. As I mentioned, I love my work and my medical care makes it possible for me to continue.
Thank you,

Subject Line: PLease DON'T end Montana's continuous Medicare eligibility program
- Ending continuous Medicare eligibility threatens thousands of Montanans' health care.
- Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago, and it has been incredibly successful.
- Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees.
- Ending continuous eligibility just puts red tape between Montanans and their health care.
- Everyone else with insurance renews their coverage once per year, that's just how health insurance works.
- The costs of creating different rules for folks on Medicaid are just too high.
- By DPHHS's own admission, this new bureaucracy will result in thousands of Montanans losing their health insurance and having their care interrupted.
- The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, will be $24 million, by DPHHS's own estimates.
- These changes simply cut the legs out from under Montana families and main street businesses, and a time when they are just starting to get back on their feet.
- It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic.--

As a Montana citizen, I am more than happy to have my tax dollars used to protect our most vulnerable citizens. Don't make helping those in need about money...

Subject Line: Medicaid Eexpansion requirements
I am unable to attend the Zoom public meeting tomorrow and would like to provide the following comments in opposition to the Gianforte administration pushing to end 12-month continuous eligibility for Medicaid. Under continuous eligibility, folks qualify for Medicaid based on their average income over the course of a year, so that fluctuations in their income don't kick them off insurance. Not only is this fair it is less costly to administrate.
Under the direction of Governor Gianforte the Montana Department of Public Health and Human Services (DPHHS) is asking federal Medicaid for permission to end 12 month continuous eligibility - not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness.

Do not implement this harmful policy.
There are screenshots of talking points for folks in comments below.
The Montana Budget & Policy Center has determined:
- Ending continuous eligibility threatens thousands of Montanans' health care.
- Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago, and it has been incredibly successful.
- Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees.
- Ending continuous eligibility just puts red tape between Montanans and their health care.
- Everyone else with insurance renews their coverage once per year, that's just how health insurance works.
- The costs of creating different rules for folks on Medicaid are just too high.

- By DPHHS's own admission, this new bureaucracy will result in thousands of Montanans losing their health insurance and having their care interrupted.
- The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, will be $24 million, by DPHHS's own estimates.
- These changes simply cut the legs out from under Montana families and main street businesses, and a time when they are just starting to get back on their feet.
- It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic.

Thank you for consideration and DO THE RIGHT THING FOR ALL MONTANANS!

Subject Line: Public Comment on Montana Medicaid Expansion 1115 Waiver
My name is [redacted]. I live in Montana City, Montana.

I strongly oppose the proposed changes to Montana's Medicaid program ending continuous eligibility. I have an adult son with a serious mental illness who has received great assistance from Medicaid by providing him access to medications that have helped stabilize his illness so he can have a more functional life. He has faced difficulties keeping full-time employment at times as his illness has required hospitalizations and years of recovery from serious health setbacks. I fear these changes could cause my son great harm and lead to very serious negative health outcomes. This is bad for my son. This is back for so many Montanans. It is shameful that the health department is attempting to take away health benefits from the Montanans who need them the most. Thank you for your consideration.

Subject Line: Please empower low-income Montanans currently receiving Medicaid Continuous Eligibility
DPHHS:

Thank you for your commitment to serving lower income Montanans. In particular, thank you for your providing Montana's working Medicaid recipients with physical and mental health care.

As you are well aware, these seasonal workers need continuous care -- their physical and mental health challenges are worsened by a lack of consistent care which hurts them, their communities, and ultimately all our pocketbooks. The cost of re-enrolling recepients -- churning -- as they move between seasonal jobs costs money. The cost of Montanans giving up on work so they can keep benefits is also a significant cost.

As a clergy person walking with local non-profits serving Montanans experiencing hunger and homelessness, I appreciate what a blessing continuous eligibility has been for Healthy Montana Kids and for seasonally employed Montanans receiving Medicaid expansion. Montana's most vulnerable need stability, especially during this ongoing COVID-19 Pandemic crisis.

Thank you for doing everything in your power to continue to serve Montanans in need.

Subject Line: Support 12 month Medicaid Eligibility
I have a nephew who depends on Medicaid for his healthcare. Last year he changed jobs and before he qualified for healthcare benefits, he was dropped by Medicaid without notice, at the same time he had an expensive medical event. After receiving a surprise high dollar bill, I helped him negotiate with the hospital for charity care, and re enroll in Medicaid. He was dropped again when he picked up an odd job, once again he re enrolled.

Having to enroll three times in the space of just over a year is no way to provide healthcare, to people who live on the edge of poverty.

I support continuous 12 month eligibility to help take uncertainty out of healthcare for our neediest Montanans.

Subject Line: Medicaid Expansion Waiver
My name is [redacted], I live in Plains, Montana. I am opposed to the proposed changes to the Medicaid expansion waiver. Having continuous insurance is essential for every person, regardless of income. As a retired special education teacher, I have worked with families who struggled financially to cover their children's physical and mental health needs. Without consistent coverage, conditions deteriorate. Adults in some instances have halted treatment or cut back on prescription with tragic results.

Agricultural, tourism, and fire fighting jobs are some of the part-time or seasonal employment opportunities in Montana. When incomes fluctuate over the course of a year, it doesn't make sense to penalize workers by taking away their Medicaid benefits. This leads to fewer people being available to fill those necessary job vacancies.

Access to Medicaid benefits helps keep small rural clinics and hospitals open. When accidents or sudden medical events happen in rural Montana, there isn't time to drive to a larger community for life saving treatment.

Subject Line: Maintain current standards for the HELP program
To Whom It May Concern: I am writing to urge you to maintain the current annual renewal schedule to qualify for medical insurance through the HELP program. This program was a bipartisan bill passed some time ago and has been working well, as intended, to help the most vulnerable citizens of our state. I believe the cost to administer this change is better spent helping our less fortunate neighbors instead of punishing them with increased stress and red tape leading to uncertainty as to whether they will be covered by insurance. Make no mistake, this will lead to loss of insurance due to the increased paperwork and, most importantly, lives will be lost. Small businesses are already struggling to find employees and this will only exacerbate the problem. I believe the way we treat the most vulnerable among us says more about us than it does about them. I am happy to do my part to ensure that they are protected. Thank you for all you do to protect all Montanans and our fellow citizens.

Subject Line: Opposition to health care red tape
I oppose the cuts to heallthcare for Montanans.

Subject Line: Medicaid I urge you not to end the 12 month continuous eligibility for Medicaid. • Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees. • Ending continuous eligibility just puts red tape between Montanans and their health care. • Everyone else with insurance renews their coverage once per year, that's just how health insurance works. • The costs of creating different rules for folks on Medicaid are just too high. • By DPHHS's own admission, this new bureaucracy will result in thousands of Montanans losing their health insurance and having their care interrupted. • The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, will be $24 million, by DPHHS's own estimates. • These changes simply cut the legs out from under Montana families and main street businesses, and a time when they are just starting to get back on their feet. It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic. Please do not enact this policy
Subject Line: Keep continuous eligibility To the Montana Department of of Public Health and Human Services: I am writing in opposition to the proposed change to eligibility rules for Medicaid. This change would cost Montana residents, hospitals, and the state, millions of dollars in extra expenses. It benefits no one and will result in added suffering for those in our population who need help paying for health care. Let's be in the business of providing health care for people in our state, not depriving those in need. Keep eligibility continuous for the year. Thank you for your consideration,
Subject Line: Medicaid Dear Governor….I urge you to not change our current Medicaid structure. To do so would cause needless suffering and for what? I'm sure you, as a devout caring Jesus loving Christian would not want your constituents to suffer. Please don't do something so heartless.
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. No Montanan should live at risk of becoming jobless and without healthcare. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Continuous eligibility is necessary for low-income Montanans who rely on these benefits. We should be making it easier for Montanans to access health care programs & resources, not more difficult. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, My name is [redacted] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. So many rural hospitals rely on Medicaid funds. Disrupting continuous eligibility may contribute to the closure of important medical clinics hospitals and services. Our state heavily depends on these funds to keep our medical care going in lower earning communities. Please do not allow for this change to occur. Montana health services depend on us making the right decision on this matter. Do not be afraid to vote in opposition to this proposal. Sincerely,
I am opposed to Governor Gianforte's proposed changes to the HELP Plan. Montana's lowest income residents should not be burdened with the red tape of multiple applications trhoughout the year. Once a year should be enough. I doubt Gianforte would relish applying for his health insurance multiple times a year. But he's wealthy, so probably doesn't even need it!

Subject Line: HELP Montana Medicaid
Governor Gianforte,

I see the positive impact Medicaid expansion has had on my patients. My patients are saving health care dollars by seeking care BEFORE they are so ill that their care is critical and more expensive than preventive care. Access to Medicaid is critical to our working poor in Montana. The folks Medicaid helps depend on it to be able to keep working and to be able to afford food plus their medications that keep them out of the hospital. I have no idea why we would want to require reapplication more than yearly for Montana Medicaid. This is a huge waist of time, money and Human Resources. It will result in fewer working Montanans having health coverage and increase health care costs overall. Please rethink creating problems where they do not currently exist and please make it easier, not harder for our working poor to get health care so they can remain in the work force.

Subject Line: Do not implement new HELP rule
Dear DPHHS,

Please do not implement the new HELP rule, which is designed to cause people depending upon Medicare to lose their health insurance.

See the attached Op-Ed (I could not screen shot the title, which was "Red tape poses a barrier to health".

Yours, (This public comment includes a text box with a newspaper article from Rep. Kim Abbott)

Subject Line: Mental health and access to insurance coverage
Greetings Governor Gianforte,

As a Licensed Clinical Professional Counselor in the great state of Montana for the past 15 years I have observed first-hand how access to affordable health care has impacted adults and families in Montana. As a counselor specializing in Trauma and Grief counseling, I see many individuals who are victims of serious trauma and individuals who have experienced the death of love ones due to suicide. As you are likely aware Montana has the highest rates of suicide in the nation especially among our native and veteran populations. If you are interested in changing the fact that our suicide rate is double that of the National average then please know that easier access insurance to help pay for mental health care is imperative!

I am writing to help you understand that when people are victims of trauma, are grieving or struggling with a serious physical or mental diagnosis it is already very difficult for them to do daily tasks, so the new requirement to apply for health insurance many times in a year is counter productive and given our suicide rates, potentially deadly. Lives are at risk as a result of the new policy that requires multiple rather than annual applications for insurance. I have sent copies of this letter to my colleagues so they too can send you a note to remind you of the importance of ease of access to affordable health insurance.

Respectfully submitted,

Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Access to Medicaid protects our working poor who would not be able to work if they didn't have access to healthcare coverage. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I oppose changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Sincerely,
Subject Line: Health Care Greg, I would hope you are aware that healthy people come to work far more regularly than do those who can not afford medical care and, as a result, miss work. This is bad for a business and bad for the economy as non-working people don't generate taxable incomes. I suggest you re-think your position on the HELP program.

Subject Line: Montanans' health care
Dear Gov. Gianforte:
Accessible, affordable health care is vital in promoting a thriving workforce and economy.

Please protect Montana families and businesses by preserving and streamlining the HELP program. Having passed with bipartisan support, the HELP program has been instrumental in contributing to the wellbeing of our state and its people.

Please do not impose roadblocks to health care. We look to you to protect Montanans and this beautiful place we call home.

Thank you for your consideration.

Sincerely,

Subject Line: Oppose Cuts to Health Care via Increased Red Tape
I am a Montanan who has worked since I turned 15, lying about my age in order to get that first job. I come from a long line of hard workers who have struggled to make ends meet. We are hard workers who have chosen to remain in this great state long before it was 'discovered'. Now, I am the proud mother of two young women who have chosen to go into helping fields, with their college educations - meaning they too struggle financially. Non-profits in Missoula pay poorly but provide much needed services to at-risk populations. They have chosen service over wealth. (That they must choose is a conversation for another day.) Both women work 36-42 hours a week. I easily work more than 40 hours a week at my self-owned business.

They cannot afford the high rent prices in Missoula as well as health care, so they choose rent. Both have room-mates because they would not be able to afford to live here any other way.

For Governor Gianforte, his administration and the Republican legislature to make it more challenging for all of us to access health care is incomprehensible. We depend on Medicaid Expansion for our healthcare - not because we're lazy or trying to beat the system but because we don't make enough money to live here otherwise.

There are many of us in this state who struggle financially, but do our damndest to contribute and still cannot afford sufficient health care on our own. I am a 62 year old woman who pays $750 premium every single month and without the Medicaid Expansion program I qualified for this past year, I also had a $15000 deductible!

Don't you dare tell me we should be working harder or that we're lazy. Do not make it even more difficult to access this care by making us apply several times a year.

We're doing the best we can and we need the support from the state because we cannot afford health care any other way.

Subject Line: Proposed MT Medicaid Rule Change
Dear Governor Gianforte,

Your proposed rule to increase the frequency of reapplication to maintain Medicaid eligibility seems intended to punish Montanan's with the lowest wages. If your plan is to reduce Medicaid insurance coverage in the state, it may work but will harm families and children. I oppose your proposed rule on moral and ethical grounds and ask you to reconsider this punishing rule change. Respectfully,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I oppose ending continuous eligibility because medical coverage is so important, especially to low income families.
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I'm writing in opposition to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. We need to work for a system that expands Medicaid and Medicare, not restricts access to health care. We all benefit when we all receive the right to and ability to receive medical care when we need it.. Sincerely,
Subject Line: Reject waiver to end continuous eligibility in MT Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Please vote to keep vulnerable MY families safer and healthier. Sincerely,
Subject Line: Proposed addition to red tape Governor Gianforte and members of the Republican Legislature. Your proposal to add additional hoops for the citizens of Montana to jump through in order to get medical insurance, is to say at the least despicable. It is typical for the Republican Party however. You care about nothing but padding your wallets with money from unscrupulous donors. Healthcare should not be used as a pawn to promote your continued assault on the low and middle income citizens. Healthcare is not just for privileged few who have made their money off the hard work of others. It is however a Basic Human Right! I am truly saddened that the State of Montana put any of you in a position that allows you to deny its citizens the ability to receive medical care. You are all a disgrace.

Subject Line: Please do NOT end continuous Medicaid eligibility in Montana
Dear Director Adam Meier,

I write to urge Montana DPHHS NOT to end continuous eligibility for Medicaid. I am opposed to these proposed changes in the 1115 expansion waiver. It would be very harmful to end continuous eligibility for Montana's Medicaid program for a number of reasons. It will certainly increase barriers to health care for low-income Montanans, and it will interrupt the healthcare of working Montanans. Folks with chronic illnesses will find it harder to visit their doctors. We know these things from past experience! These are our most vulnerable citizens. No Montanan should live at risk of becoming jobless and without health care. Thank you for considering my concerns and comments.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

My name is [redacted] and I live in Bozeman Montana. I am writing to voice my strong opposition to the proposed changes to Montana's Medicaid program. This affects me personally because I have a chronic illness and Medicaid's continuous eligibility allowed me care when I couldn't get any other care. This saved my life and allowed me to get continuous care to stay alive and well. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,
My name is [redacted] and I live in Helena, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.
Sincerely,

Subject Line: Health insurance
Please leave the help program alone
You have free healthcare that we pay for Stop trying to screw up mine

No Subject Line
I oppose the harmful cuts you intend to enforce on our Montana health system. Please leave the h e l p services alone. Thank you for your time.

Subject Line: Healthcare in MT
To the Powers that Be in DPHHS and Governor Gianforte:

I really do not know how to verify the truthfulness of contradicting news reports that come my way. State Representative Kim Abbott claims that efforts are being made by our leading Republicans to force hideous red tape on my fellow Montanans when they apply for HELP benefits for their healthcare. I tend to support her view on why this will unleash devastation on our citizens. On the other hand, reporter Lawrence Reed recently published a story for the Foundation for Economic Education website (www.fee.org [fee.org]) how our Governor has helped legislation to pass that creates more opportunities for my fellow Montanans to receive Direct Patient Care, making it easier for doctors to be in charge of their own practices and eliminating the need for insurance-steeped paperwork and high premiums that traditional healthcare requires. What a great article - if it is true. Perhaps both articles are true. (or false).

That conundrum leaves me no choice but to simply give my heartfelt opinion on how I would like my political leaders to treat their constituents and wide circle of Montana neighbors: Please work to make healthcare accessible and affordable. Thinking outside the box to promote a varied menu of healthcare options with new ones such as DPC can be a great part of this effort, but programs already in place are very important, too, even if a politician from another persuasion sponsored them. Lastly, more work needs to be done to address the problem of inflating costs (and no caps in sight) to all parts of healthcare.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Please, please don't pass this. I didn't ask to become ill. My illness doesn't go away. At all. Ever. In fact, it gets worse with time. Why take away my eligibility? Seems a bit sly to me. I already have a full time job updating information ALL THE TIME to each place I receive assistance from (extremely hard to do without a car). The applications are long, lines are long, and the employees treat you like you shouldn't exist. And now we have to prove our situations MORE frequently?! I honestly don't know how I'll be able to do that. It's painful to move.

I deserve health care just like you. I had been working since I was 16. I paid into the system that I thought would help me if I fell. I have no family. No support. I don't have any help whatsoever. Please, we need to become a community that helps our neighbors again. Stop squeezing out the poor. Or anyone who is "different". Stop shaming them. We all have different circumstances. Most of us have likely lived here longer than you! My family homesteaded here in Montana generations ago (Harlowton, MT)This is my land too. Don't shove me into a nursing home or onto a reservation or kill me because you don't like something about me. Think about it. That's what Montana and Helena's (especially Helena's) past is about, right? Let's say I had a different skin color. You'd do

everything you can to get rid of me. Research Helena's history. You killed the Jews because you didn't like them. You killed the Chinese because you didn't like them. You killed the Native Americans because you didn't like them. And, where are the African American's? Pretty much anyone who had something that you didn't like (like an illness, for example) you kill them. Wow, sounds a lot like Hitler, right?! But on an ultra-mega scale! Way to go, Montana! You are keeping the tradition (bloodbath) alive!

Times have changed. It's 2021. Wake up! You might not think I deserve to live, but I have two intelligent, hard working boys who know that I do. My oldest son is paying his way through college next year. Just like I did. We work HARD. Because THAT is the Montana way. We take care of each other.

Sincerely,

My name is [redacted]. My message is Medicaid expansion, Medicare-Medicaid expansion, whatever it is, certainly should be continued. You do not have to call me back. Just put me down as a person who thinks it needs to be continued. Thank you.

Subject Line: Health Care
To whom it concerns,
I'm writing today in opposition of Governor Gianforte's proposal that would require Medicaid Help plan recipients to have to re-apply more than the current once per year.

This plan covers almost 100,000 Montanans so clearly there is a need for it in this state. I see this as an effort to punish the working poor in Montana but they will not be the only ones affected, so will the folks who suffer debilitating physical and mental illnesses that are incapable of jumping through these unnecessary hoops.

If Governor Gianforte really wants to make a difference in people's lives in Montana then he can work toward healthcare for all and encourage employers to pay livable wages in Montana.
Again I strongly oppose Governor Gianforte's new proposal, it is immoral and wrong.

Sincerely,

Subject Line: Gov Gianforte proposal
To whom it may concern: I strongly oppose Governor Gianforte's proposal that Medicaid Help plan recipients must re-apply more than once per year. Because this plan covers nearly 100,000 Montanans there is an obvious need for it in this state. Many of those people are Republican voters which should be of some concern to the governor. Instead of putting so much effort toward punishing the working poor, disabled Montanans and people with debilitating mental and physical issues, wouldn't it be better for Governor Gianforte to work to make healthcare affordable and available for all Montanans?

Instead of lining the pockets of the wealthy, he should encourage employers to pay livable wages in Montana. And, if he wants to find a way to pay for healthcare, he could assure that millionaires like him should begin to pay their taxes instead of providing them ways to shirk their patriotic duty to pay back.

Governor Gianforte's new proposal is wrong for all Montanans. It is unethical and should be denounced by every citizen of Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT
Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Sincerely,

Subject Line: oppose ending continuous eligibility for medicaid expansion programs
As a physician I find it very concerning that the state would end continuous eligibility for medicaid expansion programs. This benefits no one and harms the people who start needing medical care after the state ends eligibility. Please do not file the 1115 waiver to end continuous eligibility for medicaid expansion programs.

Subject Line: HELP Medicaid: NO additional sign up requirements
I am against any new sign up requirements. The HELP program has worked for the Montanans that need it. I agree with the opinion recently expressed by Kim Abbott. Reference: https://mtstandard.com/opinion/columnists/guest-view-gianforte-is-attacking-montanans-health-care/article_f5f842cf-3f55-5772-85e5-6c372d1977ff.html [mtstandard.com] Thank you.

Subject Line: HELP
Dear Governor Gianforte,

I am writing this letter to ask you to please not make it more difficult for people to have Medicaid.

I am a registered nurse. I have worked in the hospital setting, Labor and Delivery, since 1981. Over the time span of the last 20 years I see more and more poverty and people having more difficulty obtaining full time employment that offers health insurance. People are having to work several part time jobs at low wages with no benefits, and barely making ends meet. I see patients hesitating to come in for labor checks because of gas considerations- they might have $20 for gas and if they get sent home and then have to return....they sometimes actually have to consider the cost of gas- this is an indication of how impoverished many people are. These are people who work. The Working Poor. I see them every day. The Republicans in office currently seem to have no awareness of the living circumstances for many Montanans.

Please please do not make it more difficult for people to get health care. A lot of these people aren't very smart or don't have internet access and really struggle to apply for the programs they qualify for. Please don't make life more difficult for the working poor.

Subject Line: Stop harming Montana's!
I oppose stopping health care to Montana. Your not on our side Gianforte.

Subject Line: HELP proposed amendments
It seems retaliatory and cruel to require additional, repetitive application requirements on citizens that already are dealing with income and health issues. This is an unnecessary change to the program and shameful for Montana’s government to consider.

Subject Line: Healthcare
Why do you want to take Healthcare away? Making things like Healthcare available improves the overall health of the people. It is your job!

Subject Line: HELP
Governor Gianforte: I am adamantly OPPOSED to your new rules for multiple yearly sign-ups for Medicaid recipients in rhe rhe HELP Program. This is unnecessary an unnecessary, discriminatory action to keep these people for a program they need and deserve. Please reconsider this new process. Thank you.

Subject Line: I oppose Gov Gianforte's rule change on Medicare
Gov. Gianforte: I read with interest about your administration's attacks on Montanans who are served by Medicaid. Why force them to reapply for their health insurance multiple times throughout the year?

I have a beloved family member who, through no fault of his own, has a severe mental illness. He is highly intelligent, takes his meds and works so hard to stay balanced. He is an upstanding citizen who plays by the rules. But his mental illness makes it extremely difficult for him to navigate bureaucratic red tape. By forcing him to reapply for his health insurance multiple times a year, your new rule is bound to cause him severe distress and anxiety. I've had to take him to the hospital more than once when his anxiety and distress cause him to get unbalanced. It always involves a long recovery period. Why do you want to torture people like him with this rule change?

I cannot think of anything more anti-Christian than to hurt low-income people and people with disabilities. Jesus told us repeatedly to help the poor and oppressed, not to make their lives more miserable. Please reconsider your harmful rule change.

Subject Line: Climate change alliance, health care for common folks
Governor, Item 1. Please change your mind and support the climate change alliance. You say you have a plan, however, until you can share details of your plan with us, we need positive leadership to support any efforts to mitigate climate change. Item 2. Please don't sell out the working folks who support Montana's economy. We have been successful here in providing access to health insurance for folks here in Montana who need help with healthcare. This includes small business and agriculture owners and workers. If you are truly sincere in your efforts to bring more business and employment opportunities to our state, you need to support those who are already here as well.

Subject Line: Healthcare
Healthcare passed by bipartisan legislation known as HELP should not be revised. I urge you to continue HELP in the way it is managed now so many Montanas do not go Without healthcare.

I am in opposition to the proposal to end continuous eligibility on the Medicaid program.

Dept. of Health,
I am writing this letter to ask you not to change the medicaid expansion eligibility. We need as many people as possible covered by some type of insurance. I am a volunteer at Family Promise. I see first hand how hard it is for low income families to survive. Please don't make it harder. Much less harder on people working within the program.

Be well,
This is [redacted]. Birthdate [redacted]. I was reading the email regarding the suspension of 12-month enrollment for Medicaid; and it says that you're going to submit a request to end 12-month enrollment in September of 2021, says that it's going to take effective in July First of 2021. I am having surgery done in August, and does this mean I'm going to lose my Medicaid for when I have my surgery in August? My phone number is [redacted]. I hope you're having a good 4th of July weekend.
My name is [redacted]. My last name is spelled [redacted]; and I'm calling to leave a message regarding the changes to the HELP Program that I just received information about via email. I am very concerned about this. I need to have coverage, and I would like to know why it needs to be changed. The people of Montana have said that this is a good thing. This will, in effect, make us lose jobs, and people will lose their healthcare. That is a problem. My phone number is [redacted]. Thank you.