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Medicaid: Expansion and Trends

Topics Covered



Medicaid Expansion: Deeper Dive



The Public Health Emergency and Enrollment Trends

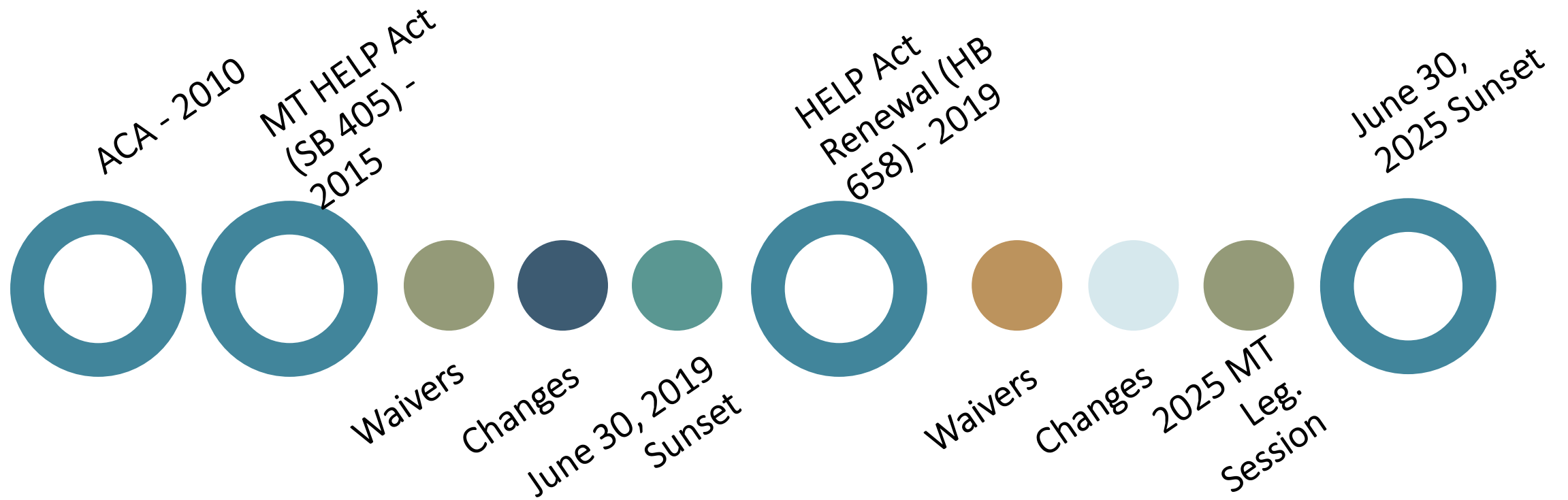


Medicaid Expansion Literature Review

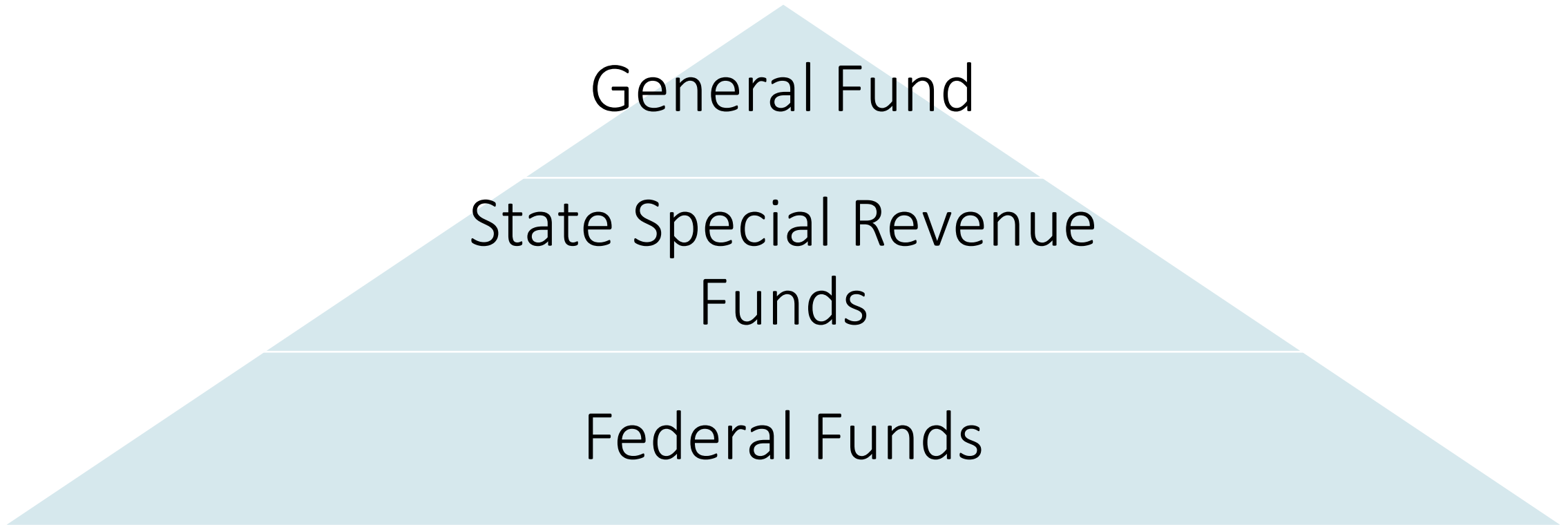
Medicaid Expansion

A Deeper Dive

Medicaid Expansion Timeline



Funding



State Special Revenue Funds

Established for Expansion in 2020

HELP Act

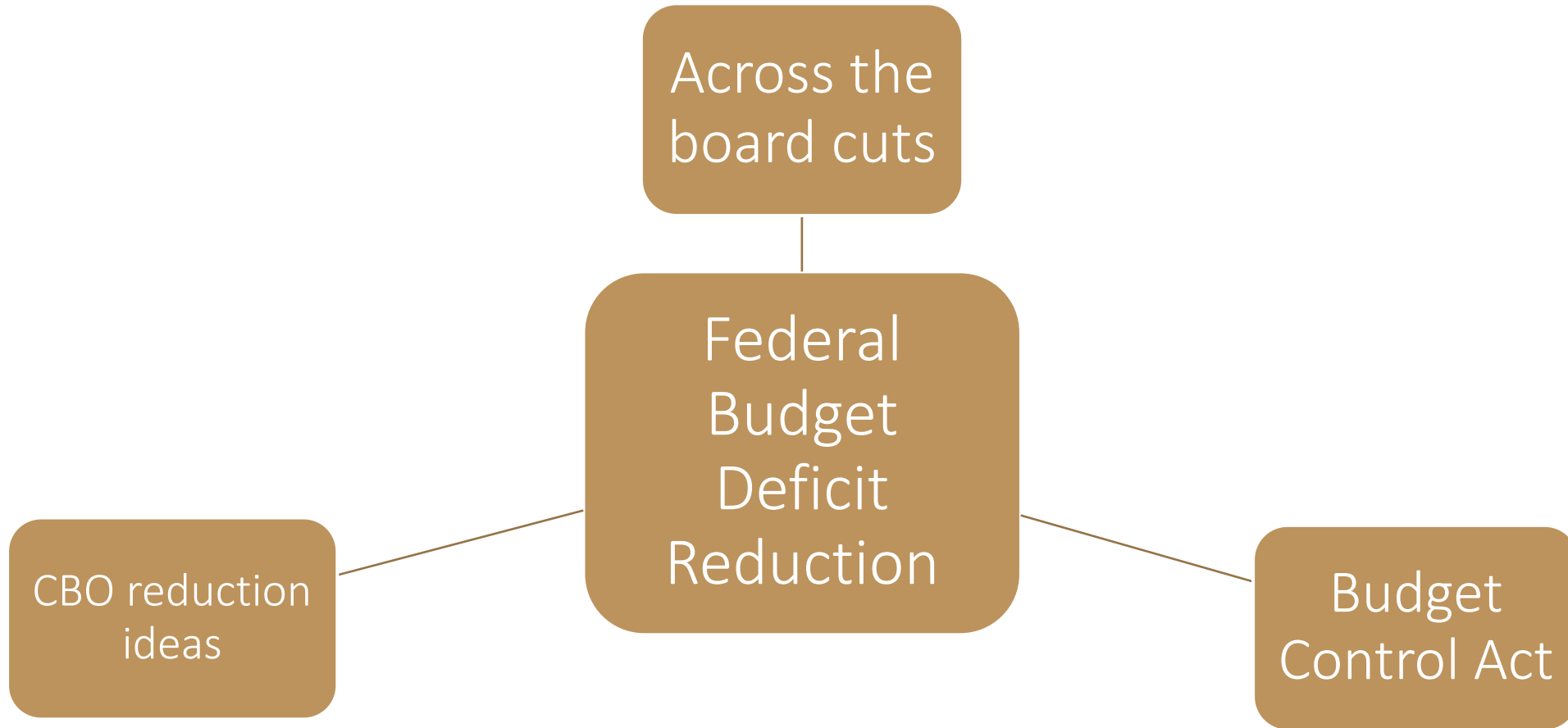
HUF

MT HEART
Fund

Expenditures

Historical Medicaid Expansion Expenditures in Montana				
	FY2020	FY2021	FY2022	FY2023
General Fund	\$ 21,464,175	\$ 33,165,422	\$ 38,702,975	\$ 38,802,077
State Special	38,032,721	51,751,151	52,458,327	54,685,891
Federal Funds	737,954,556	830,886,882	918,993,752	927,672,930
Total	\$ 797,451,452	\$ 915,803,455	\$ 1,010,155,054	\$ 1,021,160,898

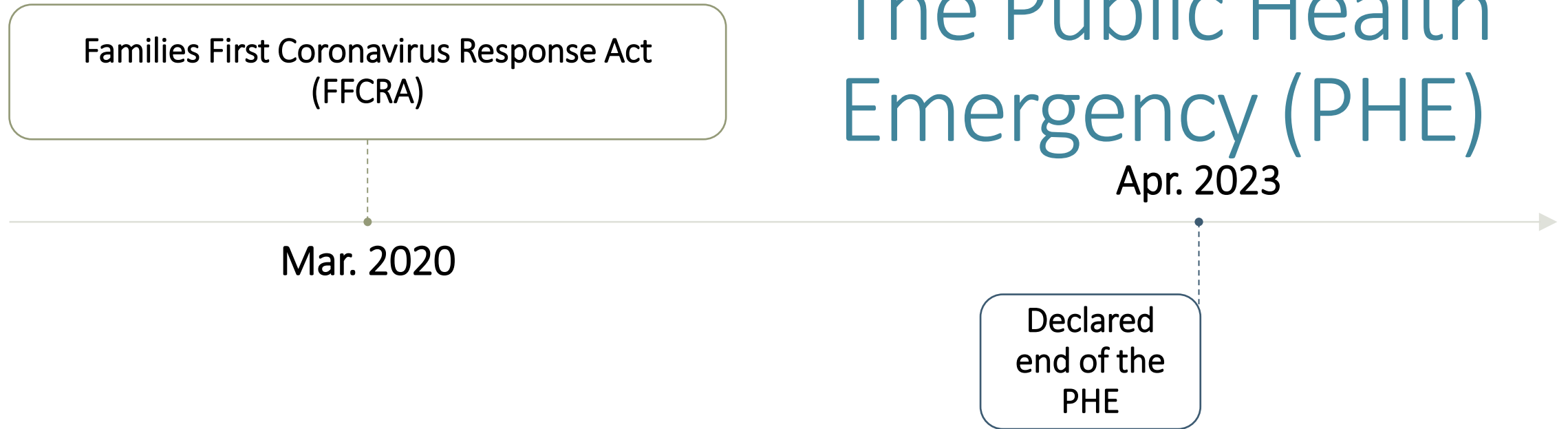
Federal Funds Risk



Medicaid Enrollment

Trends amidst the Public Health Emergency in both Traditional and Expansion Populations

The Public Health Emergency (PHE)



- FFCRA – 6.2% additional FMAP (federal medical assistance percentage) for traditional Medicaid conditional on continuous enrollment throughout the PHE
 - Suspending annual redetermination process of checking if individuals qualified for continued enrollment
 - Not processing reported/discovered changes in circumstances
 - Not ending an individual's coverage unless the individual requested it, moved out of state, or passed away

Trends from the PHE

August 2018 – 251,243 enrollees

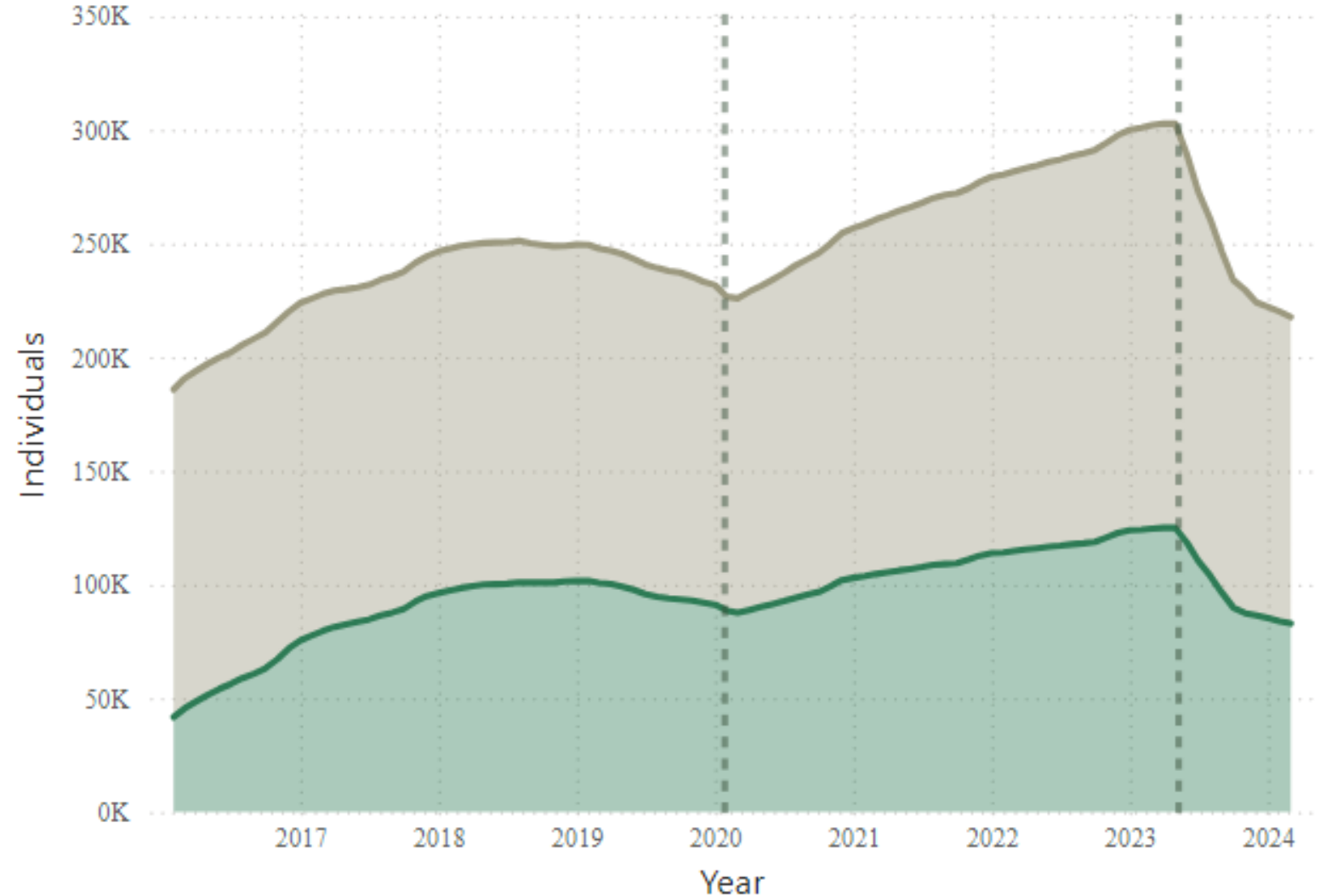
March 2020 – 225,964 enrollees

April 2023 – 324,748 enrollees

March 2024 – 217,839 enrollees

Total Enrollment

Program Key ● Expansion ● Traditional



Trends from the PHE

Traditional:

August 2018 – 150,173 enrollees

March 2020 – 138,343 enrollees

April 2023 – 177,777 enrollees

March 2024 – 134,899 enrollees

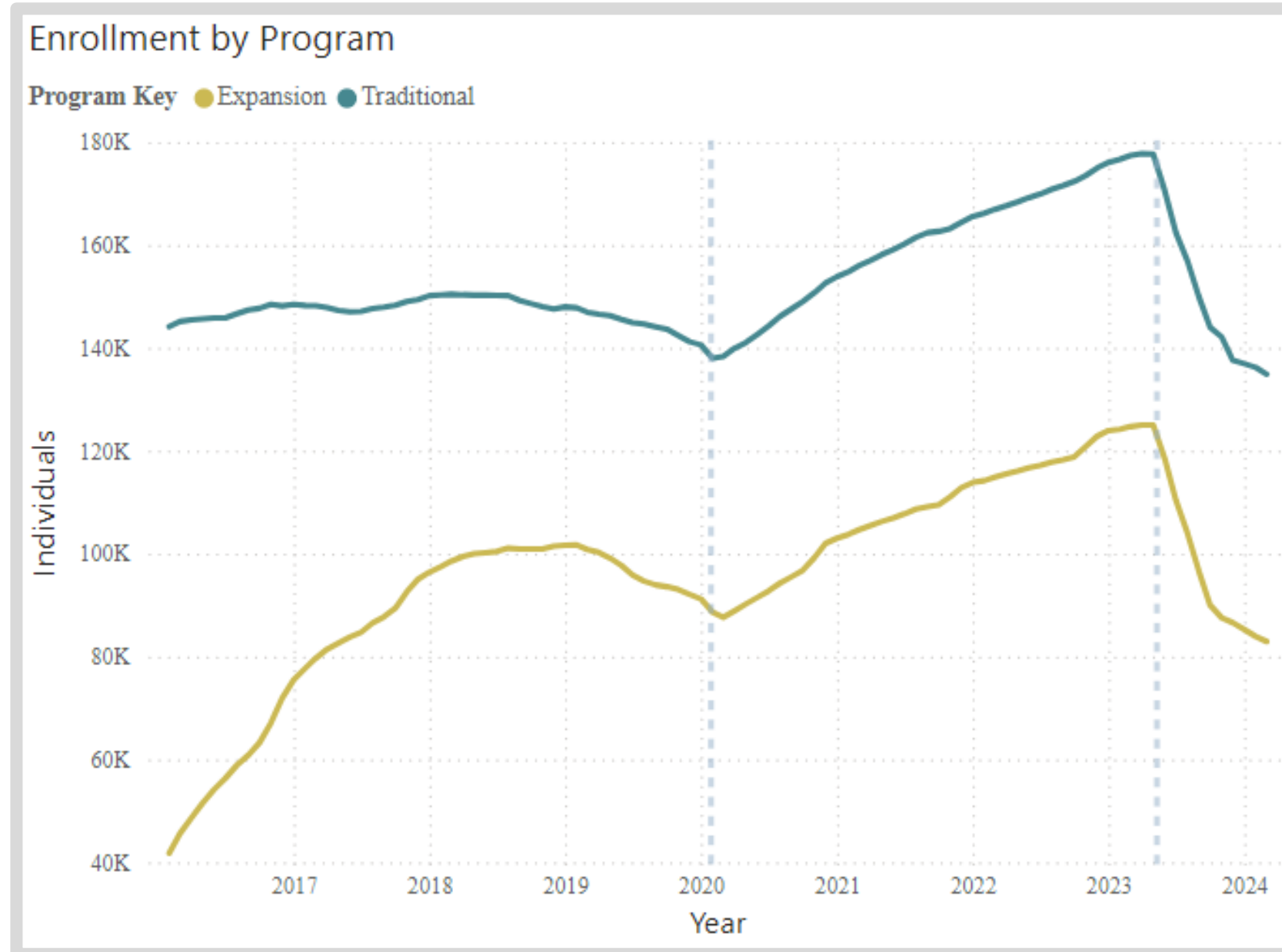
Expansion:

August 2018 – 101,070 enrollees

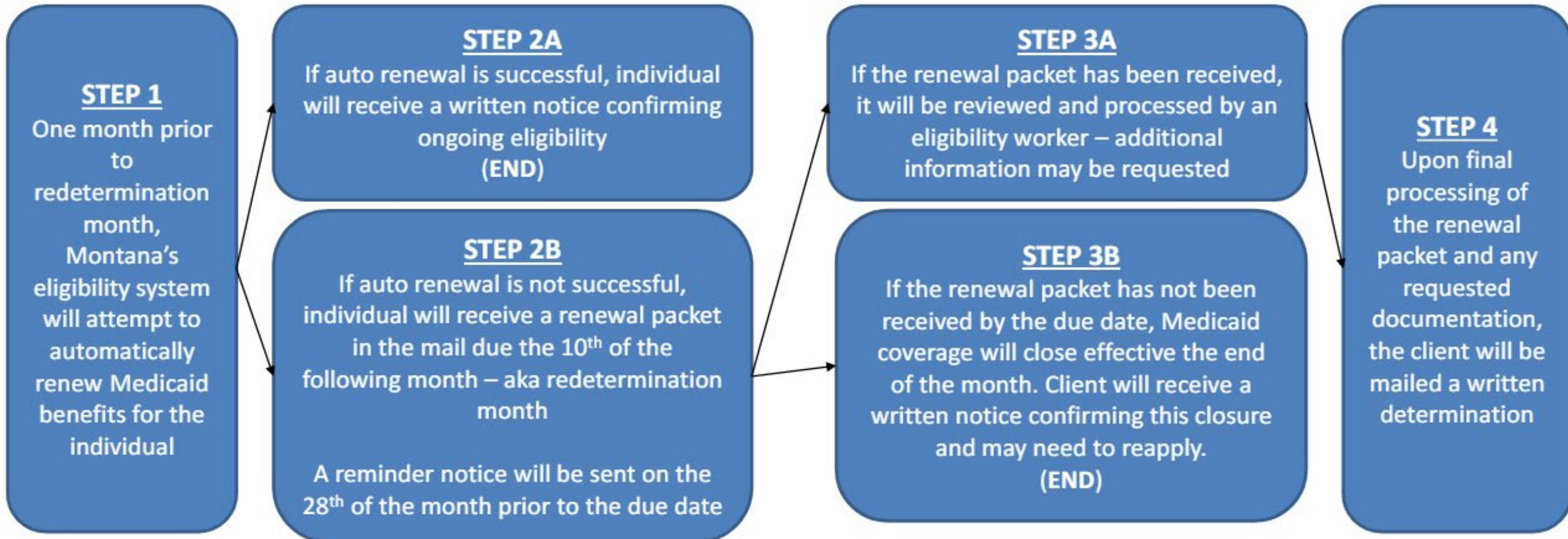
March 2020 – 87,621 enrollees

April 2023 – 125,034 enrollees

March 2024 – 82,940 enrollees



Redetermination process

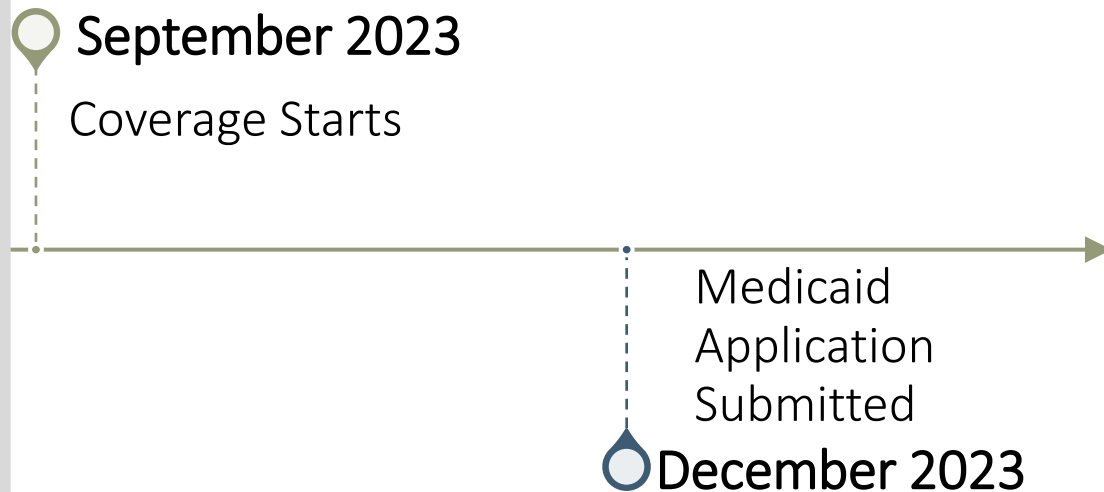


*<https://dphhs.mt.gov/assets/hcsd/MedicaidRenewals/WebsiteMedicaidChangesCommunityDeck.pdf>

Retroactive Eligibility

Why March Data?

Normal Process



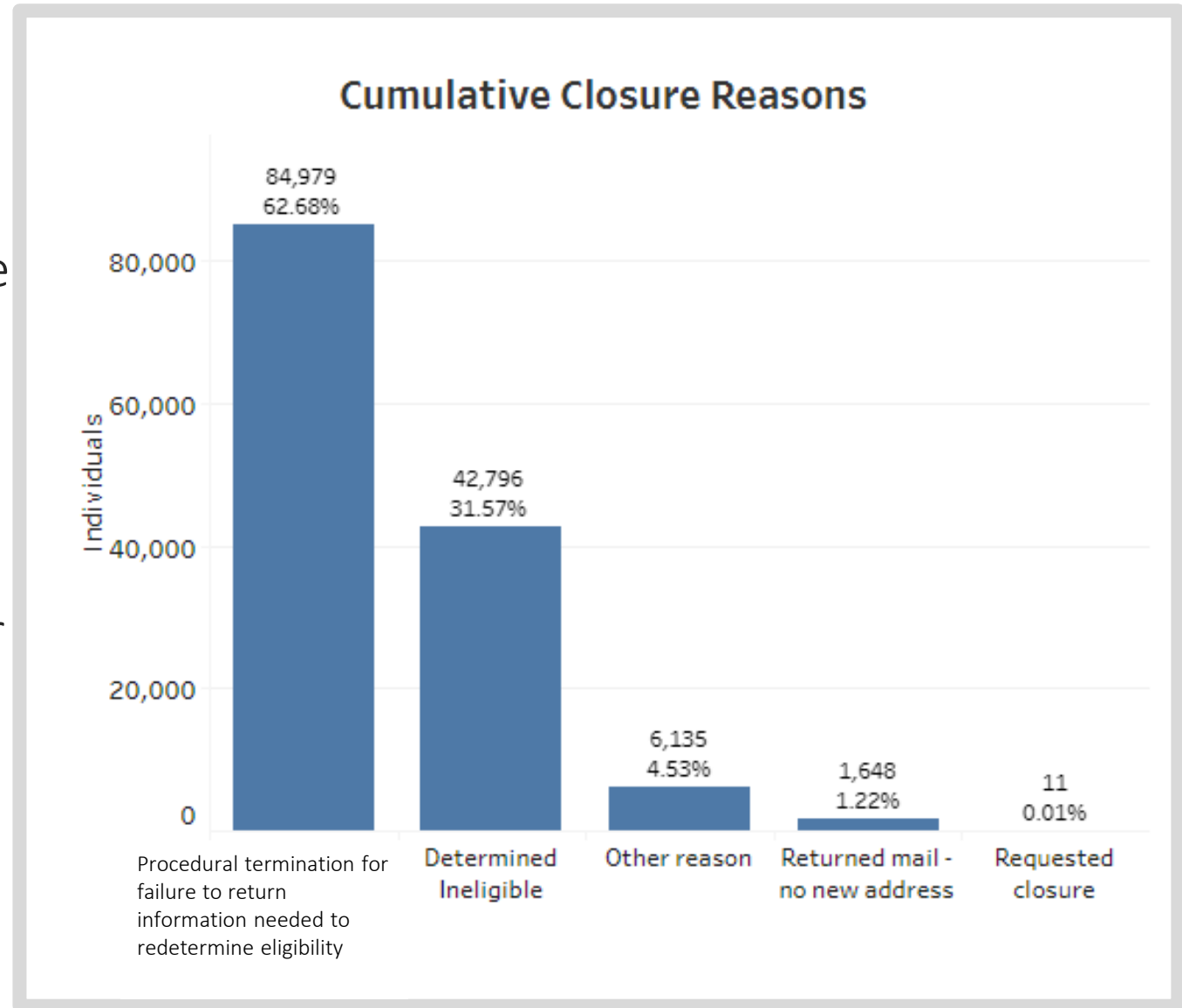
What this means for Redetermination?

Redetermination



Redetermination

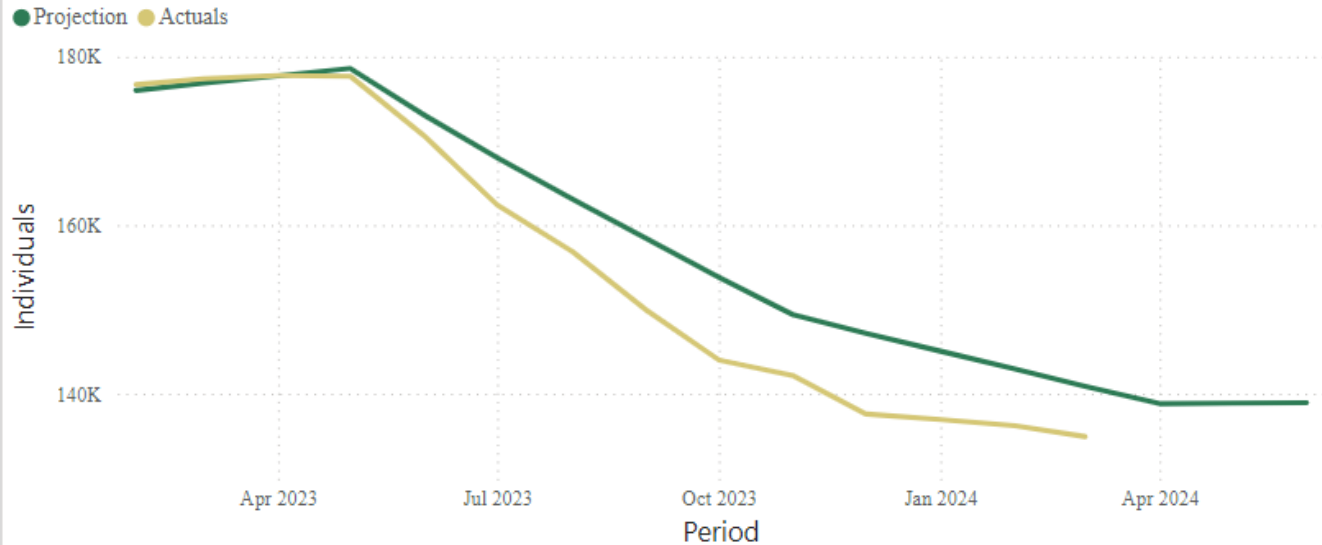
- Procedural termination for failure to return information needed to redetermine eligibility
- Determined ineligible (Change in circumstances such as an increase in income or assets above the eligibility threshold)
- A member is now deceased or no longer in the household (primary reasons for closure in the “Other reason” category on the department redetermination dashboard)
- Returned mail without a new address
- Requested closure



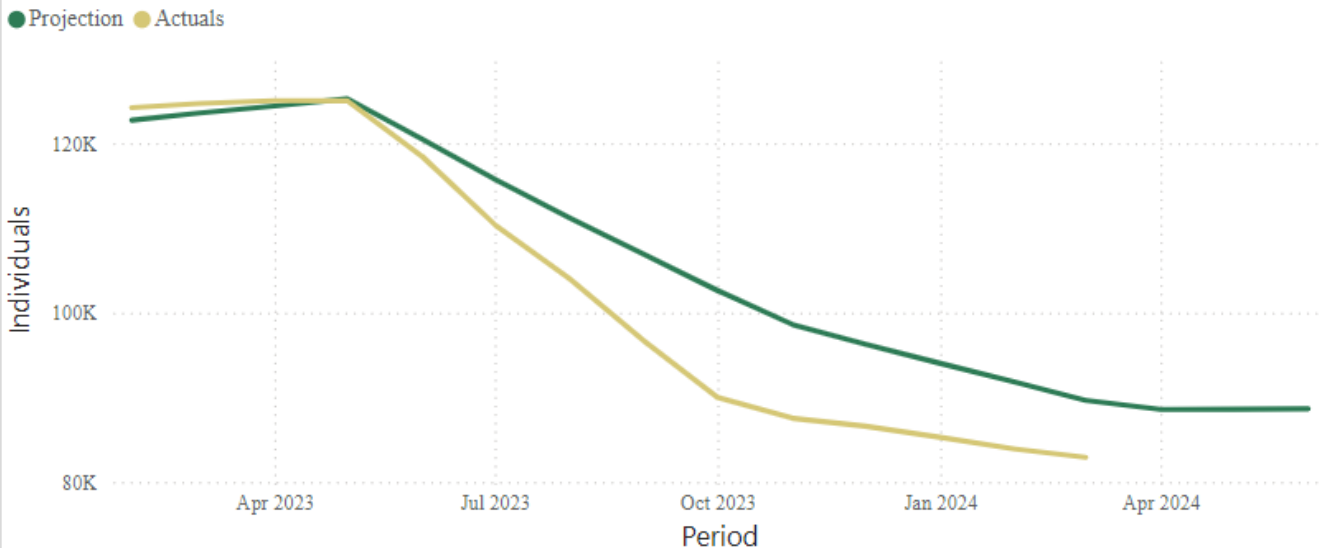
*From the [Departmental Redetermination Dashboard](#)

Projection Comparison

Traditional Enrollment - Actuals Compared to Projected



Expansion Enrollment - Actuals Compared to Projected



Enrollees below Original Projection (March 2024)

Traditional: 5,960

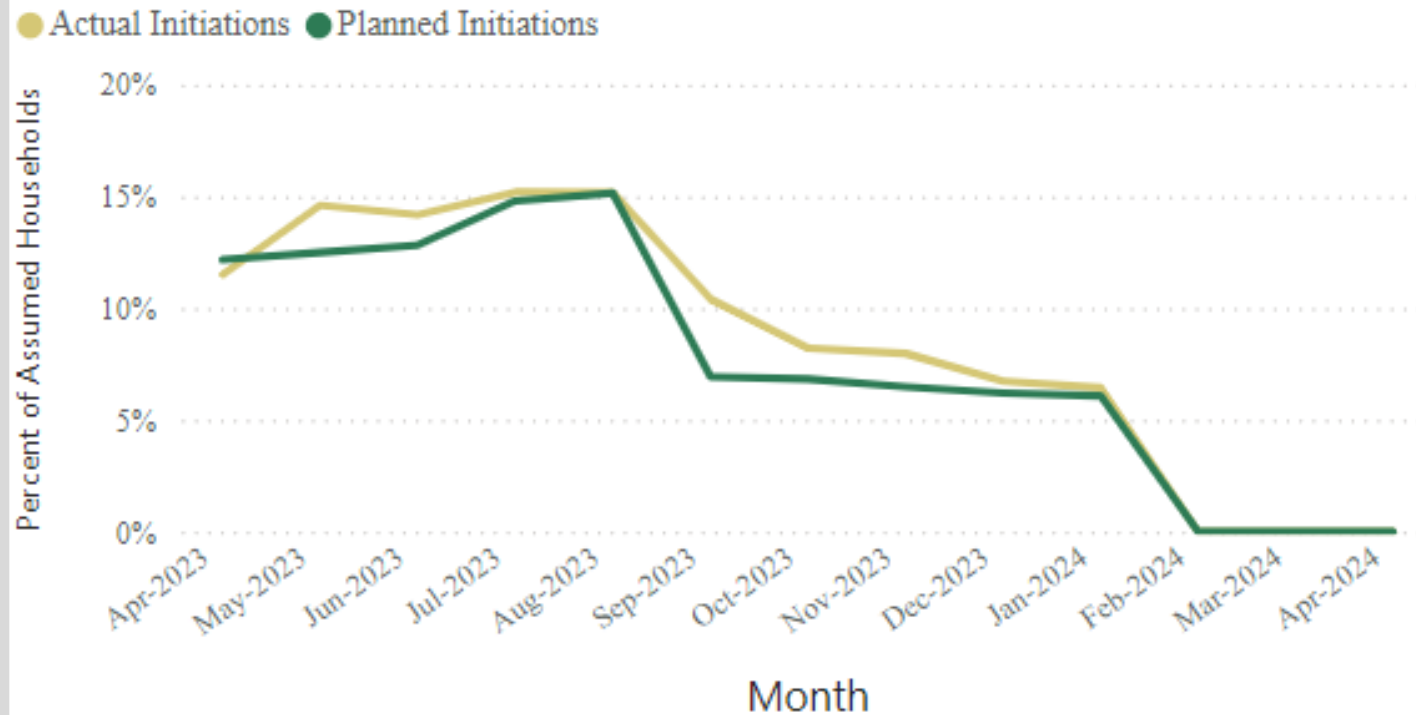
Expansion: 6,718

Total: 12,678

Renewal Initiation Pace

- From the department's draft plan submitted in February 2023 to CMS
 - Original projected household caseload: 160,000
 - Actual household caseload: 176,000

Actual Pace of Initiations versus Planned Pace



Redetermination: Demographic Changes April 2023 to March 2024

		April 2023	March 2024	Difference
Traditional	Males	82,402	61,901	(20,501)
	Females	95,375	72,998	(22,377)
	Children	110,354	85,272	(25,082)
	Adults	56,964	40,958	(16,006)
	Seniors	10,459	8,669	(1,790)
	AIAN	35,303	28,431	(6,872)
Expansion	Males	60,709	39,794	(20,915)
	Females	64,325	43,146	(21,179)
	Children	-	-	-
	Adults	121,303	82,113	(39,190)
	Seniors	3,731	827	(2,904)
	AIAN	20,091	13,684	(6,407)
Traditional and Expansion	Males	143,111	101,695	(41,416)
	Females	159,700	116,144	(43,556)
	Children	110,354	85,272	(25,082)
	Adults	178,267	123,071	(55,196)
	Seniors	14,190	9,496	(4,694)
	AIAN	55,394	42,115	(13,279)

Annual Renewal Process

Individuals are granted 12 months of Medicaid Coverage

If in that time the department receives information that indicates a member had a change in circumstances, they are required to re-assess if the member still qualifies

The department may send a request for further information from the member in order to retain coverage

If found ineligible, DPHHS must terminate their coverage

After a 12-month period of coverage, the individual is reassessed for eligibility and granted a further 12 months of coverage or deemed ineligible

Literature Review

Review of Research on Medicaid Expansion Impact

Prepared for the Modernization and Risk Analysis Committee, January 2024