

PRESENTATION TO THE 2023 HEALTH AND HUMAN SERVICES JOINT APPROPRIATION SUBCOMMITTEE

Health Resources Division

Medicaid and Health Services Branch

Department of Public Health and Human Services

THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2023 Biennium**
- **Efficiencies and Cost Savings**
- **Funding and FTE Information**
- **Change Packages**

OVERVIEW

The Health Resources Division's (HRD) mission is to protect the health and safety of all Montanans. The Division carries out this mission by administering numerous programs including Medicaid, Healthy Montana Kids, Medicaid Expansion, and Big Sky Rx. HRD pays for eligible Montanans to receive a wide range of preventive, primary, and acute care services from private and public providers.

HRD works in close collaboration with Tribal Governments, Indian Health Service, and Urban Indian programs to support health care delivery in tribal communities with the goals of building greater health care capacity to serve Montana's American Indians, allowing for better access, and ensuring culturally appropriate care.

SUMMARY OF MAJOR FUNCTIONS

HRD administers most of the standard Montana Medicaid benefit package that provides primary, specialty, pharmacy, ancillary, and hospital services to all Medicaid members. Most of the services in HRD are funded through Medicaid and cumulatively seek to increase access to timely, affordable, and effective health services.

MEDICAID HOSPITAL AND PHYSICIAN SERVICES

The Hospital and Physician Services Bureau provides healthcare in Montana through a network of 14 acute care facilities and 47 critical access hospitals (CAH's) across the state. Medicaid reimburses for outpatient services, emergency care, and inpatient hospitalizations. Providing these services in Montana is cost effective, supports Montana's healthcare system, and helps assure access to health services for all Montanans.

Rural Health Clinics and Federally Qualified Health Centers

Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) provide primary care and preventive services. There are currently 14 main FQHCs, 1 FQHC Look-A-Like and 4 Urban Indian Organizations with CMS FQHC designation. There are also 49 satellite locations and 57 Rural Health Clinics across Montana. These facilities are paid-for services provided to Medicaid members using the prospective payment system (PPS); a predetermined facility specific per-visit rate based on the providers' allowable costs and scope of service.

Medicaid Hospital Services

Hospital Services are provided in Montana through an in-state network of 14 Acute Care Prospective Payment System (PPS) Facilities and 47 Critical Access Hospitals across the state. Health Care Programs reimburse for inpatient services, outpatient services, and emergency care. Providing these services in Montana supports Montana's healthcare system and helps ensure access to health services for all Montanans.

The Montana Medicaid program covers inpatient hospital care outside of the state only in special circumstances. Out-of-state inpatient coverage is limited to services that are: 1) not available in Montana (i.e., transplants); 2) for people who live near the border and normally get their health

care in Idaho, Wyoming, North Dakota, or South Dakota; or 3) for Montanans who have traveled outside the state and need emergency services.

Physician Services (including specialty services)

The physician program includes physicians, mid-level practitioners, podiatrists, labs, independent diagnostic treatment clinics, public health clinics, and family planning clinics. Medicaid reimbursement for these services includes, but is not limited to, office visits, lab tests, x-rays, surgeries, prenatal care, deliveries, and anesthesia. The Medicaid provider network includes 19,708 practitioners and clinics. Medicaid reimburses for services utilizing the nationally developed payment methodology, Resource Based Relative Value System (RBRVS), which is customized to Montana.

MEDICAID ALLIED HEALTH SERVICES

Pharmacy Program

The pharmacy program administers the prescription drug benefit for the Medicaid and CHIP/HMK programs. Over 260 pharmacies are enrolled and provide access to medications for members throughout Montana.

DPHHS partners with Mountain-Pacific Quality Health to develop drug coverage criteria through the Drug Use Review Board (DUR). The DUR Board is comprised of physicians, mid-level providers, and pharmacists from around Montana who develop drug coverage criteria to ensure prescribed medications are appropriate, medically necessary, and cost effective. Coverage determinations balance cost effective alternatives while allowing flexibility based on professional medical decisions.

Drug Rebates

All prescription drugs covered are required to be included in the federal drug rebate program. Drug rebates are invoiced and collected from pharmaceutical manufacturers each quarter reducing the overall costs of the pharmacy program. In SFY 2022, drug rebates offset 57.3% of prescription drug costs.

Clinical Pharmacist Practitioners

The Clinical Pharmacist Practitioner program reimburses clinical pharmacist practitioners who provide collaborative practice drug therapy management for members who have at least one chronic condition requiring maintenance medication.

Dental and Denture Services

The Medicaid dental benefit provides services up to \$1,125* per year to adult Medicaid members (aged 21 and older) who are not enrolled as Aged, Blind, and Disabled. Members who are aged 20 and under, or are eligible under Aged, Blind and Disabled, have no dental benefit limit. Dental services are eligible for payment if the services are provided by dentists, denturists, dental hygienists, and oral surgeons.

*Diagnostic, preventative, dentures, and anesthesia services are not included in the treatment cap.

Durable Medical Equipment

Montana Medicaid and Healthy Montana Kids DME benefits include enteral and parental formula, prosthetics, orthotics, supplies, and equipment such as oxygen, wheelchairs, diabetic test strips, diapers, braces, and diabetic shoes.

Montana follows Medicare coverage criteria, limits, local coverage determinations, and national coverage determinations for those items covered by Medicare. Services and equipment not covered by Medicare such as diapers, pulse oximeters, and miscellaneous supplies may be reimbursable if the member has full Medicaid and meets the coverage criteria developed by DPHHS. Medicaid reimbursement rates follow Medicare DME reimbursement methods including higher payments for members residing in rural areas.

Transportation Services

Medicaid covers authorized ambulance transports with medical intervention by ground or air to the nearest appropriate facility. All ambulance transports require service authorization.

The non-emergency medical transportation program offers travel assistance benefits to Medicaid members. This program is designed to help members get to and from medical appointments. This benefit requires prior authorization.

School-Based Services

Medicaid covers health-related services to children (ages 3-20) in a school setting who qualify under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). The health-related services needed must be written into the IEP.

Therapy Services

Physical, occupational, and speech therapy services, when ordered by the member's medical practitioner, are covered Medicaid benefits.

Audiology Services and Hearing Aids

Medicaid covers hearing aid evaluations and basic audio assessments provided by audiologists to members with hearing disorders when ordered by the member's medical practitioner. Hearing aids are a covered benefit with prior authorization.

Vision Services

The Montana Medicaid vision benefit covers vision exams and eyeglasses every 2 years for members aged 21 and over. Members aged 20 and under can receive vision exams and eyeglasses every year. Medicaid eyeglasses are provided by the state contracted supplier, Classic Optical. Optometric and eyeglass services are rendered by optometrists, ophthalmologists, and opticians.

Home Infusion Therapy Services

The Home Infusion Therapy Program covers pharmaceutical products and clinical support services provided to members who are living in their homes, a nursing facility, or any setting other than a hospital.

MEDICAID OPERATIONS RESEARCH

The Operations Research Section (ORS) within HRD provides analytics and support to the entirety of the HRD team. More specifically, ORS is responsible for meeting the federal reporting requirements, maintaining the various payment methods including RBRVS, APR DRG, Fee Schedules, etc., and all other analytic requests for the division.

MEDICAID MEMBER SERVICES

Member Health Services administers Montana Medicaid primary care programs with the goal of improving health outcomes and reducing inappropriate emergency department visits. In addition, Member Services also manages the Healthy Montana Kids program.

Comprehensive Primary Care Plus (CPC+)

Montana Medicaid (along with Blue Cross Blue Shield, Pacific Source, and Allegiance Life and Health) was chosen as one of 14 regions nationally to participate in the CPC+ Program in coordination with Medicare. CPC+, the largest-ever initiative of its kind, was a five-year, multi-payer initiative to improve primary care, promote health equity, reduce overall health care costs, and improve population health. The Montana Medicaid CPC+ program is based on a national advanced primary care medical home model that aims to strengthen primary care through a regionally based multi-payer payment reform and care delivery transformation. Currently, 48 practices participate in Montana Medicaid's CPC+ Program throughout the state alongside approximately 84,500 Medicaid members, including Medicaid expansion members.

Patient Centered Medical Home (PCMH)

The PCMH model is designed to improve health care by transforming how primary care is standardized and delivered. The 23 PCMH sites cover 49,500 Medicaid members. The PCMH program models the CPC+ program for practices that did not qualify for the CPC+ program and have received PCMH recognition from the National Committee for Quality Assurance (NCQA). Because PCMH was modeled after the CPC+ program, both programs are centered on the following core principles:

- Comprehensive health care directed by the patient's personal provider
- Team-based, ongoing patient-centered care
- Care coordination across the health system using information technology
- Enhanced access through expanded hours, new communication methods, or alternative visits
- Quality and safety through evidence-based medicine, quality improvement, and performance measurement
- Value-based payment that recognizes alternative visits, care coordination, health information technology, enhanced communication, and risk-based population stratification

Passport to Health

Passport to Health is the primary care case management program in which about 70 percent of all Montana Medicaid members are enrolled. A member chooses, or is assigned, a primary care provider who delivers all medical services or furnishes referrals for other medically necessary care. Care management offered under the waiver enhances care while reducing costs by minimizing ineffective or inappropriate medical care. The waiver is operated in all 56 counties.

Team Care

Team Care is a program which reduces inappropriate or excessive utilization of healthcare services including overutilization of hospital emergency rooms. Members are identified for Team Care through claim reviews, provider referrals, and Drug Utilization Review Board referrals. Individuals are enrolled in Team Care for at least twelve months and are assigned to one pharmacy and one medical provider. Approximately 140 Medicaid and HMK Plus members are currently enrolled in the Team Care program.

Healthy Montana Kids

The Healthy Montana Kids (HMK) program was created in 2008. HMK provides health care coverage to Montana children with family incomes at or below 261 percent of the FPL. Medical coverage is provided through a contract with Blue Cross Blue Shield of Montana.

Coverage includes physician visits, well-child checkups, routine physicals, hospital inpatient and outpatient services, emergency visits, hearing and vision screenings, dental services, prescription drugs, and behavioral health services.

PERINATAL BEHAVIORAL HEALTH PROGRAM

In September 2018, DPHHS, in partnership with the Montana Healthcare Foundation, was awarded a five-year Maternal Depression and Related Behavioral Disorders (MDRBD) HRSA grant to implement the Montana Meadowlark Initiative, which was previously known as the Perinatal Behavioral Health Initiative. This initiative implements an integrated behavioral health model into obstetric practices throughout Montana. The model aims to improve access to timely care, build health system capacity, and improve health outcomes for Montana's pregnant and postpartum mothers experiencing behavioral health issues, and their children. The project focuses on supporting providers in rural and underserved regions in the state.

The other major component of the HRSA MDRBD grant is a statewide psychiatric teleconsultation line for communities, PRISM for Moms, used in two ways:

- To provide psychiatric consultation to obstetric/behavioral health teams when needed in regions that have not yet established a local integrated care team; and
- To provide monthly provider trainings on areas pertinent to the local providers.

BIG SKY RX PROGRAM

Seniors in Montana can get help with the cost of prescription drugs through the Big Sky Rx program. Each year, over 9,700 seniors use this program to help pay their Medicare Part D premium. Individuals who are enrolled in Medicare Part D and have a family income at or below

200% of the FPL can receive monthly premium assistance.

INDIAN HEALTH SERVICE

As part of the HRD's commitment to improving and protecting the health, well-being, and self-reliance of all Montanans, the Indian Health Service and Tribal Programs Section was established. Staff in this section work with Tribal Self-Determination Programs, the Indian Health Service, and Urban Indian Organizations to address the health disparities that are experienced in the American Indian population across Montana. This section specializes in Medicaid policies, regulations, consultations, and administering Medicaid services, prevention programs, and any assigned special projects that seek to address health care for the American Indian populations.

Urban Indian Organizations

There are five Urban Indian Organizations in Montana, located in Billings, Butte, Great Falls, Helena, and Missoula. These facilities provide a variety of health care services to American Indian populations living in urban communities. Depending on the location, services can vary and often include primary health care, behavioral health, and vaccinations.

Tribal Health Improvement Program (T-HIP)

To improve health outcomes DPHHS, in partnership with Tribal Governments and the Centers for Medicare & Medicaid Services (CMS), created an opportunity for Tribal Health programs to build and operate a health promotion program. The unique program has a focused effort on prevention, increasing access to healthcare, and developing and implementing culturally based activities that are relevant to tribal members and their communities. This structured program is designed to enhance communication with Medicaid members with chronic illnesses who face a higher risk of disease and addresses the high health disparities across tribal communities in the Medicaid and general population.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

WAIVER APPROVALS

- The 1915(b) waiver received a 2-year extension approval from CMS to continue the Passport to Health and Team Care Primary Care Case Management programs, as well as the Tribal Health Improvement program.
- The HELP Waiver amendment to remove continuous eligibility was approved.
- The Waiver for Additional Services and Populations (WASP) amendment to remove continuous eligibility was approved.
- The WASP's new Evaluation Design to evaluate the effectiveness of the waiver was submitted and approved.

PERINATAL BEHAVIORAL HEALTH PROGRAM

- PRISM for Moms was launched in five Meadowlark sites in February 2021 and made available statewide in May 2021. The teleconsultation line has provided approximately 100 consultations to support providers treating pregnant and postpartum women.
- A success story from Montana's HRSA funded PRISM for Moms psychiatric teleconsultation line was used by HRSA during a federal committee meeting requesting reauthorization of HRSA funds:

“One example of the impact of the program is the story of a pregnant, Native American woman from a Montana reservation who went to a satellite site of a large hospital system to seek prenatal care. Her midwife noticed that the patient presented with symptoms of psychosis and was not receiving medication or therapy. The patient lived in a part of the reservation that does not have cell service or internet, so the only time the patient could seek telehealth services was when she was at the satellite clinic. The midwife called the Montana Screening and Treatment for Maternal Depression program, which is called PRISM for Moms, in order for the patient to be seen by the perinatal psychiatrist. The psychiatrist was able to see the patient that day and made medication recommendations. The psychiatrist also talked with the midwife about options to get the patient to see a mental health provider regularly. If this midwife did not have access to Montana's teleconsultation line, she likely would have referred the patient to a prescribing provider in Billings (the largest city in the state), a two-hour drive from the reservation.”

- Montana was awarded additional funding to support data tracking and evaluation activities in the HRSA grant.

URBAN INDIAN ORGANIZATIONS

- The Montana Department of Health and Human Services worked with the Montana Urban Indian Health Organizations to draft and submit a Disaster Relief State Plan Amendment (SPA). The Disaster Relief SPA was submitted to help address the acute health disparities experienced by American Indian/Alaska Natives living in Urban areas that was exacerbated by the Public Health Emergency. The Disaster Relief SPA applies an incremental increase to the current Urban Indian Organizations (UIO) Prospective Payment System (PPS) rates through the duration of the PHE.
- Created a Tribal Health Section to work with Tribes and Indian Urban Organizations on complex tribal billing and policy changes. This section not only serves as the experts for the Health Resources Division but also helps other divisions of DPHHS understand Medicaid in Tribal communities.

EFFICIENCIES AND COST SAVINGS

HEALTHY MONTANA KIDS/CHIP

The Healthy Montana Kids (HMK) program removed the Extended Mental Health prior approval requirement. This reduced the administrative burden on Department resources and aligned with the current Medicaid process, it is also one less hurdle for HMK participants attempting to receive needed outpatient behavioral health services.

PLAN FIRST WAIVER

The Plan First Waiver application system was fully integrated into the CHIMES system on January 1, 2021, for more efficient application processing and reduced administrative burden on Department resources.

NURSE ADVICE LINE

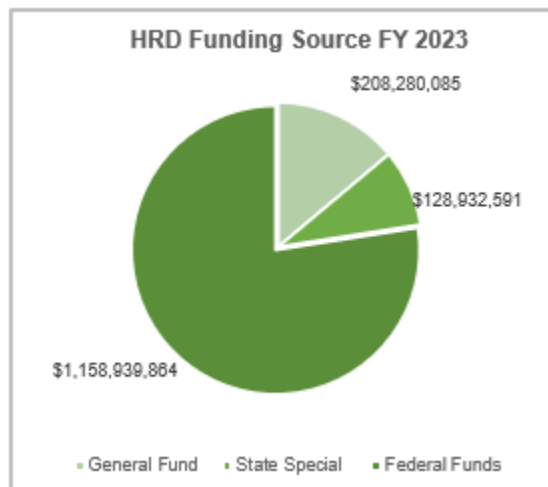
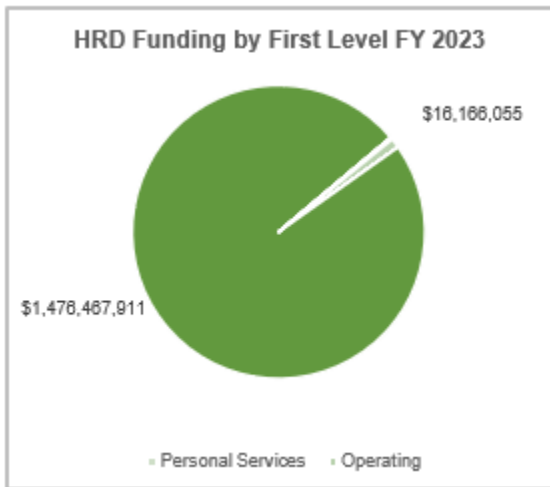
HRD ended the Nurse Advice Line contract and services on April 1, 2022, due to decreased utilization and the current contractor exiting the nurse advice line marketplace. This will be an estimated annual cost reduction of \$85,500. Montana Healthcare Program members were notified of this change and instructed to pose any questions or concerns regarding their health to their primary care provider or to contact 911 for emergencies.

BIG SKY RX

HRD developed an online application to replace the paper process. This has helped to eliminate administrative burden on the program.

FUNDING AND FTE INFORMATION

HEALTH RESOURCES	FY 2023 Budget	FY 2024 Request	FY 2025 Request
FTE	41.62	41.62	41.62
Personal Services	\$3,515,700	\$3,259,472	\$3,276,766
Operating	\$16,166,055	\$15,573,272	\$15,825,450
Benefits and Claims	\$1,476,467,911	\$1,770,177,188	\$1,819,389,989
Transfers	\$0	\$0	\$0
Debt Services	\$2,874	\$2,874	\$2,874
TOTAL COSTS	\$1,496,152,540	\$1,789,012,806	\$1,838,495,079
	FY 2023 Budget	FY 2024 Request	FY 2025 Request
General Fund	\$208,280,085	\$257,469,979	\$262,288,349
State Special Fund	\$128,932,591	\$134,247,468	\$146,235,567
Federal Fund	\$1,158,939,864	\$1,397,295,359	\$1,429,971,163
TOTAL FUNDS	\$1,496,152,540	\$1,789,012,806	\$1,838,495,079



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – Personal Services

The request includes reductions of \$103,346 in FY 2024 and \$86,052 in FY 2025 to annualize various personal services costs including FY 2023 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$34,069	(\$358,793)	\$221,378	(\$103,346)
FY 2025	\$36,454	(\$351,968)	\$229,462	(\$86,052)
Biennium Total	\$70,523	(\$710,761)	\$450,840	(\$189,398)

SWPL 3 – Inflation Deflation

The request includes an increase of \$622,254 in FY 2024 and \$827,787 in FY 2025 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with supplies & materials, communications, repair & maintenance, state motor pool, and other services.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$106,331	\$213,808	\$302,115	\$622,254
FY 2025	\$141,217	\$284,548	\$402,022	\$827,787
Biennium Total	\$247,548	\$498,356	\$704,137	\$1,450,041

PL 11891 – Expansion Core Services HRD

This present law adjustment is necessary to fund the caseload growth in the Health Resources Division. This request is to cover the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$268,395,660 in total funds for the biennium including \$26,839,566 in general fund and \$241,556,094 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$13,376,348	\$0	\$120,387,130	\$133,763,478
FY 2025	\$13,463,218	\$0	\$121,168,964	\$134,632,182
Biennium Total	\$26,839,566	\$0	\$241,556,094	\$268,395,660

PL 11893 – Expansion Federal Services HRD IHS

This present law adjustment is necessary to fund the caseload growth in the Health Resources Division. This request covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a biennial increase of \$68,290,568 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$33,657,888	\$33,657,888
FY 2025	\$0	\$0	\$34,632,680	\$34,632,680
Biennium Total	\$0	\$0	\$68,290,568	\$68,290,568

PL 11894 – Expansion Other Services HRD

This present law adjustment is necessary to maintain existing services for Medicaid Expansion in the Health Resources Division. This change package requests \$417,652 in general fund for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$208,826	\$0	\$0	\$208,826
FY 2025	\$208,826	\$0	\$0	\$208,826
Biennium Total	\$417,652	\$0	\$0	\$417,652

PL 11896 – Expansion Core FMAP Adjustment HRD

This present law adjustment is necessary to maintain existing services for the Medicaid Expansion Program in the Health Resources Division. The biennial funding increases general fund by \$1,295,314 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$647,657	\$0	(\$647,657)	\$0
FY 2025	\$647,657	\$0	(\$647,657)	\$0
Biennium Total	\$1,295,314	\$0	(\$1,295,314)	\$0

PL 11897 – Expansion Supplemental Payments HRD HUF

This present law adjustment is necessary to fund the caseload growth in the Health Resources Division. This request cover the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$54,376,246 in total funds for the biennium including \$5,437,624 in state special and \$48,938,622 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$2,718,812	\$24,469,311	\$27,188,123
FY 2025	\$0	\$2,718,812	\$24,469,311	\$27,188,123
Biennium Total	\$0	\$5,437,624	\$48,938,622	\$54,376,246

PL 11990 – HMK Caseload HRD

This present law adjustment is necessary to fund a caseload reduction in the Health Resources Division. The decrease in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package reduces \$13,181,156 in total funds for the biennium including reductions of \$3,311,106 in state special and \$9,870,050 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	(\$2,146,335)	(\$6,397,992)	(\$8,544,327)
FY 2025	\$0	(\$1,164,771)	(\$3,472,058)	(\$4,636,829)
Biennium Total	\$0	(\$3,311,106)	(\$9,870,050)	(\$13,181,156)

PL 11991 – Medicaid Core Services HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per services for medical care. This change package requests \$115,070,811 in total funds. The biennial funding is \$29,780,770 in general fund, \$11,666,904 in state special revenue, and \$73,623,137 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$17,798,732	\$583,452	32,402,068	\$50,784,252
FY 2025	\$11,982,038	\$11,083,452	41,221,069	\$64,286,559
Biennium Total	\$29,780,770	\$11,666,904	73,623,137	\$115,070,811

PL 11992 – Medicaid Core FMAP Adj for Supplemental

This present law adjustment is necessary to maintain existing services for the Supplemental Payment Program in the Health Resources Division. The biennial funding increases general fund by \$1,065,320 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$676,068	(\$676,068)	\$0
FY 2025	\$0	\$532,660	(\$532,660)	\$0
Biennium Total	\$0	\$1,065,320	(\$1,065,320)	\$0

PL 11994 – Medicaid Other Services HRD

This present law adjustment is necessary to maintain existing services for the Medicaid Clawback and Quarterly Rebate Offset Amount (QROA) Programs in the Health Resource Division. This change package requests \$22,756,098 in total general fund for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$10,804,572	\$0	\$0	\$10,804,572
FY 2025	\$11,951,526	\$0	\$0	\$11,951,526
Biennium Total	\$22,756,098	\$0	\$0	\$22,756,098

PL 11995 – Medicaid Federal Services HRD Schools

This present law adjustment is necessary to maintain existing services for the Medicaid School Based Services Program in the Health Resources Division. This change package requests \$2,179,146 in total federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$979,774	\$979,774
FY 2025	\$0	\$0	\$1,199,372	\$1,199,372
Biennium Total	\$0	\$0	\$2,179,146	\$2,179,146

PL 11996 – FMAP Adjustment HRD

This present law adjustment is necessary to maintain existing services for the Medicaid Program in the Health Resources Division. The biennial funding decreases general fund by \$1,183,003 and includes an offsetting increase in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$405,074)	\$0	\$405,074	\$0
FY 2025	(\$1,407,929)	\$0	\$1,407,929	\$0
Biennium Total	(\$1,813,003)	\$0	\$1,813,003	\$0

PL 11997 – Medicaid Supplemental Payments HRD

This present law adjustment is necessary for the hospital utilization fee in the Health Resources Division to cover utilization, acuity levels, and cost per service for medical care increases. This change package requests \$17,046,402 in total funds for the biennium including \$6,134,148 in state special and \$10,912,254 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$3,076,023	\$5,447,178	\$8,523,201
FY 2025	\$0	\$3,058,125	\$5,465,076	\$8,523,201
Biennium Total	\$0	\$6,134,148	\$10,912,254	\$17,046,402

PL 11998 – FMAP Adjustment HRD HMK

This present law adjustment is necessary to maintain existing services for the Healthy Montana Kids Program in the Health Resources Division. The biennial funding increases general fund by \$7,119,467 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$654,801	\$0	(\$654,801)	\$0
FY 2025	\$6,464,666	\$0	(\$6,464,666)	\$0
Biennium Total	\$7,119,467	\$0	(\$7,119,467)	\$0

NEW PROPOSALS

NP 11888 – Medicaid Expansion HUF Refinance

This new proposal requests a refinance of Medicaid Expansion Hospital Utilization Fee in the Health Resources Division. This fund switch will increase state special revenue I-149 funds and decrease state special hospital utilization fee revenue by \$839,331 each year of the biennium. The total cost for the program is not impacted by this change package.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$0	\$0
FY 2025	\$0	\$0	\$0	\$0
Biennium Total	\$0	\$0	\$0	\$0

NP 11010 – Extend Postpartum Coverage To 12 Months

This new proposal requests \$9,218,368 in total funds over the biennium to the Health Resources Division to extend the coverage of postpartum women enrolled in Montana's Medicaid and Children's Health Insurance Program (CHIP) from 60 days to 12 months under Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARPA). This new proposal requests \$2,814,063 in general funds and \$6,404,305 in federal funds for the 2025 biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$1,379,240	\$0	\$3,138,905	\$4,518,145
FY 2025	\$1,434,822	\$0	\$3,265,400	\$4,700,222
Biennium Total	\$2,814,062	\$0	\$6,404,305	\$9,218,367

NP 11015 – Prov Rate Adj - Med Core HRD

This new proposal requests \$28,551,599 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study's rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% general funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$3,343,458	\$0	\$5,920,764	\$9,264,222
FY 2025	\$6,920,311	\$0	\$12,367,066	\$19,287,377
Biennium Total	\$10,263,769	\$0	\$18,287,830	\$28,551,599

NP 11020 – Prov Rate Adj - Med Federal HRD

This new proposal requests \$12,325,728 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study's rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$4,045,657	\$4,045,657
FY 2025	\$0	\$0	\$8,280,071	\$8,280,071
Biennium Total	\$0	\$0	\$12,325,728	\$12,325,728

NP 11016 – Prov Rate Adj - Healthy Montana Kids

This new proposal requests \$13,380,420 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$1,014,905 in general funds, \$1,693,960 in state special revenue, and \$10,671,555 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$330,626	\$551,842	\$3,476,477	\$4,358,945
FY 2025	\$684,279	\$1,142,118	\$7,195,078	\$9,021,475
Biennium Total	\$1,014,905	\$1,693,960	\$10,671,555	\$13,380,420

NP 11019 – Prov Rate Adj - Expansion Core

This new proposal requests \$23,914,871 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$2,391,487 in general funds, and \$21,523,384 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$910,308	\$0	\$8,192,769	\$9,103,077
FY 2025	\$1,481,179	\$0	\$13,330,615	\$14,811,794
Biennium Total	\$2,391,487	\$0	\$21,523,384	\$23,914,871

NP 11018 – Prov Rate Adj - Expansion Federal

This new proposal requests \$11,199,750 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study's rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$3,685,525	\$3,685,525
FY 2025	\$0	\$0	\$7,514,225	\$7,514,225
Biennium Total	\$0	\$0	\$11,199,750	\$11,199,750