



Montana Health Coalition
Department of Public Health and Human Services
Montana Medicaid Expansion Update
November 29, 2017, 9:30 am – 1:30 pm

During April 2017, the Montana Legislature passed Senate Bill (SB) 261, which requires state agencies to implement certain cost-saving measures if state revenue does not meet legislatively established levels by August 15, 2017. Included in SB 261 is the requirement that the State may not renew any existing contract with a Third Party Administrator (TPA) or insurance company for administration of the HELP Plan. As revenues were not met, DPHHS provided Blue Cross and Blue Shield of Montana (BCBSMT) notice on August 23, 2017 of the upcoming TPA contract closure to be December 31, 2017.

- Montana Legislature passed SB 261
 - The State may not renew any existing contract with a TPA or insurance company for administration of the HELP Plan.
 - BCBSMT will continue to be responsible for the claim run out period through December 31, 2018.
- Waiver Amendment
 - DPHHS submitted an amendment to the Centers for Medicare and Medicaid Services (CMS) for the Section 1115 Montana HELP Program Waiver with the changes resulting from SB 261.
 - Included in the amendment, to be effective January 1, 2018:
 - Enrollees will receive Standard Medicaid services approved in the Medicaid State Plan through the State's fee-for-service system.
 - Enrollees will continue to be responsible for a monthly premium of two percent of their aggregate household income.
 - Their premium obligation will not count toward the first two percent of copayments accrued.
 - Enrollee eligibility and benefits will remain the same.
 - Enrollee provider networks will remain the same or better.
 - The section 1915(b)(4) waiver, which allows the TPA, will naturally expire on 12/31/2017.
- Public hearings
 - Held in Helena and Billings with notice provided in the following manner: Tribal Consultation meeting, DPHHS web page and meeting calendar posting, newspaper publications in three largest Montana newspapers, and Tribal Consultation and Montana Health Coalition letters.
 - No public comment was received during the hearings or in any other capacity during the public comment period.
- Member and Provider Outreach
 - Informational notices with the upcoming changes have been sent to participants.
 - Informational provider notices with the upcoming changes posted to the Medicaid Provider website and included in the Medicaid Provider electronic newsletter.
 - Member eligibility will be transferred to Montana Medicaid and Montana Medicaid cards will be sent to participants.