



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

FROM: Gene Hermanson, Medicaid Chief Financial Manager

RE: Medicaid Expansion Quarterly Report – Quarter Ending 6/30/2024

Date: September 6, 2024

Purpose:

This memo is to complete the requirements set forth in 53-6-1325 MCA to report information quarterly 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. Monthly detailed information on the Medicaid Expansion program in Montana can be found at:

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

and

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

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
April 2024	82,846
May 2024	82,412
June 2024	81,349

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
April 2024	13,708	43,121	39,725
May 2024	13,692	42,929	39,483
June 2024	13,575	42,414	38,935

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. For example, a person enrolled in April 2024 but does not show as enrolled in May 2024 at the time of the 90-day enrollment report run on August 1, 2024, is considered disenrolled in May 2024. Enrollment is based on continuous months enrolled in Expansion prior to disenrollment. Note in the table below that the COVID Public Health Emergency kept people on Medicaid Expansion without redetermination for three years.

Month	0-3 Months	4-6 Months	6 or More Months	Total Disenrollments
April 2024	265	165	1,795	2,225
May 2024	213	169	1,900	2,282
June 2024	232	151	2,380	2,763

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 this fee. In state fiscal year 2024, the following fees were collected and deposited into the Montana HELP Act state special revenue fund:

Taxpayer integrity fee	\$144,851
Entity integrity fee	<u>1,616,191</u>
	\$1,761,042

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

Hospital utilization fee	\$28,173,134
Health service corporation fee	\$4,075,751
Taxpayer integrity fee	\$144,851
Entity integrity fee	\$1,616,191
Participant premium collection	<u>\$49,981</u>
	\$34,059,908

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 Medicaid Expansion individuals who have a paid claim in the past twelve months for new patient or preventive services during each month of the reporting period. This data and more are available on the Montana Medicaid Health Metrics Dashboard.

Month	Participants
April 2024	64,977
May 2024	62,772
June 2024	61,357

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 was never approved. As a result, no participants were disenrolled from the program for failure to report a change in circumstances in state fiscal year 2024.

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 chart below shows the number of participants exiting the program during the reporting period.

Month	Total Disenrollments
April 2024	2,225
May 2024	2,282
June 2024	2,763

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

administrative cost Because the reporting period coincides with the end of state fiscal year 2024, the chart below includes expenditures for the entire year, not just the quarter ending 6/30/2024.

SFY 2024 Expenditures			Fund Type			
Expenditure Category	Div #	Division	02 State/Other		03 Fed/Other	Grand Total
			01 General	Spec Rev	Spec Rev	
Benefits	10	BHDD	\$6,819,068	\$1,116,174	\$72,547,237	\$80,482,480
Benefits	11	HRD	\$24,062,759	\$54,860,858	\$775,142,812	\$854,066,429
Benefits	22	SLTC	\$1,227,914		\$12,795,607	\$14,023,521
Benefits Total			\$32,109,741	\$55,977,032	\$860,485,656	\$948,572,429
Administration	02	HCSO	\$734,863		\$1,810,475	\$2,545,338
Administration	04	DO	\$61,396		\$65,568	\$126,963
Administration	06	BFSO	\$118,548		\$118,899	\$237,447
Administration	09	TSD	\$2,019,193		\$5,736,077	\$7,755,270
Administration	11	HRD	\$366,762	\$616,840	\$1,180,586	\$2,164,188
Administration	12	MHS	\$259,462		\$778,386	\$1,037,848
Administration Total			\$3,560,223	\$616,840	\$9,689,992	\$13,867,055
Grand Total			\$35,669,965	\$56,593,872	\$870,175,648	\$962,439,484

- Administrative expenditures include the following functions:
 - Eligibility Management
 - Plan Management
 - Claims Processing / Data Management
 - Departmental Accountability and Oversight