

8/3/15 Email #2 19 ✓  
To Kier

**Thompson, Jo**

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**From:** Pat Simmons <psimmons100@gmail.com>  
**Sent:** Saturday, July 18, 2015 9:12 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid

Medicaid expansion is crucial in Montana – saving people too poor to even get preventative medicine, going bankrupt, dying too young; also saving hospitals in rural areas, and getting more kinds of medical providers to meet the needs of Montanans; and stop putting the burden of very sick people on the rest of us who have insurance and doctors and preventative care. Please work hard getting the Feds to approve and do a good job of designing a fair, modern system and not allowing scams and cheaters. Thank you.

Pat Simmons  
357 Pine Creek Drive  
Bozeman, MT 59718  
[psimmons100@gmail.com](mailto:psimmons100@gmail.com)

18  
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**Thompson, Jo**

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**From:** Tom Arvidson <tomarvidson00@gmail.com>  
**Sent:** Friday, July 17, 2015 7:07 AM  
**To:** Thompson, Jo  
**Subject:** Fwd: The HELP act (Medicaid expansion)

While Montana's Medicaid Waiver is not perfect, it will open up coverage for many thousands of Montanans who need health care and have already been waiting way too long to get the care they need. This lack of health care is life threatening in some cases. Montanans desperately need CMS to move swiftly in approving this waiver so the state can begin enrolling people into the program. Your help in moving this along quickly will be very appreciated.

Sincerely,  
Thomas A Arvidson  
Missoula, MT.

17  
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**Thompson, Jo**

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**From:** Amy Aguirre <amy-aguirre@juno.com>  
**Sent:** Thursday, July 16, 2015 11:09 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

I believe that Medicaid Expansion is right for Montana! It helps 70,000 people gain access to health care, which in and of itself is an obvious reason to move forward with it. However, on a personal level, I can now celebrate with my sister, who previously "made too much income" to qualify for healthcare coverage, even though she's a single mother of four. Now she can take care of her health while raising those beautiful babies, and not have to worry so much about getting injured or falling ill!

THANK YOU to our legislators for making this happen!

**-Amy Aguirre**  
**1504 Lewis**  
**Billings, MT 59102**

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**Thompson, Jo**

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**From:** Jason D. Mickelson <jasondmic@gmail.com>  
**Sent:** Thursday, July 16, 2015 9:01 PM  
**To:** Thompson, Jo  
**Subject:** Medicaid Waiver

**Importance:** High

I am opposing that the state of Montana be given a Medicaid waiver.

The legislature did not take into consideration the people that are care givers for parents that suffer either Dementia or Alzheimer's and that we cannot work because we are care givers.

Medicaid needs to be available to all Montanan's and we do not need to be charged a premium.

Again, I am opposing that the state of Montana be given a Medicaid waiver.

Jason D. Mickelson  
2711 Selvig Ln  
Billings, MT 59102

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## Thompson, Jo

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**From:** Cynthia Wolken <cynthia.wolken@gmail.com>  
**Sent:** Wednesday, July 15, 2015 5:17 PM  
**To:** Thompson, Jo  
**Subject:** Public Comment

Dear Mr. Thompson,

Please consider my public comment in support of Montana's Waiver Request for the Montana Medicaid Expansion program under HELP.

I strongly support the language in our waiver - Medicaid expansion in Montana will help reduce healthcare costs, boost our economy, reduce the cost of uncompensated care on individuals and providers, and increase health and well-being for many thousand Montanans.

Medicaid expansion is critical to Montana and the health of our rural hospitals. It is also a matter of life and death for many residents - largely the working poor - who fall in the gap where they make too much to qualify for the current Medicaid program and too little to qualify for a subsidized plan under the Affordable Care Act.

The language in the waiver is a fair and accurate description of why CMS should approve our waiver and why Medicaid expansion is so critical to the health of our communities.

Cynthia L. Wolken  
Montana State Senator

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Cynthia L. Wolken, Esq.  
[cynthia.wolken@gmail.com](mailto:cynthia.wolken@gmail.com)

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**Thompson, Jo**

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**From:** Roberta Crane <rlcrane7@gmail.com>  
**Sent:** Wednesday, July 15, 2015 12:10 PM  
**To:** Thompson, Jo  
**Subject:** The HELP act (Medicaid expansion)

Montana's Medicaid Waiver is a hard won bipartisan compromise. While the policy is not perfect, it is a workable solution created by a diverse group of political leaders. The HELP act will open up coverage for tens of thousands of Montanans who desperately need health care and have already been waiting way too long to get the care they need. This lack of health care is life threatening in some cases. Montanans desperately need CMS to move swiftly in approving this waiver so the state can begin enrolling people into the program. Your help in moving this along quickly will be very appreciated.

Sincerely,  
Roberta L. Crane  
Missoula, MT.

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## Thompson, Jo

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**From:** Dan Lourie <tydanlou@gmail.com>  
**Sent:** Wednesday, July 15, 2015 10:28 PM  
**To:** Thompson, Jo  
**Subject:** Comments for HELP ACT

By ignoring the medical needs of the poorest 70,000 Montanans as well as the economic benefits guaranteed by Medicaid expansion, the legislature, for far too long, failed in their responsibility to support the health and safety of all our citizens.

That failure to expand Medicaid ensured daily losses for the state of Montana of almost \$2 million in federal dollars. By rejecting health care for needy citizens, we lost millions per day for creating 12,000 new well paying jobs, generating \$143,000 daily in potential state and local taxes, and daily loss of \$1.38 million from increased labor and productivity.

More importantly, 70,000 needy Montanans, including 9,500 veterans and their families, 20,000 American Indians and 43,000 working adults were denied access to health care.

Now legislators on both sides of the aisle have agreed to confront the immorality of inequality, deciding that in good conscience they could no longer ignore the ethical lapse in denying health care to 70,000 Montanans. They have agreed in sufficient numbers that they were elected to make fiscally sound, honorable decisions on behalf of all of us, including those in desperate need of access to medical care.

Please. It is now time for the federal government to join hands with these legislators and with all Montana citizens, to provide the legal means to put Montana's Medicaid Expansion - via the HELP Act - to work. Too many desperate citizens can wait no longer for health care.

Thank you.

Dan Lourie  
2948 B Warbler Way  
Bozeman, MT 59718  
406-551-6318

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***Won't be asked to do my share when I'm gone  
So I guess I'll have to do it while I'm here.  
- Phil Ochs (1966)***

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**Thompson, Jo**

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**From:** Thompson, Jo  
**Sent:** Tuesday, July 14, 2015 4:17 PM  
**To:** 'Patti Jacques'  
**Subject:** RE: Help waiver

Good Afternoon Patti,  
Please sign up for the interested parties list at the following to receive HELP updates. Thank you, Jo Thompson

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

-----Original Message-----

From: Patti Jacques [mailto:[dpjacques1@bresnan.net](mailto:dpjacques1@bresnan.net)]  
Sent: Monday, July 13, 2015 11:12 AM  
To: Thompson, Jo  
Subject: Help waiver

Please send me information on public hearings and notifications Sent from my iPad



## Thompson, Jo

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**From:** Virjeana Brown <jbrown89531@live.com>  
**Sent:** Monday, July 13, 2015 6:09 AM  
**To:** Thompson, Jo  
**Subject:** HELP Act

I have read SB 405, The HELP Act, which would provide Medicaid to individuals who need health insurance that fall into a gap where they have no insurance and don't make enough to pay for health insurance or are in jobs where they don't have access to health insurance.

I think it is very important that these individuals who have no health insurance be able to get it. I am concerned about two issues in the HELP Act. One is the premium that will be required. Two percent of the annual income spread out over twelve months may not sound like much, but if I was in a position to have to pay this amount, it would hurt me financially, so I can see how it could hurt others as well. I also wonder in addition to the premium, are they going to be required to pay co-payments on medications and office visits. That was not clearly enough defined for me to understand for sure.

The second issue I have is having to pay a taxpayer integrity fee of \$100 a month plus an additional \$4 a month for amounts above \$1,000. I worked until 2010 then needed to quit my job to care for my disabled granddaughter. I have three vehicles I own outright. Nothing fancy and older. I own my own home and need a truck to take things to the dump or pick up stuff for house maintenance and it is used when the weather is really nasty because it is 4-wheel drive. I own a car that is good on gas and is used for errands and I own a van that has a wheelchair lift for transporting my granddaughter to medical appointments and when I take her with me to meetings. If I was getting Medicaid through the HELP Act, I would be charged \$100 per month. The value on the truck and car is at \$500 each. Both the van and car have salvaged titles. They are used, but it does not make sense to get rid of them, but I would certainly not be able to afford the \$100 integrity fee.

I also think it could be problematic to take unpaid premiums away from tax returns.

I recently qualified for Medicaid in December 2014, because the ACA no longer included Adoption Subsidies in calculating income. I live on a fixed income adoption subsidy of \$25.33 per day which is about \$770 monthly average and this supports two individuals. So, I can see how some of provisions of SB 405 could hurt the very individuals it is intended to help. But I also recognize there are many of these individuals who need access to health care NOW.

Thank you,  
Virjeana Brown  
406-388-1833  
[jbrown89531@live.com](mailto:jbrown89531@live.com)  
720 Northern Pacific Ave.  
Belgrade, MT 59714

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**Thompson, Jo**

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**From:** Doug Adams <dougmda@gmail.com>  
**Sent:** Sunday, July 12, 2015 9:10 PM  
**To:** Thompson, Jo  
**Subject:** medicaid expansion

Dear Jo Thompson:

Governor Bullock has requested public comments on Medicaid expansion, so here are my thoughts:

It should be recognized by our state officials that the Expansion is only taking place due to an inept state legislature and that it does not reflect the will of the majority of Montanans. That said, you should see to it that it doesn't morph into an even larger welfare program. Recipients of this welfare should certainly have to make premium payments. They should also be required to submit to drug testing. Any that fail drug testing should be promptly removed from the program. This welfare program should not be made available to able-bodied people that are just too lazy and sorry to work. If anything, the program should serve as a motivation to work, as opposed to the rest of the counterproductive entitlement programs that our sorry government foists on us.

Sincerely,

Doug Adams  
214 Rusty Spur Trail  
Whitefish, MT 59937

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**Thompson, Jo**

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**From:** Bruce Hunner <royalsierrabc@gmail.com>  
**Sent:** Friday, July 10, 2015 1:32 PM  
**To:** Thompson, Jo  
**Subject:** public comment (HELP)

I urge you to extend healthcare availability to more Montanans with the HELP partnership (waiver application).

Medical coverage should be one of the first rights of all Americans in what the right wing calls "the greatest nation on earth" when assuredly "lesser" nations such as Canada, Germany, UK, Holland, Sweden, etc.. offer it to their citizens.

Allowing private industry to manage our health coverage for the last 40 yrs. has given us medicals bills fully twice what other western nation's citizens pay for medical.

Thanks for your help.

BruceHunner  
Hamilton, Mt

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## Thompson, Jo

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**From:** Thomas Lacerte <tiotom77@yahoo.com>  
**Sent:** Friday, July 10, 2015 7:27 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

I am writing in regards to the Medicaid expansion in Montana. I oppose Medicaid expansion because I believe it makes people dependent on the government.

Last year, when Medicaid expansion was passed by Montana Congress, the estimated number of people qualified for the entitlement was 70,000. A current estimate was revised to 80,000. Will next year's estimate be 90,000? If we want people to be independent and less dependent on government, then it seems we are moving in the wrong direction. If the program is successful, then the number of people dependent on the entitlement would be shrinking, not growing.

Will people strive to get better job, if it means losing their Medicaid entitlement? Probably not.

Entitlements don't prevent poverty. Entitlements encourage poverty.

What's the difference between uninsured people getting free medical treatment from an emergency room and a Medicaid patient getting free medical treatment in an emergency room?

For Medicaid patients, it's rarely an emergency.

Thomas Lacerte  
1430 3rd Ave East #12  
Kalispell, MT 59901  
[tiotom77@yahoo.com](mailto:tiotom77@yahoo.com)

8/3/15

Email #1  
TO Kier

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**Thompson, Jo**

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**From:** Mary Armstrong <maryfrommt@gmail.com>  
**Sent:** Thursday, July 09, 2015 10:41 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

I saw in the paper that you were taking public views on this so I thought I'd respond. If I understand it correctly, you are asking for views on whether low income Montanans should be eligible for Obamacare using Medicaid funding. If this is correct, I am in favor of the Medicaid Expansion to allow Montanans to have access to Obamacare. I was very surprised when I researched it before and found that it was not available to these individuals who are probably very much in need of such insurance.

However, I do have a question. I believe the newspaper article said that this may go into effect later this year. I don't understand how this can go through without the legislature approving it. Can you please explain that to me?

Thank you.

Mary Armstrng

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**Thompson, Jo**

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**From:** Bundtrock, Tina <tbundtrock@casadecountymt.gov>  
**Sent:** Thursday, July 09, 2015 10:24 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

To whom it may concern,

As a Certified Applications Counselor working in a Community Health Care Center, and working with low income clients and seeing a genuine need of medical services, procedures, diagnostic testing or surgery, I support the expansion of Medicaid.

Tina A Bundtrock  
Outreach and Enrollment Specialist  
Community Health Care Center  
115 4<sup>th</sup> Street South  
Great Falls MT 59401  
406-791-9270



Today you are You, that is truer than true. There is no one alive who is Youer than You.  
~Dr. Suess

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**Thompson, Jo**

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**From:** garvey@bresnan.net  
**Sent:** Wednesday, July 08, 2015 12:14 PM  
**To:** Thompson, Jo  
**Subject:** Opinion  
**Attachments:** Dear Ms.docx

Dear Ms. Thompson:

I remember when a visit to my local doctor cost \$10 and that was before the "Great Society" and HMO's.

I'm from the government and I'm here to help?

Montana was one of the States that opted out of the State Exchanges and for good reason: "I'm from the government and I'm here to help." Just look at the History of this State, was it built with HMO's, Food Stamps, Medicaid or Medicare?

Was it built on the idea of "Wealth Distribution?"

NO! It was built on independent people who had a sense of responsibility and if you abused that responsibility, well, too bad.

I don't drink, I don't smoke and I don't chew and I don't go with the gals that do! So why should I have to pay for some fool abusing their body?

Or some fool that dropped out of school in the 10<sup>th</sup> grade and has no skills and no education but 4 kids by with a wife who has the same IQ?

Recent events in Greece should send a tremendous message to all America, "This is what happens when you become a Socialized Nation, you eventually run out of other people's money."

There is a growing backlash in America today with all these socialized programs and a political court. It has reached a point to where Term Limits are now being considered for the courts as well as Age Limits. So it would be wise of you and others in government to take stock in what the average person in Montana is thinking. We are a generous people in this country and in this State, but we do not appreciate other's telling us what we can or cannot do. The recent decisions by the Supreme Court only emphasize that feeling.

Respectfully,

Jim Garvey

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**Thompson, Jo**

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**From:** Fadness, Deborah  
**Sent:** Wednesday, July 08, 2015 11:35 AM  
**To:** Thompson, Jo  
**Subject:** HELP comments

Hello Jo,

My name is Debbie Fadness. I am a state employee working as a Treatment Specialist at MSH. I have been an RN since 1986 and in the mental health field since 2000. When I was doing Case Management in the Anaconda/Butte/Deer Lodge areas I can recall being SOOO frustrated when I would see working Montanans without health insurance become sicker and less productive as their simple needs became huge for lack of treatment! Here at MSH we find that patients are stuck here much longer than needed for lack of services, or their inability to afford services in their communities.

It is my opinion as a healthcare provider that we would save way more than we spend by making sure Everyone is entitled to health care.

I worked as a RN Case Manager for the Mental Health Waiver program through Spectrum and I understand firsthand the good that Waivers can do.

Let's make it Work!!!

Thanks,

Debbie Fadness, RN, TS

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**Thompson, Jo**

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**From:** Alex Taft <ATaft@ci.missoula.mt.us>  
**Sent:** Wednesday, July 08, 2015 10:04 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid expansion

Please do whatever it takes (and what the Feds will agree to) to get Medicaid to our needy population as soon as possible. Thanks for your good work.

Alex Taft  
Missoula City Councillor  
Ward 3

Sent from my iPhone

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✓

## Thompson, Jo

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**From:** Keith Lopez <klopez@wmmhc.org>  
**Sent:** Wednesday, July 08, 2015 8:48 AM  
**To:** Thompson, Jo  
**Subject:** Medicaid Expansion

Mr. Thompson,

As a substance abuse counselor here in the Great State of Montana, I would like to see the expansion cover more treatment and recovery based services. Recovery homes are a huge asset on the road to long term recovery and we, here in Montana lack an abundance of recovery resources. If the addict could be treated and given the recovery resources to build a better life, they would have a greater success rate. This in turn would give relief to the areas of the community that suffer from the burden of taking care of the actively using addict.

These are just some of my thoughts on the subject and I thought that I would send them on, as we have been asked to do. Thank you in advance for your time in this matter.

Sincerely,  
Keith Lopez, LAC

Keith Lopez, LAC  
Western Montana Tri-County Addiction Services  
307 E. Park ST. STE. 201  
Anaconda, MT 59711  
(406)563-7038

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August 29, 2015

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: Montana Budget and Policy Center Comments on 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:

The Montana Budget and Policy Center submits this comment in support of the Montana Department of Public Health and Human Services' (DPHHS) proposed demonstration waiver pursuant to sections 1115 and 1916(b)(4) of the Social Security Act of 1965 (herein "the waiver"), to extend health care coverage to individuals in Montana with incomes below 138% of the federal poverty line.

The Montana Budget and Policy Center (MBPC) is a nonprofit organization founded in 2008. MBPC's mission is to advance responsible tax, budget, and economic policies through credible research and analysis in order to promote opportunity and fairness for all Montanans. MBPC fulfills this mission by providing credible and timely research and analysis on state fiscal issues to legislators, tribal leaders, advocates, the public, and the media.

As one of several organizations working toward Medicaid expansion in Montana, MBPC supported the Health and Economic Livelihood Partnership (HELP) Act, passed by the Montana Legislature during the 64<sup>th</sup> Legislative Session. Montana became the first state in nearly two years to successfully pass Medicaid expansion through its legislative process. This effort will move Montana closer toward closing the coverage gap, reducing uncompensated care, and injecting billions in taxpayer dollars into our local economies. The HELP Act represents a hard fought and intensely negotiated measure to get the health care coverage that tens of thousands of Montanans desperately need.

The state of Montana proposes this waiver under the backdrop of federal actions that came before it. In 2012, the United States Supreme Court ruled that Congress could not threaten the loss of *existing* federal Medicaid funds to coerce states to expand Medicaid.<sup>1</sup> Instead, states would have the option of expanding and thereby accepting the additional federal support. The Court's ruling had the effect of treating this newly eligible population as a discretionary, not mandatory, population. Subsequent to the Court's ruling, several states – with politically conservative

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<sup>1</sup> *National Federation of Independent Business v. Sebelius*. 567 U.S. \_\_\_, 132 S. Ct. 2566 (2012).

legislative bodies – proposed alternative ways to provide coverage to this newly eligible population. Since 2013, the federal Centers for Medicare and Medicaid Services (CMS) has approved plans in six states to expand coverage through the 1115 demonstration waiver process.<sup>2</sup>

Most notably, CMS approved the state of Indiana’s plan in February 2015 (during Montana’s legislative session).<sup>3</sup> Indiana’s waiver requires all newly eligible enrollees to make monthly premium contributions into health savings accounts. Individuals below the poverty line that fail to pay premiums lose access to the more generous benefits package (including loss of dental and vision coverage) and are subject to copays up to the maximum allowable amount under Medicaid law. As Kaiser Family Foundation has noted, an individual subject to copays may end up paying more than he or she would have in the monthly premiums while receiving the more generous benefits plan.<sup>4</sup>

Under the CMS-approved Indiana waiver, individuals that are above the poverty line (and who are not deemed medically frail) are required to pay premiums or risk losing health coverage. These individuals are given a 60-day grace period, and if the premiums go unpaid, the individual is disenrolled from coverage and “locked out” for 6 months.<sup>5</sup>

CMS also approved Indiana and other state 1115 waivers that eliminated retroactive eligibility, coverage for non-emergency medical transportation, and (through a separate waiver application) higher copays for non-emergency use of the emergency room.<sup>6</sup>

**CMS’ approval of Indiana’s waiver set the stage for the intense, political negotiations among policymakers in the state of Montana that resulted in the enactment of the bipartisan Health and Economic Livelihood Partnership (HELP) Act. It is in this context that Montana proposes this waiver.**

#### **MBPC Comments on Montana’s Proposed Waiver**

MBPC submits the following comments on Montana’s draft waiver, released on July 7, 2015.

Exemptions from Enrollment in Third-Party Administered Plan. We appreciate and support Montana’s consideration that certain populations may be unable to access a sufficient provider network provided by the Third Party Administrator (TPA). As articulated in the waiver, these populations will be exempt from TPA enrollment and will instead be enrolled in traditional Medicaid. Exempt populations will include American Indians as well as those deemed medically frail. We believe this is an appropriate and efficient way to ensure these individuals are exempt from premiums and cost sharing (as required by federal law). This population, exempt from TPA

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<sup>2</sup> Rodowiz, R., Artiga, S., Musumeci, M. “The ACA and Medicaid Expansion Waivers.” Kaiser Commission on Medicaid and the Uninsured. February 17, 2015.

<sup>3</sup> Letter to Joseph Moser, Medicaid Director, Indiana Family and Social Services Administration, from Marilyn Tavener, Administrator, Centers for Medicare and Medicaid Services. January 27, 2015.

<sup>4</sup> Kaiser Commission on Medicaid and the Uninsured. “Medicaid Expansion in Indiana.” February 3, 2015.

<sup>5</sup> Kaiser Commission on Medicaid and the Uninsured. “Medicaid Expansion in Indiana.” February 3, 2015.

<sup>6</sup> Rodowiz, R., Artiga, S., Musumeci, M. “The ACA and Medicaid Expansion Waivers.” Kaiser Commission on Medicaid and the Uninsured. February 17, 2015.

enrollment, could represent one-third to one-half of Montana's newly eligible population.<sup>7</sup>

Most notably, Montana's proposed expansion of Medicaid represents an indispensable opportunity to address one of the most challenging inequities facing Indian Country: lack of access to comprehensive health care and its impact on health and quality of life. Unfortunately, eligibility for Indian Health Service (IHS) does not equate to adequate access to health care for American Indians. Congress funds the IHS at a lower per-capita rate than any other public health program. With a budget that has been estimated to cover only 60 percent of the actual need, the IHS is able to provide only a limited range of basic and triage services in specific communities.<sup>8</sup>

Out of 33 states with significant American Indian populations, Montana ranks the highest of any state in uninsured American Indians (40 percent).<sup>9</sup> American Indians residing in Montana suffer from significant disparities in life expectancy (nearly 20 years) and nearly every measure of health and illness. The causes of health disparities are complex, but inadequate access to health care is one important and correctable contributor.<sup>10</sup>

*MBPC urges DPHHS to maintain the current exemption from TPA enrollment and to define these exemptions broadly to ensure these difficult-to-serve populations have access to quality coverage.*

*DPHHS's process for determining medically frail should be evidence-based, and the process should allow for determination at any time during the coverage period in the event a change in status has occurred.*

Premiums and Copays. While MBPC has concerns about the impact of premiums on enrollment and access to coverage, we acknowledge that CMS has previously approved premiums and cost sharing similar to what Montana's waiver imposes.<sup>11</sup> Like Indiana, Montana's waiver imposes premiums on newly-eligible individuals enrolled in the TPA plan, set at 2 percent of household income.<sup>12</sup> The combination of premiums and copays will not exceed 5 percent of family household income, consistent with the current Montana Medicaid program.

We appreciate that, consistent with previously approved waivers, Montana's waiver ensures that failure to pay premiums by those below 100% of the federal poverty line will not result in loss of health care coverage. Furthermore, unlike Indiana, failure to pay premiums will *not* result in loss of certain health care benefits, such as dental and vision.

Individuals between 100% and 138% of the federal poverty line that fail to pay premiums may be

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<sup>7</sup> The American Indian population is estimated to be as high as 20,000. Ed Fox. "Health Care Reform: Tracking Tribal, Federal, and State Implementation." Kauffman & Associate, Inc. May 20, 2011. See also, U.S. Government Accountability Office. "Indian Health Service: Most American Indians and Alaska Natives Potentially Eligible for Expanded Health Coverage, but Action Needed to Increase Enrollment." September 2013. The waiver does not define "medically frail." However, this subpopulation could represent a significant portion of the newly eligible population. Ward BW, Schiller JS, Goodman RA. "Multiple Chronic Conditions Among US Adults: A 2012 Update." *Prev Chronic Dis* 2014; 11:130389.

<sup>8</sup> "A National Roundtable on the Indian Health System and Medicaid Reform." *Urban Institute*, August 31, 2005.

<sup>9</sup> Ed Fox, PhD, and Verne Boerner, MPH, "Health Care Coverage & Income of American Indians & Alaska Natives," October 2012.

<sup>10</sup> Donald Warne, MD, MPH, "Research and Educational Approaches to Reducing Health Disparities Among American Indians and Alaska Natives," *Journal of Transcultural Nursing* (July 2006), pp. 1-6.

<sup>11</sup> Rodowiz, R., Artiga, S., Musumeci, M. "The ACA and Medicaid Expansion Waivers." Kaiser Commission on Medicaid and the Uninsured. February 17, 2015.

<sup>12</sup> Indiana's waiver imposes premiums on those with no income, requiring all individuals to pay at least \$1 monthly premium in order to access the more generous benefits plan.

subject to dis-enrollment (with limited exceptions articulated in the HELP Act). These individuals will be able to re-enroll once unpaid premiums are paid or when the Department of Revenue (DOR) assesses the debt against the individual's income taxes.

*We urge DPHHS to provide clear guidance on the process it will undertake in determining when premiums and copays reach the maximum allowable amount under Medicaid law.*

Fast Track and Continuous Eligibility. *MBPC strongly supports the state's waiver provisions applying for Fast Track Express Lane Eligibility Waiver, as well as, the proposal for 12-month continuous eligibility.* This will streamline eligibility process by using existing verified income information provided through the state's Supplemental Nutrition Assistance Program (SNAP). Nationally, more than 80 percent of individuals *eligible* for SNAP participated in the program in 2010, and utilizing SNAP information to determine eligibility for Medicaid is an efficient way to reach thousands of Montanans that we already know are eligible for coverage.<sup>13</sup> Providing 12-month continuous eligibility will help reduce churn and provide greater continuity of coverage.

Data Collection. We appreciate that the demonstration waiver will focus on two features of the HELP Act program: (1) use of the TPA model as an efficient and cost-effective way to provide coverage; and (2) use of premiums and copayments to encourage personal responsibility and cost-conscious behavior.

*MBPC urges DPHHS to work with the TPA to collect and report enrollment data during the demonstration term. This data will help us understand the potential impact of cost sharing on enrollment, access to care, maintaining coverage, and encouraging certain behaviors.*

## **Conclusion**

MBPC appreciates the opportunity to submit this comment, and we stand ready to help see that Montana is successful in implementing this plan to provide tens of thousands of Montanans access to affordable health care coverage.

Sincerely,

Heather K. O'Loughlin  
Co-Director  
Montana Budget and Policy Center

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<sup>13</sup> Rosenbaum, D., Gonzales, S., Trisi, D. "A Technical Assessment of SNAP and Medicaid Financial Eligibility Under the Affordable Care Act." Center on Budget and Policy Priorities. June 6, 2013.