

Memorandum

TO: Children, Families, Health & Human Services Interim Committee
Legislative Finance Committee

FROM: Erica Johnston, Executive Director Economic Services, DPHHS

DATE: June 26, 2022

SUBJECT: Medicaid Expansion Quarterly Report – Quarter Ending 12/31/2021

Purpose:

This memo is to complete the requirements set forth in 53-6-1325 MCA to report information on the Montana Health and Economic Livelihood Partnership (HELP) Act to the legislative finance committee and the children, families, health and human services interim committee quarterly. Monthly detailed information on the Medicaid expansion program in Montana can be found at:

<https://dphhs.mt.gov/InteractiveDashboards/medicaidexpansiondashboard>

53-6-1325 (1): Number of individuals who were determined eligible for Medicaid-funded services pursuant to 53-6-1304

The chart below shows the number of unduplicated individuals enrolled at any time during each month of the reporting period.

Month	Participants
October, 2021	105,455
November, 2021	106,723
December, 2021	107,812

53-6-1325 (2): Demographic information on program participants

The chart below shows the number of unduplicated individuals by demographic category enrolled at any time during each month of the reporting period.

Month	Native American / Alaskan		
	Indian	Female	Male
October, 2021	17,174	55,390	50,065
November, 2021	17,310	55,989	50,734
December, 2021	17,370	56,482	51,330

53-6-1325 (3): Average length of time that participants remained eligible for medical assistance

The chart below shows the enrollment duration for participants who were disenrolled during the reporting period. See the response to 53-6-1325 (8) below for additional information regarding disenrollment requirements during the reporting period.

Month	6 or More Months			Total Disenrollments
	0-3 Months	4-6 Months	Months	
October, 2021	95	79	554	728
November, 2021	48	86	676	810
December, 2021	77	48	541	666

53-6-1325 (4): Number of participants subject to the fees provided for in 15-30-2660 and the total amount of fees collected

The taxpayer and entity integrity fees are administered by the Department of Revenue. DPHHS does not have access to information regarding individuals subject to the fee. Through 12/31/2021, the following fees were collected and deposited into the Montana HELP Act state special revenue fund for state fiscal year (SFY) 2021:

Taxpayer integrity fee	\$ 415,312
Entity integrity fee	\$ 144,015
	\$ 559,327

53-6-1325 (5): Amount of money deposited in the Montana HELP Act special revenue account by source of funding

Through 12/31/2021, the following fees were collected and deposited into the Montana HELP Act state special revenue fund for state fiscal year (SFY) 2021:

Hospital utilization fee	\$ -
Health service coporation fee	\$ -
Taxpayer integrity fee	\$ 415,312
Entity integrity fee	\$ 144,015
Participant premium collection	\$ 2,399,412
	\$ 2,958,739

53-6-1325 (6): Level of participant engagement in wellness activities or incentives offered under this part

The chart below shows the unduplicated number of individuals who have accessed preventive services during each month of the reporting period. The data incorporates a six-month lag to allow for claim submissions; these numbers correlate with members enrolled six months prior to the reporting month.

Month	Participants
October, 2021	69,840
November, 2021	71,115
December, 2021	71,933

53-6-1325 (7): Number of participants who took part in community engagement activities, the number whose program participation was suspended for failure to take part in community engagement activities, and the number who were disenrolled from the program for failure to report a change in circumstances

Montana's waiver application implementing community engagement activities has not been approved. No participants were disenrolled from the program for failure to report a change in circumstances in the quarter ending 12/31/2021.

53-6-1325 (8): Number of participants who reduced their dependency on the HELP Act program, either voluntarily or because of increased income levels

The Families First Coronavirus Relief Act of 2020 requires that states maintain coverage for all Medicaid enrollees until the end of the national public health emergency related to COVID 19 in order to receive a 6.2% increase in FMAP (federal medical assistance percentage). All participants enrolled in Medicaid expansion at the beginning of and during the public health emergency (March, 2020) remain enrolled

unless a case closure is requested by the member, the member dies, or the member moves out of state. The chart below shows the number of participants exiting the program during the reporting period.

Month	Total Disenrollments
October, 2021	728
November, 2021	810
December, 2021	666

53-6-1325 (9): Total cost of providing services under this part, including related administrative cost

The chart below includes expenditures for the quarter ending 12/31/2021.

Sum of Amount	Fund Type				
Expenditure Category	Agency Division	01 General	02 State/Other Spec Rev	03 Fed/Other Spec Rev	Grand Total
Benefits	11 HEALTH RESOURCES DIVISION	\$ 2,399,435	\$ 13,340,189	\$ 154,865,658	\$ 170,605,282
	22 SENIOR & LONG TERM CARE SVCS	\$ 154,998		\$ 1,970,274	\$ 2,125,272
	33 ADDICTIVE & MENTAL DISORDERS	\$ 2,001,298		\$ 18,958,862	\$ 20,960,160
Benefits Total		\$ 4,555,730	\$ 13,340,189	\$ 175,794,795	\$ 193,690,714
Administration	02 HUMAN AND COMMUNITY SERVICES	\$ 49,194		\$ 134,999	\$ 184,193
	04 DIRECTORS OFFICE	\$ 2,041		\$ 2,236	\$ 4,277
	06 BUSINESS & FINANCIAL SERVICES	\$ 14,732		\$ 14,737	\$ 29,469
	08 OFFICE OF INSPECTOR GENERAL	\$ 2,288		\$ 2,288	\$ 4,576
	09 TECHNOLOGY SERVICES DIVISION	\$ 807,941		\$ 2,326,324	\$ 3,134,265
	11 HEALTH RESOURCES DIVISION	\$ 62,546	\$ 1,351,276	\$ 362,072	\$ 1,775,895
	12 MEDICAID & HEALTH SVCS MNGMT	\$ (319,665)		\$ (923,611)	\$ (1,243,276)
	16 OPERATIONS SERVICES DIVISION	\$ (431)		\$ (468)	\$ (899)
Administration Total		\$ 618,647	\$ 1,351,276	\$ 1,918,577	\$ 3,888,500
Grand Total		\$ 5,174,377	\$ 14,691,465	\$ 177,713,371	\$ 197,579,214

Administrative expenditures include the following functions:

- Eligibility Management
- Plan Management
- Claims Processing / Data Management
- Premium Billing and Collecting
- Departmental Accountability and Oversight