

# Montana State Senate



*The Big Sky Country*

SENATOR ROGER WEBB

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September 7, 2015

Richard Opper  
Director DPHHS  
111 N. Sanders, Room 301  
Helena, MT 59620

Dear Mr. Opper:

I am writing to you today as a legislator who served on the committee of Health and Human Services for Senate Bill 405 and am concerned with DPHHS' deviation from the stated intent of the law.

In particular, DPHHS has requested twelve-month continuous coverage determinations for newly eligible and enrolled beneficiaries, as well as express lane eligibility determination authority in Section II(6) of the waiver request.

As you will recall, two employees and one recently retired employee at the Office of Public Assistance testified before the 2015 Legislature and raised issues over the accuracy of the eligibility determination process used by the Department.

As reported, "... and her colleagues said even though the system isn't working, they're under orders to process 70 percent of welfare-benefit requests on the same day they receive them."

The additional authority requested by the Department does nothing to fix the concerns raised by these public servants. In fact, it can be fairly argued, that the authority requested by DPHHS makes the existing system worse by failing to accurately determine the financial status at the point of application and that the Department will fail to follow-up on that determination during the twelve-month continuous enrollment period.

Additionally, Section 8(1)(f) of SB 405 instructs DPHHS to improve both its front end determination process and post-determination checks to reduce waste, fraud and abuse in the Medicaid program. Section II(6) of the waiver actively undermines this section of law.

Finally, the first time I was made aware of the Department's desire for this authority was after the Legislature adjourned. In fact, this language has not appeared as part of any legislation before our committee.

The Department's request may have merit, but I would like a clearer understanding of your intent and goals with the additional authority so that the public has a chance to consider the proposal outside of the current waiver request to CMS.

Thank you for your time and attention to this matter.

Respectfully,

Senator Roger Webb



*The Big Sky Country*

## MONTANA HOUSE OF REPRESENTATIVES

**REPRESENTATIVE CHUCK HUNTER**  
HOUSE MINORITY LEADER  
HOUSE DISTRICT 83

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717 DEARBORN AVE.  
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August 20, 2015

COMMITTEES:  
BUSINESS & LABOR  
RULES  
LEGISLATIVE COUNCIL, CHAIRMAN

Secretary Sylvia Burwell  
U.S. Department of Health and Human Services  
200 Independence Ave. S. W.  
Washington, D. C., 20201

Dear Secretary Burwell:

I am writing to strongly request that you approve Montana's Medicaid waiver proposal for the expansion of Medicaid. I believe your approval of the waiver to implement the Act is in the best interest both of our nation and of more than 50,000 to 70,000 Montanans who would gain access to health care through the waiver.

As you know, the HELP Act is the result of compromise and collaboration between Democrats and moderate Republican legislators, and of course, our Governor. Passage of the bill was far from certain, and the unique conditions and personalities that made the bill possible may not be seen in Montana again. It would be unthinkable for such difficult work to be unrecognized, and such an opportunity to be set aside. Expansion of our Medicaid system will be set back years if our waiver is not approved.

The HELP Act itself is far from perfect, from either the liberal Democratic perspective or the conservative Republican perspective. It is, however, a reasonable compromise, and should be seen as a solid foundation on which to build. The more conservative features of the Act are identical or very similar to features already found in waivers approved for other states. The innovative features, including connections to workforce development and the use of a third party administrator are new developments of the kind that demonstration waivers were designed to test.

Once in place, the Act can and will be made better over subsequent sessions. Our history with CHIP provides an example of how a program can innovate and improve over time. When CHIP was first enacted in Montana, it was implemented under a very limited scope. CHIP was established as a private market insurance program, and was limited to several thousand children through tightly controlled state appropriations.

Secretary Burwell, Page 2

State efforts, supported by children's health advocates, worked to expand and improve the program in every subsequent session after the initial implementation. Appropriations were increased to allow up to 5000 children to be covered. The program was modified to use a third party administrator and allow the state to assume risk in order to lower costs.

State funding was increased to provide coverage for 9000 children. A citizen's initiative to provide broader coverage was passed, and the program expanded to provide services first to 12,000, then to 16,000 children. The program subsequently became fully self-administered, and again coverage was expanded allowing more than 20,000 Montana children to be served. When the ACA was passed, the state took advantage of the new opportunities for children and increased coverage significantly. Today, our CHIP and Medicaid children are served under a seamless program that works exceedingly well for Montana families.

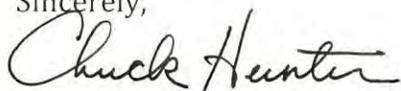
A similar progression can be expected for the Medicaid expansion program. Montana citizens support coverage for low income Montanans – and they continue to pressure our legislative to enhance and improve that coverage. Our conservative legislature is recalcitrant, it is true; but the steady march of progress over time is testament to the desire and efforts of those who seek progress. As many have said, notably Martin Luther King, "the arc of the moral universe is long, but it bends toward justice".

Multiple attempts to pass a "pure" Medicaid expansion bill failed in our 2013 legislative session, and similar attempts failed again in 2015. Pure expansion is not possible in our legislative climate. The need for compromise was a reality. As the leader who was responsible for shepherding the Help Act through the Montana House of Representatives, I can tell you that it's passage was fraught with difficulties and was far from certain. It took extraordinary effort, compromise, and will to pass the bill. Our Senate had no less of a challenge. Our Governor was tireless in his efforts to find and support a bipartisan expansion bill that he could sign.

Surely for the benefit of 70,000 Montanans, our waiver can be approved. Surely, for the added weight an additional expansion state would add to the effort to make coverage affordable for all in our nation, our waiver can be approved. And surely, to recognize that political compromise is not only necessary but desirable in the creation of lasting progress, our waiver can be approved.

For those reasons, I respectfully request you approve Montana's Medicaid expansion waiver request.

Sincerely,

A handwritten signature in cursive script that reads "Chuck Hunter".

Chuck Hunter, House Minority Leader

8/17/15

To: DPHHS

Attn: Jo Thompson

Re: Medicaid ~~waivers~~ waivers

kjarussi@boesnan.net

From: Karen Jarussi, 1131 N. 32 St, Bldg MT, SG, 01 245-0160

I support approval of a Medicaid waiver for the Montana "Medicaid Expansion" bill that passed in the 2015 session. This bill, while not meeting all the requirements, is our best effort at providing health coverage for thousands of Montanans who need, want, & deserve coverage. Please approve the waiver. Thank you!!

# Public Comment Submittal

**Comments may be submitted in writing by mail, email, or verbally in the public meetings. All comments will be reviewed and considered equally.**

By Mail:

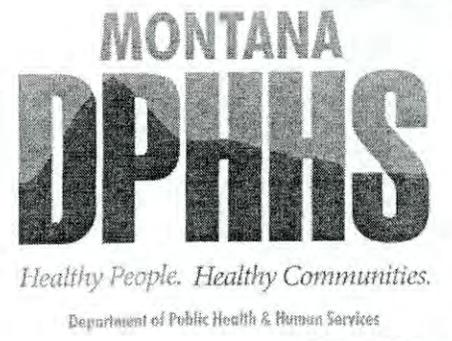
The Department of Public Health and Human Services  
Attn: Jo Thompson  
P.O. Box 202951  
Helena, MT 59620-2951

By Email:

[jothompson@mt.gov](mailto:jothompson@mt.gov)

For Electronic Comment Form and Additional Information:

<http://dphhs.mt.gov/medicaidexpansion>



Mr. Chair, Members of the Committee, my name is Jill-Marie Steeley. I am the Executive Director of Cooperative Health Center, a Federally Qualified Health Center, providing primary care and dental health in Helena and Lincoln, MT. I am here in support of the Medicaid expansion waiver, and to request that CMS and the State of MT move swiftly in approving this waiver so that thousands of Montanans can access healthcare services.

The Cooperative Health Center provides care to nearly 7,000 patients per year, and more than 47% of those patients do not have medical insurance. Our uninsured patients often work two to three jobs trying to make ends meet, which means a lot of them fall into the Medicaid Gap of making too much income to qualify for existing Medicaid, but not enough to qualify for subsidies on the exchange. Being uninsured means they have access to primary care through our health centers, but don't have access to specialty care.

Last week, an uninsured man in his 40's walked into our Lincoln clinic complaining of chest pain. The doctor did a quick assessment and advised the patient go to the hospital as soon as possible for a stress test. The patient came back the next day and said he hadn't gone to the hospital, but asked the doctor to do a lung x-ray...maybe his lungs were just hurting. The doctor did a lung x-ray and didn't find anything. He again advised him to go to the hospital right away. The patient told him he didn't want to because it would cost too much, but reluctantly agreed to go. That man was having a heart attack, and his resistance to seek emergency care because he does not have insurance nearly cost him his life.

This is just one example from the dozens of patients who seek care at community health centers every day. They are among thousands of Montanans who have been waiting too long for access to life-saving medical treatment and are counting on an expedient waiver process. I urge you to approve the Medicaid expansion waiver rapidly. Thank you.

Mr. Chair, Members of the Committee, my name is Jill-Marie Steeley. I am the Executive Director of Cooperative Health Center, a Federally Qualified Health Center, providing primary care and dental health to nearly 7,000 patients annually in Helena and Lincoln, MT. I am here in support of the Medicaid expansion waiver, and to request that CMS and the State of MT move swiftly in approving this waiver so that thousands of Montanans can access healthcare services. Thank you.



8/20/15

Mr. Chair, Members of the Committee, my name is Lander Cooney (COONEY). I am the CEO of Community Health Partners, a nonprofit community health center providing high-quality, affordable primary care to more than 12,000 patients annually at service delivery sites in Livingston, Bozeman, Belgrade and West Yellowstone. I am here to urge the state of Montana and CMS to move swiftly to approve our Medicaid expansion waiver.

The majority of CHP patients live below twice the Federal Poverty Line and 56% have no medical insurance. Our patients are seasonal employees of Yellowstone National Park, construction workers, ranch hands, and childcare workers. They make choices every day about how to make ends meet.

Health centers like ours are effective and efficient. We deliver high-quality, coordinated care that ensures access and reduces cost. BUT, we are not the entire healthcare system. We serve patients every day who fall into the Medicaid Gap – they earn too much to qualify for existing Medicaid coverage but not enough to qualify for subsidies on the exchange – who need services they can't afford. Whether it's specialty care, psychiatric assessment, vision care or physical therapy, it's time to ensure that all of our citizens have access to the care they need to improve their health and reach their full potential as community members.

Community Health Partners' mission is to enhance community health and well-being with a vision of 100% access and zero disparity. During the organization's 18 year history, it has grown from one medical site serving a frontier community to four medical sites, two dental sites and an integrated adult and family literacy program providing adult basic education, job skills training, and parenting support. There is much work left to do. Montana's Medicaid expansion waiver will open up access to healthcare coverage for tens of thousands of Montanans who have been waiting for years and who desperately need this access to care. Community health centers are committed to meeting the complex needs of this underserved population and growing our services to improve the health of our state.

Thousands of Montanans have been waiting too long for access to life-saving medical treatment and are counting on a rapid waiver process. I urge you to take this important step for our state's future. Thank you.



8/20/15

Mr. Chair, Members of the Committee, my name is Lander Cooney (COONEY). I am the CEO of Community Health Partners, a nonprofit community health center providing high-quality, affordable primary care to more than 12,000 patients annually at service delivery sites in Livingston, Bozeman, Belgrade and West Yellowstone. I ask you to swiftly approve the Medicaid expansion waiver, and with your permission, would like to submit testimony fro the record. Thank you.

# Montana State Senate

**SENATOR CHRISTINE KAUFMANN**  
HELENA



August 20, 2015

*The Big Sky Country*

Secretary Sylvia Burwell  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

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Dear Secretary Burwell,

We are a group of Democratic legislators from Montana writing to urge CMS to approve Montana's Medicaid Waiver. We acknowledge the HELP Act, and the waiver based on its provisions, are imperfect. We supported the legislation, first and foremost, because 70,000 Montanans cannot wait for the political climate to be more favorable. They need access to health care now.

We all supported earlier legislation that expanded Medicaid in a manner more acceptable to us—without premiums and co-pays, without fees, or workforce assessments. We worked with the executive branch and advocacy groups to build public support, garner favorable press attention, and prepare strong public testimony.

It did not matter. We were dealing with entrenched ideology among the Republican majorities in both houses. After 6.5 hours of compelling testimony from patients, medical professionals, veterans, chambers of commerce, rural hospitals, and safety net providers, the committee's Republican majority immediately voted down the bill without serious deliberation...in the face of dying constituents.

We supported the negotiated compromise—the HELP Act—because we believed it achieved all the policy advances we could hope for, given the political reality. We made full use of existing rules to leverage support from moderate Republicans. As a result, and by the slimmest of margins, Montana became the first state in 18 months to expand Medicaid legislatively. As a result, 70,000 more Montanans will have access to health care, our local hospitals will get a boost that just might help them remain financially viable, and we will create thousands of good paying jobs across our state.

Many of us have worked extensively on health care reform over the years and will continue to do so. The HELP Act, by far, represents our biggest policy victory in terms of access. In the future, with a more favorable political climate, we will be able to make changes to the law that makes care more affordable and universal. If the current opportunity is lost, expansion of health care access is lost to Montana for the foreseeable future. It may well be lost in all the remaining non-expansion states. Our reasonable colleagues in the majority

party will have drawn the wrath of their leadership, and likely primary challengers, for nothing.

We understand the waiver needs to be negotiated and refined. We understand the need for CMS to set standards. We examined waivers approved in other states and worked with the executive to convince our colleagues to make substantial changes. We know that some provisions will limit affordable options for some of our constituents. We deeply regret that and will work to make changes in the future. However, tens of thousands of our constituents will have new access to healthcare when this waiver is approved and this policy is implemented. This is access that these Montanans would be denied if it were not for the tough, creative, and significant compromises we made in order to get this done. This policy will work and we are ready to get started with implementation.

We expect the Obama administration to help us get to a final approved waiver in a timely way. In Montana the federal government is not popular. Republicans are more than happy to exploit and feed anti-government hatred in the election cycle. Please don't give them opportunity to link Democrats with the failure of Medicaid expansion in Montana.

Sincerely,



Senator Christine Kaufmann

Senator Mary Caferro

Senator Jon Sesso

Senator Robyn Driscoll

Senator Tom Facey

Senator Lea Whitford

Senator Diane Sands

Senator Sue Malek

Senator Sharon Stewart Peregoy

Senator Jill Cohenour

Senator Jonathan Windy Boy

Senator Cynthia Wolken

Senator Mary McNally

Senator Mary Sheehy Moe

Senator Dick Barrett

Senator Mike Phillips

Senator Cliff Larson

Senator Gene Vuckovich

Senator Jim Keane

Senator Brad Hamlett

Senator JP Pomnichowski

Representative Pat Noonan

Representative Jenny Eck

Representative Margie MacDonald

Representative Bryce Bennett

Representative Bridget Smith

Representative Carolyn Pease Lopez

Representative Virginia Court

Representative Jean Price

Representative Kelly McCarthy

Representative Tom Woods

Representative Chris Pope

Representative Zach Brown

Representative Mary Ann Dunwell

Representative Jessica Karjala

Representative Kimberly Dudik

Representative Ellie Hill

Representative Janet Ellis

Representative Nancy Wilson

Representative Moffie Funk

Representative Denise Hayman

Representative Nate McConnell

Representative Bob Melhoff

Representative Tom Jacobson

Representative Gordon Pierson

Representative Zac Perry

Representative Willis Curdy



August 20, 20115

Mary E. Dalton, Montana Medicaid Director  
c/o Jo Thompson  
The Department of Public Health and Human Services  
P.O. Box 202951  
Helena, Montana 59620-2951

RE: AARP Montana Comments Concerning Montana Department of Public Health and Human Services (DPHHS) Montana Health and Economic Livelihood Partnership (HELP) Program 1115 and 1915(b)(4) Waiver Requests to Federal Centers for Medicare & Medicaid Services

Dear Director Dalton:

We are writing to comment on the draft Medicaid waiver application for the Montana Health and Economic Livelihood Partnership (HELP) program, the state's unique strategy to expand health coverage to all individuals below 138 percent of the Federal Poverty Level (FPL) as provided for in the federal Patient Protection and Affordable Care Act (ACA). AARP applauds the bipartisan work of Montana's leaders to forge a final compromise solution during this year's legislative session to expand health care coverage for those Montanans who are currently without accessible health care – especially for the more than 13,000 Montanans age 50-64 who are either between jobs or in jobs without health coverage. We also appreciate the quick yet detailed work DPHHS has done to get a workable program approved and in place by November 1. AARP stands ready to help in the process in any way we can. We welcome this opportunity to comment on the HELP program waiver application and to help ensure that this program not only increases coverage, but also improves access and quality.

It is our understanding that under the HELP program, DPHHS will contract with a Third Party Administrator (TPA) to administer the delivery of and payment for healthcare services for some of the newly eligible adults, with the exception of participants who are exempt from TPA enrollment, such as medically frail, American Indian/Alaskan Native residents, and others. We note that the state recently released a Request for Proposal for a contractor to serve as the TPA in the HELP program, outlining the many programmatic and contractual requirements that the state will expect from the TPA. We understand that those participants who are enrolled through a TPA will

also be subject to monthly premium and co-pay requirements, subject to certain exceptions and exemptions.

AARP believes that all states should elect the option to expand Medicaid to cover low-income uninsured populations and many components of the HELP program are consistent with AARP policy principles. We particularly appreciate the state's decision not to seek a waiver of retroactive eligibility or important benefits, like non-emergency medical transportation, and to eliminate co-payments for "high value" services such as preventative screenings and immunizations. AARP Montana was one of many groups that worked tirelessly to promote this expansion of health benefits and we have a strong desire to see this program approved and implemented. In reviewing the waiver applications, we have the following recommendations for ways to assure that the HELP program achieves its goals of providing quality health care to eligible Montanans.

### **Monthly Premiums and Co-pays**

The HELP Program requires monthly premiums of 2 percent of household income for most new adult participants and calls for the maximum copayment amounts allowed under federal law. In accordance with federal law, premiums and copayments combined are not to exceed 5 percent of family household income. AARP is concerned that the proposed monthly premiums could result in reduced access to needed care or create undue service barriers, particularly for those under 100 percent of the FPL. Recent research has found that even nominal monthly premium requirements in Medicaid are correlated with shorter periods of enrollment and a reduced probability of individuals remaining enrolled for a full year.<sup>1</sup> The required monthly premiums are made more problematic by the proposal that participants with incomes above 100 percent of the FPL who fail to pay premiums and do not participate in wellness programs will be dis-enrolled from coverage until they pay overdue premiums or until the Department of Revenue assesses the premium debt against their income taxes. This proposal would be a departure from the traditional Medicaid program, in which failure to pay point-of-service co-pays does not result in complete termination of enrollment in the program. The coverage gaps created by terminating enrollment could lead to added uncompensated care costs for providers, inability of TPAs to manage care over time, and poorer health outcomes for participants resulting in health conditions that will be more expensive to treat later. We are pleased that the waiver has not proposed cutting specific benefits of enrollees under 100% FPL who fail to make premiums, as has been approved for another state.

We recognize that the requirement of monthly premiums is established in the legislation authorizing this expansion and DPHHS would be unable to eliminate this requirement without other legislative authorization. Nevertheless, we urge DPHHS to, at minimum, closely monitor the

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<sup>1</sup> Dague, Laura. "The effect of Medicaid premiums on enrollment: A regression discontinuity approach." *Journal of Health Economics* 37 (2014): 1-12.

effects of cost-sharing under the HELP program to determine whether and to what extent it impacts participants' access to care, causes gaps in coverage due to inability to pay premiums, and leads to barriers in covering the uninsured in Montana. Based on this ongoing monitoring, DPHHS should work in coordination with the legislature, CMS and stakeholders to determine whether corrective steps in modifying cost-sharing requirements are needed.

We also urge the state to consider adding a hardship waiver for participants who cannot afford their monthly premiums. This type of hardship waiver was an important component of the Medicaid expansion plan approved by CMS and currently implemented in Iowa. We suggest Montana use CMS guidance on hardship exemption criteria for the individual shared responsibility payment (45 CFR 155.605(g)(1)) as a framework for the monthly contribution hardship waiver – to ensure that individuals at risk of losing their health coverage due to financial insecurity or because they will face the risk of deprivation of food, shelter or other necessities will not be dropped from the program due to inability to pay.

While we are pleased that the HELP program does allow for participants who meet certain criteria to be exempted from disenrollment for failure to pay monthly premiums, there is little information provided in the waiver proposals or the authorizing legislation on how these exemptions would be administered. We urge the state to ensure that participants are fully aware of these exemptions. The HELP program should seek to promote participant access by helping participants to navigate a potentially confusing system and avail themselves of these exemptions.

#### **Exceptional Health Care Needs Determination**

Under the HELP program, only those participants who are enrolled through a TPA will be required to pay monthly premiums and copayments. The waiver specifies that the following individuals will be exempt from enrollment through a TPA:

*“[I]ndividuals who have exceptional health care needs, including but not limited to medical, mental health or developmental conditions; individuals who live in a region, including an Indian reservation, where the TPA was unable to contract with sufficient providers; individuals who require continuity of coverage that is not available or could not be effectively delivered through the TPA; and, those otherwise exempt under federal law.”*

The waiver does not provide any detail as to how individuals will be determined to be exempt from enrollment through a TPA under one of these categories, other than to say that “[i]ndividuals with special needs will be identified upon application”. Because of the important cost-sharing and service implications that this determination has for individuals, we urge DPHHS to elaborate on its proposed determination process. The waiver should include greater detail on the state's plans to develop and implement screening policies and procedures, including details on screening

assessment questions, how such questions have or will be tested, and any prospective screening measures or retrospective claims review processes. DPHHS should ensure that all procedures are evidence-based, effectively reclassify individuals as having "exceptional health care needs" or otherwise being exempt from TPA enrollment at any time during their coverage period and as soon as possible after a change in status (and not just as part of the annual redetermination).

### Conclusion

In conclusion, AARP has a strong desire to see this program approved and implemented as soon as possible and urge CMS to work collaboratively with DPHHS to expedite the process so 70,000 Montanans will finally receive health care. We hope that our continued collaboration and open communication will help ensure that we meet the needs of vulnerable, low-income Montanans and establish a sustainable, successful program for the long-term.

We appreciate the opportunity to provide these comments and look forward to discussing them with you. If you have any questions, please contact Claudia Clifford at [cclifford@aar.org](mailto:cclifford@aar.org).

Sincerely,

Joy Bruck  
State President  
AARP Montana  
30 West 14th Street, Suite 301  
Helena, Montana 59601

As a nonprofit, nonpartisan social welfare organization with a membership and offices in all 50 states, AARP's mission is to help people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. We seek to help older Americans live long and healthy lives. AARP Montana, representing over 150,000 members, is Montana's largest organization representing the needs, views, desires, and hopes of Montana's 50+ population.

MARY ANNE GUGGENHEIM, M.D.  
100 Stuart Street  
Helena, MT 59601  
406-443-5006  
sweenycrik@gmail.com

*Certified, American Board of Psychiatry  
and Neurology, with Special Competence in  
Child Neurology*

*Distinguished Clinical Professor  
of Pediatrics  
U of Colorado School of Medicine*

*Certified, American Board of Pediatrics*

Re Montana Medicaid waiver:

As a physician, I have cared for children with neurodevelopmental disorders since 1970, and in Montana since 1983. I know firsthand the importance of medical insurance for these children and families – for testing, therapy, and rehabilitation.

Expanding Montana Medicaid to additional thousands of families is essential....as is the waiver request.

Thank you.

A handwritten signature in black ink that reads "Mary Anne Guggenheim". The signature is written in a cursive, flowing style with a horizontal line extending to the right from the end of the name.

Mary Anne Guggenheim, M.D.

August 20, 2015

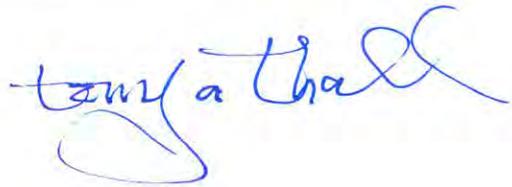
My name is Terry Thall and I am from Great Falls. I would like to add my support to allowing a waiver for the Medicaid Expansion in Montana.

This legislation will provide needed health insurance to as many as 70,000 of our fellow Montanans who have a critical need for affordable health care. In addition it will take a burden off of many of our rural hospitals that have been driven to the brink of financial disaster while providing uncompensated care.

This legislation is uniquely Montanan. It was passed by bipartisan majorities of our legislature. And while it deviates from the expansion in the federal guidelines by including modest premiums and co-pays and employing a third party administrator, it is not an untested model. It employs the same format as the very successful Healthy Montana Kids--Montana's Children's Insurance Program which insures over 24,000 low income children in our state.

While I testify as an individual, I assure you that many others who share my demographics also share my support for allowing the waiver.

Thank you for your time and consideration.

A handwritten signature in blue ink that reads "Terry Thall". The signature is written in a cursive style with a large, looping initial "T".

August 20, 2015

Dear Ms. Thompson,

We are writing in support of the 1115 waiver regarding SB 405, the Montana HELP Act. The HELP Act provides access to health care for up to 70,000 Montanans. All interested parties made concessions in order to get SB 405 passed out of the 2015 legislature. The HELP Act will improve the economic status and health of Montanans who are currently left out of health care coverage.

The HELP Act addresses the need for affordable, quality health care for our struggling constituents. It will open provide access to primary and preventative care and will allow many Montanans to finally secure life saving and life changing care.

Montanans need CMS to move quickly in approving this waiver so that our constituents can begin enrolling this fall. Thousands of Montanans have been waiting too long for access to life saving medical treatment and are counting on a rapid approval process.

The HELP Act is a Montana solution created by a diverse group of Montana's political leaders, policy advocates, and citizens and is an outcome of a hard won bipartisan compromise.

Sincerely,

Senator Mary Caferro

Senator Christine Kaufmann

House Democratic Whip Jenny Eck

Senator Jill Copenhour

Representative Mary Ann Dunwell

Representative Moffie Funk

Representative Janet Ellis



Lewis & Clark  
**Public  
Health**

**RECEIVED**

**AUG 20 2015**  
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DIVISION**

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August 20, 2015

Ms. Jo Thompson  
Montana Department of Public Health and Human Services  
PO Box 202951  
Helena, MT 59620-2951

Re: Comments, Montana Health and Economic Livelihood Partnership (HELP) Program Section  
1115 Research and Demonstration Waiver Application

Dear Ms. Thompson,

Thank you for the opportunity to comment on the State of Montana application for a 1115 waiver to expand Medicaid services. Such an expansion is one of the top priorities of Lewis and Clark Public Health because access to health care is critically important to the overall health of our population, both in the county we serve and statewide.

We are grateful that Montana legislators from both sides of the aisle blazed the way for Medicaid expansion by passing Senate Bill 405, the Health and Economic Livelihood Partnership (HELP) Act. The 2015 bill was supported by an impressive cross-section of stakeholders from business organizations to healthcare providers, health advocates to financial entities, and many others. Most importantly, scores of uninsured Montanans who would gain access to health care through the proposal traveled to Helena to tell their stories about how being uninsured has impacted them. It is clear based on these individual stories and by the overwhelming support of organizations across the state that Montanans are ready to expand Medicaid coverage, and time is of the essence. Public health departments are among those standing ready to assist in the enrollment process. We hope that the process to get the draft 1115 waiver approved by the Centers for Medicaid and Medicare Services is swift so that we can get to work.

With the implementation of the Affordable Care Act (ACA), more residents in Lewis and Clark County now have access to health insurance. Our uninsured rate for the period 2011-2013 is over 10%, down from the previous three-year period. This can be attributed in part to the ACA. In order to continue this encouraging momentum, we need approval of the State of Montana's proposed expansion of Medicaid.

*Our mission is to improve and protect the health of all Lewis and Clark County residents.*

Under the ACA, most health plans must now cover a set of 10 essential health benefits categories, including important prevention services recommended for adults, women, and children. These services include blood pressure screening and immunizations and are available at no cost to the patient. As more residents become eligible for expanded preventive services under the ACA, more people will have access to the services they need to keep them healthy.

In applying for the federal waiver, and, subsequently, in implementing the program expansion, we respectfully request that the Montana Department of Public Health & Human Services (DPHHS) adhere to these principles:

- That DPHHS act as expeditiously as reasonably possible;
- That DPHHS conduct the program in a way that enhances the dignity of the newly covered, rather than detracting from it; and,
- That DPHHS collaborate with local health departments to help us actively reach out to potential new enrollees so that the enrollment process is expeditious and effortless.

Once again, we wish to extend our support to DPHHS as it moves forward with expansion implementation. Lewis and Clark Public Health looks forward to working with the department to enroll residents in our county as soon as possible.

Thank you again for the opportunity to comment. Thank you, too, for the promptness and care the DPHHS has directed to this crucial program. Please contact Lewis and Clark City-County Health Officer Melanie Reynolds if you have any questions or ideas about our participation in rolling out the HELP Program.

Sincerely,



Anne Weber, Chair

Lewis and Clark City-County Board of Health

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**Thompson, Jo**

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**From:** gerger1@bresnan.net  
**Sent:** Saturday, August 15, 2015 8:58 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Gerry Jennings

Email: [gerger1@bresnan.net](mailto:gerger1@bresnan.net)

Comments: •Montana's Medicaid expansion waiver will open up access to health coverage for tens of thousands of Montanans who have been waiting for years and who desperately need this access to care. •Montana's Medicaid waiver reflects a hard won bipartisan compromise. All interested parties made concessions in order to get a policy that could pass and be implemented. This policy will work in practice and improve the lives and health of Montanans who are currently locked out of coverage. •Montanans need CMS to move swiftly in approving this waiver so the state can begin enrolling people into the program. Thousands of Montanans have been waiting too long for access to life saving medical treatment and are counting on a swift waiver process. •While the policy contained in Montana's waiver is not perfect, it is a represents a workable solution created by a diverse group of political leaders and policy advocates. For all these reasons and many more, I support the HELP Act and hope that the waiver can be obtained soon.

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**Thompson, Jo**

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**From:** mollycottrell@gmail.com  
**Sent:** Saturday, August 15, 2015 3:13 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Molly Cottrell

Email: [mollycottrell@gmail.com](mailto:mollycottrell@gmail.com)

Comments: I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. I hope you will support it, too! Thank you!

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**Thompson, Jo**

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**From:** albmvb@montanainternet.net  
**Sent:** Saturday, August 15, 2015 2:38 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Auzie Blevins

Email: [albmvb@montanainternet.net](mailto:albmvb@montanainternet.net)

Comments: My only comments are on the Montana Health and Economic Livelihood Partnership Program (HELP) is in regard to premium and copayment requirements of the legislation: 1. Requiring poor households to pay up to 2% of their income as premiums is purposely self defeating. There are many households who simply do not have the money to make these payments. Pride and financial reality will prevent many from even registering. This will keep the number of participants to a minimum, which will keep medicaid costs down, which is the objective of the bill's Republican sponsors. Many of those not signing up will continue to live and suffer without medical help until they die. Others will, as before, show up at emergency rooms, thus shifting costs over to other citizens with health insurance, to state and local governments, or enabling health care providers to write off the non-payments as bad debts. Expensive copayments serve the same purpose: deterring persons from using the system. 2. Requiring premiums and copayments is entirely against the intent of Federal Medicaid: to serve those too poor to pay for medical help. 3. The administrative expense of trying to collect premiums and copayments will be considerable, and could exceed the income from these requirements. This will place a burden on the Dept of Revenue who will be saddled with trying to recoup delinquent payments from individuals' tax rebates. 4. It will be the duty of the next Montana State Legislature to amend the law to eliminate these premiums and copayment requirements. Thank you. Auzie Blevins 3328 Aqui Esta Drive Billings, Montana

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## Thompson, Jo

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**From:** Lucker, Toni <Toni.Lucker@gallatin.mt.gov>  
**Sent:** Friday, August 14, 2015 8:39 AM  
**To:** Thompson, Jo  
**Cc:** Kelley, Matt  
**Subject:** Medicaid Expansion (HELP ACT) Public Comment  
**Attachments:** LTR BOH Medicaid Expansion Comments 07.23.15.pdf

**Importance:** High

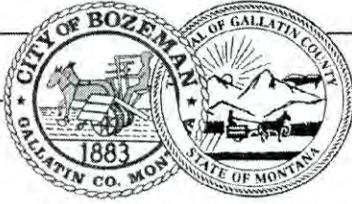
Please see the attached letter of comment from the Gallatin City- County Health Department regarding the Medicaid Expansion (HELP Act).

Toni Lucker / Executive Assistant

GALLATIN CITY-COUNTY HEALTH DEPARTMENT

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P 406 582 3100 / F 406 582 3112 / W [healthygallatin.org](http://healthygallatin.org)



[www.healthygallatin.org](http://www.healthygallatin.org)

## Gallatin City-County Health Department

### Human Services

215 W. Mendenhall, Rm 117  
Bozeman, MT 59715-3478  
(406) 582-3100 • Fax (406) 582-3112

### Environmental Health Services

215 W. Mendenhall, Rm 108  
Bozeman, MT 59715-3478  
406-582-3120 • Fax: 406-582-3128

Richard Opper, Director  
Montana Department of Public Health and Human Services  
PO Box 4210  
Helena, MT 59604-4210

July 23, 2015

Re: Comments, Montana Health and Economic Livelihood Partnership (HELP) Program Section  
1115 Research and Demonstration Waiver Application

Dear Director Opper:

The Gallatin City-County Board of Health ("the Board") is pleased to have the opportunity to comment on the draft application for the Health and Economic Livelihood Partnership (HELP) Act. The Board has been a strong advocate for expanding Medicaid in Montana. We expect that this will ramify very positively in Gallatin County, as nearly 5000 county residents will become eligible for Medicaid. These are mostly adults working in low-paid jobs that do not provide health insurance. Benefits to our county that we anticipate from this program expansion include:

- enhanced health status for thousands of county residents, and the bolstered stability this will provide to their families
- hundreds of new jobs in health care - possibly as many as one thousand new positions across the state
- more than \$30 million in new healthcare spending in our county's economy.\*

In Gallatin County, an estimated 5,500 fellow residents are currently cut off from the health care system because they have no affordable means to buy health insurance. These are the people who build our homes, who grow and serve our meals, and who care for our children and our parents and grandparents. They are veterans, working families, and ranchers and farmers who do earn enough to qualify for subsidies through the federal health insurance exchange but make too much to qualify for Medicaid in its current form.

The HELP ACT, while not perfect, is the product of a bipartisan compromise that will provide opportunity for tens of thousands of people in Montana who have been waiting for years to acquire health insurance and fully participate in our health care system. While we recognize that the proposal is not perfect, it is a workable solution created by a diverse group of political leaders with input from thousands of Montanans.

In Gallatin County, local health data indicates that enrollment in the federal exchanges has driven the uninsured rate from over 22 percent to under 15 percent over the past three years. This excellent progress is directly attributable to the Affordable Care Act. But in order to continue this momentum, we need approval of the State of Montana's proposed expansion of Medicaid. Without it, we fear momentum will stall and another political compromise is an unlikely, distant possibility. This is our opportunity.

Page 2  
Richard Opper, Director  
July 23, 2015

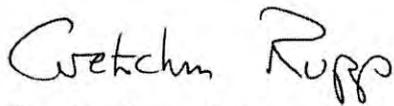
In applying for the federal waiver, and subsequently implementing the program expansion, we respectfully request that the Department of Public Health & Human Services adhere to these principles:

- act as expeditiously as reasonably possible
- conduct the program in a way that enhances the dignity of the newly-covered, rather than detracting from it
- collaborate with local health departments to help us actively reach out to potential new enrollees so they are ready to enroll promptly.

The Board, in turn, pledges its full support of expansion implementation. Working with our community partners, the Board and the Gallatin City-County Health Department will seek out and assist eligible county residents to enroll as soon as they have the opportunity.

We thank you for the promptness and care the DPHHS has directed to this crucial program. Please contact Gallatin County Health Officer, Matt Kelley, with any questions or ideas about our participation in rolling out the HELP Program.

Sincerely,



Gretchen Rupp, Chair  
Gallatin City-County Board of Health

*\* Montana Department of Health and Human Services, "Montana and Major Components of Federal Healthcare Reform," September 18, 2012.*

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KJ  
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**Thompson, Jo**

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**From:** wildheartmountain@yahoo.com  
**Sent:** Thursday, August 13, 2015 10:17 AM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Amy Dockrey

Email: [wildheartmountain@yahoo.com](mailto:wildheartmountain@yahoo.com)

Comments: Dear Ms. Thompson, I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans to finally secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. I have Gastroparesis which includes a feeding tube where I obtain 75% of my calories. I also have Rheumatoid Arthritis and need a helper but without Medicaid I don't qualify for much. I have Medicare but that only covers basics, leaving me with paying for medical care out of pocket eats up all my money. I literally have \$200 in savings and that is ALL. They currently want a THIRD of my \$900 disability check for Medicaid right now! How can I POSSIBLY afford that??? I am willing to pay a monthly fee, but I CANNOT pay a THIRD of my MEAGER income for it!!! I have gone SO long without needed healthcare services that I have needed to be hospitalized more and more. I look forward to Medicaid expansion because with better OUTPATIENT care, I can retain an active, contributory lifestyle (I volunteer for two non-profits here in my town) and not be in the hospital so much! That is what I personally hope to get out of this expansion. Thank you I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Amy Dockrey Missoula

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**Thompson, Jo**

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**From:** Rachel Lopez <rl.snowstorm5@hotmail.com>  
**Sent:** Wednesday, August 12, 2015 8:51 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion  
**Attachments:** Medicaid Expansion 8-12-15.docx

Ms. Thompson:

I am attaching a letter I have written regarding Medicaid Expansion. It is a little longer than I would have liked, but I have a lot on my mind. As I said in the letter, I very much wanted to be on the committee. I have since learned that this is a political issue. It is my desire to be part of the solution rather than the problem. I would welcome any further opportunity to provide feedback to the committee, or any other service that might be useful.

Thank you,  
Rachel Lopez

## Medicaid Expansion

I am a Licensed Addictions Counselor and a Licensed Clinical Social Worker in private practice in Missoula and Lake County. I have a small practice that has involved me with Medicaid, Medicare, private insurance companies, and now ObamaCare. Unlike many of my colleagues, I do all my own billing, and the process of learning how to do that has been long and hard.

I am very concerned that the money that will be coming to Montana as a result of the Medicaid expansion will not be put to the best use possible. I am concerned about the political make-up of the Medicaid Expansion Committee, and the fact that few members of this committee have any actual experience in working with the Medicaid system as it exists today. I tried to make myself available to be a member of this committee, but the appointments were obviously made behind closed doors.

I have some observations that I feel would be of benefit to all concerned with this system. Removing the focus of suspicion and blame towards both consumers and providers would be the first step in reformatting this system to be more cost-effective, and more helpful for all concerned.

Rather than employing what I'm sure is a fairly large group of state employees to pour over each HICFA form submitted by providers looking for mistakes, and denying payment as a result, why not begin to look in a different way at the issue?

It would probably take a competent IT person about 20 hours to format a HICFA form on-line that could be accessible to all users. This form could be set up to catch to most common mistakes, such as "location of service", missing provider signature at the bottom, missing diagnosis codes, address, phone, birthdate, etc. Like the forms from Social Security, Best Buy, or any large company, if a mistake is made, there is an alert that does not allow you to move to the next section until the mistake is corrected. These forms could then be programmed to be saved in the provider's computer system so that only the dates of service would have to be re-entered each time.

The large group of state employees who are presently engaged in the activity of checking HICFA forms for mistakes could be re-trained to help providers with the up-coming changes that are looming on the horizon on October 1<sup>st</sup>, 2015, regarding ICD-10. These codes are much more detailed than ICD-9 Codes, particularly in the medical field. I'm not sure if you're aware of this, but in January of 2013, when the billing codes changed, the workers at Medicaid had been instructed to offer no help to providers at all. Quite the reverse. If you questioned them about the correct codes to use, the Medicaid workers became quite threatening, and implied that you were trying to commit fraud by inquiring about the correct code to use. This seems senseless. These intimidating measures, and this time consuming and expensive search for mistakes on the HICFA forms, are part of a continuing quest to catch providers in the wrong. These measures do nothing whatsoever to prevent fraud. It just costs time and money for both providers to rebill and for Medicaid to review all the forms again.

If the focus of the Medicaid workers changed to *helping* providers to navigate these difficult changes, then the saving of time and money would be huge. If provider input was solicited in a non-threatening way, and providers could have the opportunity to provide anonymous feedback, some great proactive suggestions could emerge. One of the flaws in the present system is that no one can offer suggestions or criticisms without putting their jobs at risk. I was told last week by a worker at the Office of Public Assistance, that state workers are not *allowed* to participate in this process or to offer feedback. This means that the people who actually work with the system and know how it functions cannot offer suggestions of how to improve it. This is coming on the heels of an incredibly dysfunctional decision to make it impossible for either consumers or providers to speak with their workers at the OPA. There is now an 800 number you must call. No-one answers this phone, and no-one returns calls. Now, the only recourse is to go to the OPA

in person. The only possible motivation I can see for this change is to punish the recipients of all forms of public assistance.

This brings us to the evaluation process, and the monopoly of services that is presently in place for state-approved chemical dependency programs and state-approved mental health centers. I have personally participated in many evaluations, and have been a part of programs that have been in the process of becoming state approved. The amount of money, energy, and labor involved in becoming a state-approved program seems to have no function other than to make the process as difficult as possible. The evaluation processes presently in place seem to serve no purpose other than to terrify and intimidate the employees of the agencies who participate in them. The whole focus of the evaluation is on the paperwork involved, and has nothing to do with the actual quality of service provided, the consistency of service provided, or the satisfaction of the Clients involved. There is nothing in the evaluation process that actually has an opportunity to reveal misuses of the system. When the expense of the evaluation system is factored in, this becomes a real concern.

The amount and repetitiveness of the required paperwork for all of these programs is another concern. When I worked for a state-approved CSCT Program, our directive was that we were to spend 47% of our work time doing paperwork. This involved quarterly reports, daily notes, monthly reports, frequent evaluations, printing out our notes on different colors of paper because 'the evaluator liked it that way,' as well as countless other projects. This took away from our time with the children, and caused a great deal of stress for all employees involved in the process.

Good counselors are not necessarily good at repetitive paperwork. Unfortunately, this often means that the good counselors quit or are let go, while the people who are more interested in the paper than the clients are still working. Making the system more user-friendly, and less repetitive, would save a lot of money, time and stress for all concerned.

To return to the monopoly issue. State-approved programs have the wherewithal to bill for a variety of services that other programs and private counselors cannot access. This would include case management services, chemical dependency treatment, and limiting non-state programs to 24 1-hour therapy sessions a year. This is a new directive that was apparently made a rule back in 2002, but was never enforced before this year. This brings Magellan into the picture.

I first heard of Magellan back in February of this year. When the 24-visit rule was first invoked, I lost all of my Medicaid clients with no warning. The way the remittance advices work in this case, is that first you receive one that says: "This claim still under review." By the time you get the actual denial of services, (with no explanation of why, I had to call Medicaid to find out), at least a month has gone by. Then you get to fill out an extremely detailed request for services that takes approximately two hours. (This time frame was actually given to me by the Magellan rep that I initially spoke with.) Then it turns out that you are applying for "intensive outpatient" services rather than outpatient services. Naturally, this level of care may be difficult to justify for some of the clients that a counselor has been seeing at an outpatient level. This makes it easy for Magellan to deny most claims. Then, if you are approved, at least 6 weeks have gone by. Either you have not been seeing your clients during the two weeks that you knew you weren't getting paid, or you are seeing them for free, which is what I ended up doing with all but the two of my clients who were approved. You can only be approved for 10 sessions, which means that if you want to provide continuous service and be paid, you need to file a Continued Stay Review after four weeks. I did this for one of my clients, and was finally approved for 10 sessions 4 weeks before the fiscal year ended. (The sessions don't carry over into the new fiscal year.) This approval came after another 4-week gap in payment. The standard Medicaid payment for one hour of outpatient therapy (90837) is \$85.00. The Magellan reimbursement for this higher level of care (H0046) is \$55.00.

During the 5-month period of time that I dealt with Magellan, representatives phones became "out of service", or no reply was given after numerous messages. Many of the Medicaid personnel

that I spoke with during this period, and the people at the AMDD, had never heard of Magellan. This whole process was very concerning, not to mention being expensive. I'm sure that the cost involved in this process was far more than paying the providers at the regular Medicaid rates would have been. There is also the extremely concerning issue that severely mentally ill clients cannot be served with 24 sessions per year.

Even though I have a master's degree, I cannot bill for case management services. Unless you are a mental health center, you cannot bill for this service. Unfortunately, commonly, the people who perform case management lack the education, training, or even the desire to help their clients. I have seen this process repeat itself numerous times with clients I have served who were also involved with a mental health center. I had a client who was unable to get from Bonner to Missoula for therapy appointments for herself and her three children. I spent quite a bit of unpaid time trying to help her with this issue, to no avail. Medicaid refused to pay to transport her, Medicab refused as well. The children needed to be seen after school, as they couldn't be missing school every week. The final solution to all this was that, partly due to the stress of this, and to the lack of therapeutic support, this client lost her children, and they spent Christmas in the Watkins Children's Shelter. This is not cost effective, to say the least, not to mention the cost of the misery and destruction of this family, who was completely failed by the system, and the mental health center that was supposed to be "serving" them.

At present, this system seems to be geared more toward providing job security for the numerous support workers from Medicaid, Magellan, AMDD, DFS, Mental Health Centers, Chemical Dependency Centers, and the CSCT Program, than it does toward serving clients. If the system began looking toward providers as helping professionals, rather than criminals who are always looking for ways to commit fraud, it would go a long way toward putting our Medicaid dollars to better use.

Providing standardized tools, such as the ASI, for chemical dependency, and training in how to correctly use these tools, for all programs would be a start. Also providing client satisfaction surveys that were professionally done, and standardized throughout the state, would be more effective in evaluating the quality of services provided than the evaluator poring over files that have been specially prepared for the evaluator's visit. It would also be a lot cheaper. Holding the state-approved programs to client satisfaction standards, or better yet, giving them some competition for programs such as ACT, would greatly reduce the abuses of the system that are rampant in this state.

Making it easier for providers to do their work makes for better medical and mental health care. Treating people with respect and reducing stress makes better mental health and medical providers. Providing men with health care when they are unable to afford it will save countless dollars in work-time lost, injuries, and family destruction when men who are too sick or too injured go to work, or lose hope because they cannot go to the doctor. Remembering that health care is something that should be a right, and *is* a right in the more forward looking countries of the world. And remembering that the people who provide this health care have difficult and stressful jobs, should be something that the members of the Medicaid Expansion Committee should be keeping in mind as they do their work and make their decisions.

Respectfully,

Rachel Lopez, LAC, LCSW  
6445 Mullan Rd Apt B  
Missoula, MT 59808  
(406) 241-2825

JK ✓

**Thompson, Jo**

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**From:** BJ Blackburn <edge3115@hotmail.com>  
**Sent:** Tuesday, August 11, 2015 8:53 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

Hello!! Montana needs to expand Medicaid to better serve the people of Montana. Our representatives need to stop their political posturing and do what is right for the people. Of course, these people who need Medicaid insurance are not the people politicians listen to because they don't have the \$\$\$\$.

However, a case can be made for the improved financial condition of the state with the ACA money to help our current Medicaid options. Holding back on Medicaid expansion is an errand which cuts off the state's nose to spite its face. Ridiculous!

Bonnie Eldredge  
Harrow Drive  
Billings, Mt.  
59102  
4062599802

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**Thompson, Jo**

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**From:** Marsha Hinch <cmhinch@3rivers.net>  
**Sent:** Tuesday, August 11, 2015 2:10 PM  
**To:** Thompson, Jo  
**Subject:** Support Letter CMS Waiver  
**Attachments:** Letter CMS Waiver.docx

Attached...

I have also forwarded support request to others.

Thank you,  
Marsha Hinch



This email has been checked for viruses by Avast antivirus software.  
[www.avast.com](http://www.avast.com)



**Marsha J. Hinch**  
**Charles F. Hinch**



August 11, 2015

Ms. Thompson  
Centers for Medicare and Medicaid Services

RE: Medicaid Expansion Waiver  
HELP Act Montana

Dear Ms. Thompson:

We are writing in support of the 1115 waiver regarding SB 405, the HELP Act recently passed by the Montana State Legislature.

While the HELP Act includes policy compromises, it represents the best efforts of Montana Legislators to meet the healthcare needs of Montanans. This Act not only addresses the need for affordable, quality health coverage for 70,000 low-income Montanans through expansion of our Medicaid program, it will provide vital assistance to our community medical centers and rural hospitals. If the Medicaid Expansion program in Montana had been available earlier, the sale of the assets of Teton Medical Center in Choteau, MT could have been prevented.

We strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible.

Thank you for your consideration!

Sincerely,

Marsha J. Hinch

Charles F. Hinch

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**Thompson, Jo**

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**From:** Edd Blackler <blacksandedd@gmail.com>  
**Sent:** Tuesday, August 11, 2015 9:02 AM  
**To:** Thompson, Jo  
**Subject:** support for HELP Act

*I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program.*

*It is critical for Montanans to have access to quality healthcare.*

*Thank you for your support for this act.*

*Edd Blackler, Bigfork, MT. 59911*

## Thompson, Jo

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**From:** Edd Blackler <blacksandedd@gmail.com>  
**Sent:** Tuesday, August 11, 2015 9:07 AM  
**To:** Thompson, Jo  
**Subject:** Support for HELP Act

*I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program.*

*Montanans critically need access to quality healthcare.*

*Thank you for your support for this Act.*

*Edd Blackler, Bigfork, MT. 59911*

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KIJ  
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**Thompson, Jo**

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**From:** Monte Jones <martincityventures@gmail.com>  
**Sent:** Monday, August 10, 2015 6:52 PM  
**To:** Thompson, Jo  
**Subject:** Kalispell?

Are you going to have anything for the people of Flathead County?

People who need this program can't afford to drive that far to hear about it and support it.

Sincerely,

Monte Jones  
Retired/disabled Pastor  
Medicade Recipient

73  
✓ KJ  
✓

## Thompson, Jo

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**From:** trapperastoria@wildblue.net  
**Sent:** Monday, August 10, 2015 2:20 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Helen Ann Bibler/Jim Parker

Email: [trapperastoria@wildblue.net](mailto:trapperastoria@wildblue.net)

Comments: With more than 40 years as landlords, we have personally experienced the agony young families undergo when one of their members encounter a health crisis. It often leads to bankruptcy. Expanding the coverage offered through Medicaid to those who do not qualify for the subsidies offered through the Affordable Act will significantly reduce the incidence of these tragedies. We recognize Montana's HELP ACT falls short when it comes to the requirements. It is the best our legislature could come up with. Please do not continue to subject young families who are often working three jobs to make ends meet to the fear of huge medical bills levied on uninsured patients. Timely care reduces the costs for everyone. Sharing the burden of paying for it makes it more affordable.

Uploaded File Name:

File Link: [Open the file](#)

JK ✓

**Thompson, Jo**

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**From:** john goldsmith <goldygtf@live.com>  
**Sent:** Sunday, August 09, 2015 9:21 AM  
**To:** Thompson, Jo  
**Subject:** support for HELP act

Jo Thompson- please add my supporting comments for implementing the section 1115 waiver for the HELP Act! Montana has been held back by members of the state GOP far too long!

While the HELP ACT is a step short of what Montana should be by joining in the Affordable Care Act available, it is a step in the right direction.

John k goldsmith, 4204 lewis av, great falls, mt. 59405

Sent from Mail for Windows 10

71  
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**Thompson, Jo**

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**From:** rep.maryann.dunwell@mt.gov  
**Sent:** Saturday, August 08, 2015 3:05 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form  
**Attachments:** Mary Ann Dunwell.docx

Name: Mary Ann Dunwell

Email: [rep.maryann.dunwell@mt.gov](mailto:rep.maryann.dunwell@mt.gov)

Comments: Please see my comments in the attached Word document. Thank you for your consideration.

Uploaded File Name: Mary Ann Dunwell.docx

File Link: [Open the file](#)

## **SB 405 Public Comment in favor of 1115 Medicaid Waiver**

Submitted by: Representative Mary Ann Dunwell, Montana House District 84

Contact: (406) 461-5358 cell, [rep.maryann.dunwell@mt.gov](mailto:rep.maryann.dunwell@mt.gov), 2520 Lookout Circle, Helena, MT 59601

Date submitted: August 8, 2015

I wholeheartedly support and encourage granting the 1115 Medicaid waiver that will allow the state of Montana to implement SB 405, the Health and Economic Livelihood Partnership Act, or HELP Act. Expanding Medicaid in Montana is long overdue. It's a matter of health justice because too many people have gone for too long without access to quality, affordable health care. According to a recent report by the Commissioner of Securities and Insurance, 15 percent of Montanans still lack health insurance. And they're not just statistics, percentages or numbers. They're somebody's loved one, somebody's neighbor, somebody's friend. Granting the waiver will allow tens of thousands of uninsured Montanans to enjoy health benefits, improved quality of life and peace of mind.

### **Montana wants this**

As a member of the Montana House of Representatives, it was an honor to vote in favor of SB 405 during the 2015 legislative session. Despite extremist opposition, a bipartisan coalition of legislators finally prevailed. So did hundreds of Montanans who came from all corners of the state to rally in favor of the bill and stand in long lines that wound out the door and down hallways to testify in favor of expanding Medicaid. This session was a last chance to get it done. We tried during the 2013 session with several iterations of legislation and a small group of extremists managed to block it. As far as I'm concerned, we had two 'must do's' this last session. Statutorily, legislators had to pass a budget for the next biennium. Morally, we had to pass Medicaid expansion.

### **Stories from constituents**

Many Montanans struggle to make ends meet. They live paycheck to paycheck. Montana is close to the bottom of the pile in what we pay people. Many folks don't earn a living wage or enough to afford basic necessities like food, shelter, transportation and health care. So guess what? Health care goes by the wayside.

Montanans are a generous folk. We go all out for families faced with huge medical costs and ailing family members. But \$15-a-plate spaghetti dinners, chili feeds and quilt raffles are not sustainable and affordable healthcare coverage.

Many Montanans are one health crisis away from losing everything. Mounting medical bills can throw any of us into bankruptcy. The HELP Act will guard against that. It will help our neighbors who grow our food, work our Main Streets and raise our families. Tens of thousands will be helped.

### **Personal story**

When I was pregnant with my son 20 years ago, my husband and I had lost our jobs. Our COBRA insurance – that wasn't cheap – was due to run out before my due date. I developed a serious medical condition called eclampsia. I worried constantly about the medical bills. People should focus on healing, not financial hardship.

### **Necessary political compromise**

SB 405 is far from perfect. To me, it's unfortunate that the law requires people living in poverty to pay premiums and co-pays. Sadly, these fees may deter a great number of Montanans from taking advantage of Medicaid expansion. They need that money to put gas in the car for work, or to feed, clothe and shelter their kids. The premium and co-pay requirements may shut out the very folks who need the HELP Act's help the most. Nevertheless, it was a necessary political compromise. We need to expand Medicaid and without the compromise, it wouldn't happen. This compromise gets our foot in the door, and the upside is it will still help tens of thousands of loved ones, neighbors and friends enjoy the access to healthcare they deserve.

In conclusion, I urge DPHHS and CMS to move quickly with approval of the waiver so that Montana can begin implementing the HELP Act on January 1, 2016. Please help tens of thousands of Montanans enjoy a healthier and happier New Year in 2016.

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**Thompson, Jo**

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**From:** Noreen and Roger Breeding <rog7nor@gmail.com>  
**Sent:** Saturday, August 08, 2015 10:02 AM  
**To:** Thompson, Jo  
**Subject:** Comment on 1115 waiver for SB405.

Ms. Thompson,

I support the 1115 waiver for the HELP Act. It is important for the success of Montana and the country that all citizens have affordable access to health care. It is also a moral imperative in a just society. The HELP Act provides this access.

Sincerely,  
Noreen Breeding  
1970 Star Ridge Rd., Bozeman, MT 59715

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**Thompson, Jo**

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**From:** jjohnson@carroll.edu  
**Sent:** Friday, August 07, 2015 11:33 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Jeremy Johnson  
Email: [jjohnson@carroll.edu](mailto:jjohnson@carroll.edu)

Comments: A crucial element of the HELP ACT is the reliance on the TPA. If the TPA turns out to be incapable, inefficient, or unresponsive to the medical needs of the Medicaid population the demonstration project will falter. In order to protect the integrity of the services received by the Medicaid population and to ensure compliance by the TPA with the law I strongly recommend the waiver application to address regulatory issues of oversight. I would like to suggest that both CMS and the Montana State Auditor and Commissioner of Insurance and Securities have full regulatory powers over the TPA to ensure the TPA complies with the law and properly serves the Medicaid population. If a regulator finds the TPA does not comply perhaps benchmarks could be established or automatic fines levied against the TPA. This is necessary because insurers and TPA in Montana in recent year have a track record of poor consumer service. The insurance commissioner's office has fined insurers (who often are TPAs) for illegal behavior involving bad customer service and receives numerous complaints from many Montanans about insurance issues. In order to ensure that Medicaid works well for Montanans there needs to be robust regulatory oversight, preferably from more than one regulator, and, above all, the ability for a regulator to move swiftly and decisively if problems emerge. I exhort the waiver be amended to discuss regulatory oversight and compliance issues involving the TPA. I have pasted below from the TPA application the large number of crucial services that the TPA will be assuming. The success of Medicaid expansion may rise or fall with the competence of the TPA. Thus, great care needs to be given in ensuring that the TPA has every incentive to meet requirements in providing Medicaid services. To quote from the application: "The TPA must provide all services in this RFP and comply with all State and Federal Medicaid requirements. The TPA must have the ability to establish and administer the comprehensive HELP Benefit Plan; establish and maintain sufficient networks of health care providers; timely adjudicate and pay claims submitted by health care providers; correctly track, notice, and coordinate participant premiums, all HELP Program copayments, and total out of pocket caps for all services; maintain a robust claims payment system; electronically interface with DPHHS systems; provide effective utilization review; implement a quality wellness program; and provide excellent administrative services."

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**Thompson, Jo**

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**From:** Daniel Biehl <dsbiehl@yahoo.com>  
**Sent:** Friday, August 07, 2015 11:05 PM  
**To:** Thompson, Jo  
**Subject:** HELP Act comment

Jo Thompson  
P.O. Box 202951  
Helena, MT 59602-2951

August 8, 2015

I am writing in support of the Montana HELP act to expand the benefit of the Medicaid program to lower income people who cannot afford private insurance. Although the act as passed by the legislature has its flaws, notably the premiums and copays, it will at least establish the program for that population and accomplish the goal of making health care more widely available under the Affordable Care Act.

My hope is that CMS will grant a waiver to permit the program to take effect soon, and that ultimately the requirements imposed so it could emerge from hard-fought battles in the legislative session may be rolled back through future legislative actions.

Thank you for your consideration and efforts!

Sincerely,

Daniel S. Biehl  
4212 Clark Avenue  
Great Falls, MT 59405-1610

(406)727-6177  
[dsbiehl@yahoo.com](mailto:dsbiehl@yahoo.com)

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## Thompson, Jo

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**From:** samn@earlham.edu  
**Sent:** Friday, August 07, 2015 10:36 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Samuel Neff

Email: [samn@earlham.edu](mailto:samn@earlham.edu)

Comments: Dear Ms. Thompson, I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans finally to secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Samuel H. Neff

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**Thompson, Jo**

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**From:** prandall@cyberport.net  
**Sent:** Friday, August 07, 2015 6:43 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Will Randall  
Email: [prandall@cyberport.net](mailto:prandall@cyberport.net)

Comments: Dear Ms. Thompson, I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans to finally secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. My own son would have greatly benefited if he had been covered under the new Medicaid Expansion guidelines. He broke his leg ice skating a few years ago. He was working part time for Office Max, if they made him full time they would have had to cover his insurance costs. He was left with \$32,000 in medical bills following a necessary surgery. He is now full time and covered by Office Max's insurance, but will be paying off this debt for years and years. I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program.

Sincerely, Will Randall  
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## Thompson, Jo

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**From:** steve@disabilityrightsmt.org  
**Sent:** Friday, August 07, 2015 8:48 AM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Steve Heaverlo

Email: [steve@disabilityrightsmt.org](mailto:steve@disabilityrightsmt.org)

Comments: Dear Ms. Thompson, I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Steve Heaverlo

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**Thompson, Jo**

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**From:** cbicreek@stignatius.net  
**Sent:** Thursday, August 06, 2015 10:15 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Catherine Billie  
Email: [cbicreek@stignatius.net](mailto:cbicreek@stignatius.net)

Comments: Dear Ms. Thompson, I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans to finally secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. [OPTIONAL] I have a personal experience with unmet health needs... / My family is in the coverage gap... / I care about Medicaid expansion because... I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Catherine Billie

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**Thompson, Jo**

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**From:** ruthannaswenson@gmail.com  
**Sent:** Thursday, August 06, 2015 9:57 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Ruth Swenson

Email: [ruthannaswenson@gmail.com](mailto:ruthannaswenson@gmail.com)

Comments: I have worked since I was 12 years old and recently retired at the age of 62. My pension plus social security benefits only gave me a income of a bit over \$10,000. Needless to say this was too low to qualify for the AHCA. So my premiums would have been the same as someone making over 62,000. Therefore I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans like myself through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans to finally secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. [OPTIONAL] I have a personal experience with unmet health needs... / My family is in the coverage gap... / I care about Medicaid expansion because... I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Ruth Swenson

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**Thompson, Jo**

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**From:** KPomeroy@aol.com  
**Sent:** Tuesday, August 18, 2015 10:03 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion Comment

I am opposed to this Expansion.

I am not opposed to Medicaid expansion as provided for under "Obamacare" as it is envisioned in the original form under the Federal Law.

What I am opposed to is the Law that was passed here in Montana because of its onerous requirements for high payments on a segment of the population that already cannot afford them, for high copays on a segment of the population that will undoubtedly go without lifesaving drugs because they cannot afford these copays and as a result of all this - the participation rate of low income people in our state will be very low.

This is NOT what was intended by the original law. Far from it. The point of the original law was to make it easy for people in this income bracket to get and keep health insurance. This so-called Medicaid expansion that the Montana Legislature has dreamed up is a barrier to most people in this income bracket - and I believe that it was designed to be a barrier. Then - on top of it all, when these same people cannot participate - they will be punished financially. Talk about Dickensian!

Propose some expensive program.

Make it mandatory to participate.

Fine people if they cannot afford it.

Don't use the fines to purchase the program, but the fines make it absolutely unaffordable for them to purchase the expensive program.

Catch-22 and around and around we go.

My vote is absolutely NO NO NO.

Kathie Pomeroy  
1333 Toole Ave A-27  
Missoula MT 59802  
Registered Voter

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**Thompson, Jo**

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**From:** tmiller@stignatius.net  
**Sent:** Tuesday, August 18, 2015 7:06 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: tammy miller  
Email: [tmiller@stignatius.net](mailto:tmiller@stignatius.net)

Comments: My significant other is currently paying over 25% of his monthly income to have Medicaid which is making him pay for his Med B coverage so it will be cheaper for them in case he needs to go back into the nsg home again. He is a vet and has Vets medicine but they don't cover long term 6 month placement in a care center. It is a financial hardship to pay his other just basic bills because of this high cost for coverage. Please get this expansion started ASAP I know he is not the only one that does this and how many people fall through the cracks and still don't have any coverage because they can not afford it through the exchanges.

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**Thompson, Jo**

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**From:** Pamela Erickson <pameladance@yahoo.com>  
**Sent:** Tuesday, August 18, 2015 4:35 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

Hi Jo,

I hope the federal government accepts our version of Medicaid Expansion. It is so important for all Montanans to get the health care they need. A healthy populace is good social practice, as healthy people contribute so much more, enjoy their lives, and make our state and country strong.

Pam Erickson  
124 Hawthorne  
Hamilton, MT 59840  
406 363-5078

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**Thompson, Jo**

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**From:** Pamela Erickson <pameladance@yahoo.com>  
**Sent:** Tuesday, August 18, 2015 4:31 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion for Montana

Hi Jo,

Having experienced not being able to be seen by a doctor when I was a child writhing in pain from a suspected appendix infection, I know first hand what it means to get care when you need it. Montana's version of the Medicaid Expansion has some rules that I think are too restrictive for people in Montana, but it is a starting point and I support it. The thousands of Montanans who will benefit are the ones I am thinking about. I hope the federal government will accept our version.

I am a 45 year resident of Montana.

Pam Erickson  
124 Hawthorne  
Hamilton, MT 59840  
406 363-5078

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**Thompson, Jo**

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**From:** Cady, Tina (IHS/BIL) <Tina.Cady@ihs.gov>  
**Sent:** Tuesday, August 18, 2015 4:02 PM  
**To:** Thompson, Jo  
**Subject:** Meeting echoed

The sound was echoing so bad I could not understand most of what was discussed. Will try to catch the meeting another time. The only time I could understand was during the Q @ A and this echoed at times.

Thank-you,

Tina Cady  
Lame Deer Health Center  
P.O. Box 70  
Lame Deer, MT 59043

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**Thompson, Jo**

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**From:** bonniedaniels@bresnan.net  
**Sent:** Tuesday, August 18, 2015 3:47 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Bonnie Daniels

Email: [bonniedaniels@bresnan.net](mailto:bonniedaniels@bresnan.net)

Comments: Because most Montana residents are one mishap away from life-changing poverty, making healthcare coverage a basic family necessity, I support the provisions of the HELP Act, Montana's plan for Medicaid expansion.

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**Thompson, Jo**

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**From:** iambart@q.com  
**Sent:** Tuesday, August 18, 2015 12:06 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Bartley Deason

Email: [iambart@q.com](mailto:iambart@q.com)

Comments: I support Montana's Medicaid expansion waiver. It is the right thing to do for the people.

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**Thompson, Jo**

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**From:** mtrox09@gmail.com  
**Sent:** Tuesday, August 18, 2015 7:28 AM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Rebecca A Hargis  
Email: [mtrox09@gmail.com](mailto:mtrox09@gmail.com)

Comments: I am writing in support of the 1115 waiver regarding SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan will allow many Montanans to finally secure life saving and life changing care, allowing some to get back on their feet, some to get back to work, and others to have a better quality of life. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. I recognize that the HELP Act includes policy compromises and represents the best efforts of legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Sincerely, Rebecca Hargis

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**Thompson, Jo**

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**From:** jesslynbutton@yahoo.com  
**Sent:** Tuesday, August 18, 2015 2:59 AM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Jesslyn Button

Email: [jesslynbutton@yahoo.com](mailto:jesslynbutton@yahoo.com)

Comments: I have been on medicaid for years and it has saved my life several times. my fiance is not on medicaid, just medicare. but he really needs medicaid to get some medical help he really needs. this would be great if he could get on medicaid.

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**Thompson, Jo**

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**From:** wwranch@3rivers.net  
**Sent:** Monday, August 17, 2015 4:16 PM  
**To:** Thompson, Jo  
**Subject:** Yes to Medicaid Expansion please!

Yes, simple as that to help those who woul otherwise DIE without healthcare that many others take for granted.

Lt. Colonel (Retired) Richard Liebert  
289 Boston Coulee Road  
Great Falls, MT 59405

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**Thompson, Jo**

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**From:** Carla <carlaaugustad@gmail.com>  
**Sent:** Monday, August 17, 2015 4:02 PM  
**To:** Thompson, Jo  
**Subject:** In Support of the Medicaid Expansion

Dear Ms. Thompson,

I live with a permanent and costly disability that is a direct result of my financial inability to access needed health care before it was a major crisis. Please do what you can to spare others the same fate.

Thank-you,  
Carla Augustad  
1395 Lower Valley Rd.  
Kalispell, Mt. 59901  
406-257-5009

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**Thompson, Jo**

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**From:** bethmadden64@gmail.com  
**Sent:** Monday, August 17, 2015 3:13 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Elizabeth Madden

Email: [bethmadden64@gmail.com](mailto:bethmadden64@gmail.com)

Comments: I support the 1115 waiver regarding Montana SB 405, the HELP Act. The HELP Act is an important and urgently-needed policy that will allow Montana to cover 70,000 low-income Montanans through expansion of our Medicaid program. The HELP Act addresses the need for affordable, quality health coverage for our struggling neighbors and community members. It will open up access to primary and preventative care for Montanans who have been locked out of our healthcare system. This plan also offers a lifeline to community medical centers and rural hospitals that have been struggling to operate and also provide care for patients who cannot pay. These hospitals and clinics are so important to communities across our large, rural state. The HELP Act represents the best efforts of our Montana legislators to meet the needs of our communities. I strongly support the HELP Act and urge CMS to approve Montana's waiver as quickly as possible so that we can start enrolling people in the program. Thank you for the opportunity to comment on this.

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**Thompson, Jo**

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**From:** jygritzner@yahoo.com  
**Sent:** Monday, August 17, 2015 2:58 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Yvonne Gritzner

Email: [jygritzner@yahoo.com](mailto:jygritzner@yahoo.com)

Comments: Dear Ms. Thompson, This message is to express gratefulness and support for the HELP Act that was passed by the 2015 Montana Legislature. Although the expansion does not provide coverage for all of the Montanans in need of Medicaid, it is a huge step forward and a good example of the compromise and bipartisan agreement that we would like to see from our Montana legislators. I would urge the CMS to approve the measure as soon as possible in order to begin getting critical help to the individuals and medical facilities that have been waiting so long. Thank you, Sincerely, Yvonne Gritzner

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**Thompson, Jo**

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**From:** anna.klene@gmail.com  
**Sent:** Monday, August 17, 2015 2:03 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Anna Klene

Email: [anna.klene@gmail.com](mailto:anna.klene@gmail.com)

Comments: Montana's Medicaid expansion waiver will open up access to health coverage for tens of thousands of Montanans who have been waiting for years and who desperately need this access to care.

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**Thompson, Jo**

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**From:** maga@wispwest.net  
**Sent:** Monday, August 17, 2015 12:41 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Margarita McLarty

Email: [maga@wispwest.net](mailto:maga@wispwest.net)

Comments: While less than perfect, the "HELP" act is a good example of what we can accomplish working through our disagreements and creating compromise legislation. Please help and support the 1115 waiver regarding SB 405, the HELP Act. We need to extend our health care system, and to do so will benefit ALL of us. Thank you for your consideration, Margarita McLarty

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**Thompson, Jo**

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**From:** bezansonj@gmail.com  
**Sent:** Sunday, August 16, 2015 8:24 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Jennifer Bezanson

Email: [bezansonj@gmail.com](mailto:bezansonj@gmail.com)

Comments: Hello, I am diagnosed with major depression disorder. At times my depressant has been mental and physically crippling. I was often determined too risky to get insurance from any provider, but thankfully the ACA stopped that. The only way I've been able to access care is through my employers health insurance or the low-income clinic in town. I have no flexibility to purchase care on the market place, because I have a huge burden of student loans and live paycheck to paycheck. Please work hard for all Montanans that need access to healthcare. They can't wait. Two days without my medicine and suicidal thoughts are present. This is happening to other people who have to decide between their meds or another expenses. Let us be healthy, Please don't make us wait any longer. Jennifer

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**Thompson, Jo**

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**From:** Ashley Quanbeck <ashleyqmd@gmail.com>  
**Sent:** Sunday, August 16, 2015 7:48 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

I would like to write in support of medicaid expansion. I work in health care in a small rural town on the edge of one of the poorest reservations in the state. Every day I see patients who have put off seeking medical care due to inability to pay. While the Affordable Care Act has started to improve access to care, or at least access to insurance, there are still many patients that fall through the cracks. Those hit hardest are the hardworking poor who make too much to be on Medicaid and too little to qualify for support through the ACA. Expanding Medicaid in Montana would be a good first step in supporting those in our state who need it the most.

Thanks,

Ashley Quanbeck MD

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**Thompson, Jo**

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**From:** bbrinkman92 <bbrinkman92@yahoo.com>  
**Sent:** Sunday, August 16, 2015 7:42 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid in MT

I strongly support expansion of Medicaid for the poor. It's the moral, cost saving thing to do.

Sent from my Verizon Wireless 4G LTE smartphone

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**Thompson, Jo**

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**From:** Eric Stimson <estimson@gmail.com>  
**Sent:** Sunday, August 16, 2015 3:11 PM  
**To:** Thompson, Jo  
**Cc:** Eric Stimson; JoAnn  
**Subject:** Medicaid Expansion

Dear Ms Thompson, Please allow me to add my thoughts about Medicaid expansion in Montana:

From a purely economic point of view, (and having nothing at all to do with Federal versus State dollars), Medicaid expansion makes sense. As it is now, many people who have little money put off going to the doctor when they have a health issue because of the cost involved. This delay in seeking medical care means that their medical condition gets worse while they wait to see if they get better on their own. When they finally do seek medical attention, it is frequently at the local emergency room, the most expensive medical care around.

So instead of treating their medical issue early and cheaply (and maybe even preventing the condition because they are in more frequent contact with their doctor), many poor people finally get treatment at the most expensive level of care, passing those high costs onto the hospitals who pass those costs onto to paying consumers.

Medicaid expansion makes a lot of financial sense for everyone.

Sincerely,

Eric Stimson

6123 Moondance Road

Helena, MT 59601

406 449 2689

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**Thompson, Jo**

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**From:** vickie Beebe <vickie\_beebe@ymail.com>  
**Sent:** Sunday, August 16, 2015 1:51 PM  
**To:** Thompson, Jo  
**Subject:** SB Help act

I like to think Montana cares about the health care of low income folks. Please stand up for our poor people and minimum wage earners. Without health care we don't get even the physicals that catch problems in our bodies before they get big. Big health issues costs everyone and destroys families. We are in a critical place with high costs of health care and under insured people. Please move forward to change the current situation in Montana. Do it for at least the children of poor families.

Sincerely concerned,

Vickie Beebe  
314 S Surrey  
Missoula, Mt. 59808

Sent from my iPad

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**Thompson, Jo**

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**From:** Bonnie Eldredge <edge3115@hotmail.com>  
**Sent:** Sunday, August 16, 2015 1:04 PM  
**To:** Thompson, Jo  
**Subject:** RE: Medicaid Expansion

Illustrative information!!

Lack of health insurance virtually assures many early deaths among the poor!!

<http://www.nationofchange.org/2015/08/10/five-ways-congress-disposes-of-poor-minorities/>

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**From:** [jothompson@mt.gov](mailto:jothompson@mt.gov)  
**To:** [edge3115@hotmail.com](mailto:edge3115@hotmail.com)  
**Subject:** RE: Medicaid Expansion  
**Date:** Sun, 16 Aug 2015 12:51:46 +0000

Ms. Blackburn,

Thank you for your public input, your comment will be considered.

Jo Thompson, Bureau Chief

Montana Department of Public Health and Human Services Health Resources Division Member Health Management Bureau

1400 N. Broadway, Room A206

Helena, MT 59620

(406) 444-4146

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**From:** BJ Blackburn [<mailto:edge3115@hotmail.com>]  
**Sent:** Tuesday, August 11, 2015 8:53 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

Hello!! Montana needs to expand Medicaid to better serve the people of Montana. Our representatives need to stop their political posturing and do what is right for the people. Of course, these people who need Medicaid insurance are not the people politicians listen to because they don't have the \$\$\$\$.

However, a case can be made for the improved financial condition of the state with the ACA money to help our current Medicaid options. Holding back on Medicaid expansion is an errand which cuts off the state's nose to spite its face. Ridiculous!

Bonnie Eldredge

Harrow Drive

Billings, Mt.

59102

4062599802

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**Thompson, Jo**

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**From:** mtmaui@yahoo.com  
**Sent:** Sunday, August 16, 2015 12:21 PM  
**To:** KWallis@manatt.com; Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Lorene Bishop  
Email: [mtmaui@yahoo.com](mailto:mtmaui@yahoo.com)

Comments: Too many Montanans fall through the cracks in the current ACA/Medicaid system and are ineligible for any type of health care program. It is so unfair that single people without children don't qualify for Healthcare unless they are paid a good wage. College students are virtually forced to pay \$2000 a semester for mandatory coverage. Please please please allow expanded Medicaid to help less fortunate Montanans obtain the health insurance they need to survive and become productive citizens. Thank you.

Uploaded File Name:  
File Link: [Open the file](#)

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**Thompson, Jo**

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**From:** Ruth Vanderhorst <acr@bresnan.net>  
**Sent:** Sunday, August 16, 2015 12:16 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid waiver

I fully support Montana's participation in the Affordable Health Care Program via the extension of the Medicaid Waiver. Sooner the better. Should have done it two years ago.

Elizabeth R Vanderhorst  
897 Adobe Dr.  
Billings, MT 59105

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**Thompson, Jo**

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**From:** Bruce Peterson <bpeterson@valleycountymt.gov>  
**Sent:** Sunday, August 16, 2015 10:43 AM  
**To:** Thompson, Jo  
**Subject:** HELP

Jo Thompson,

I am member of board of directors of Eastern Montana Community Mental Health Center because of my position of Valley County Commissioner. My directorship leads me to know that HELP is an important addition to EMCMHC efforts.

I support the HELP effort as a means to increase the effort to address mental health problems and the personal and societal concerns that result from those problems.

HELP is one tool to get help to more people, and it becomes an investment for our society as a whole.

Am most appreciative of the problem solving compromises that went into this legislation.

Best to you and the HELP effort.

Bruce Peterson  
Valley County Commissioner