

Section 1115 HELP Demonstration Waiver

Post Award Forum

Waiver Summary:

The 2015 Montana Legislature enacted Senate Bill 405, the Montana Health and Economic Livelihood Partnership (HELP) Act, that among other features, provides for the expansion of health care services through the Medicaid HELP Program to new adults ages 19-64 years old and below 138 percent of the federal poverty level (FPL). HELP Program coverage was effective January 1, 2016 and the State implemented its expansion through a Section 1115 demonstration waiver from the Centers for Medicare and Medicaid Services (CMS).

The Section 1115 waiver authorizes:

- 12 months of continuous eligibility for all new adults;
- Premiums for new adults participating in the TPA equal to 2% of their household income; and
- Maximum copayments allowable under federal law, with total cost sharing not to exceed 5% of a beneficiary's household income.

After the implementation of Senate Bill (SB) 261 in August 2017, DPHHS had four months to implement contract closure with BCBSMT by December 31, 2017 and transition HELP Program administration to the Department by January 1, 2018. This required Waiver changes:

- Update the 1115 Waiver to remove references the Third Party Administrator (TPA);
 - Update the 1115 Waiver to remove the 2% premium credit.
 - End the 1915 B Waiver that allowed the Department to use a TPA for administration of the HELP Plan.
- **2018 Updates**
 - State Evaluation
 - DPHHS received a letter from CMS dated May 31, 2017, removing the state's obligation to perform an independent evaluation of the 1115 HELP Demonstration Waiver.
 - Federal Evaluation
 - In September of 2018 the Urban Institute and Social & Scientific Systems, Inc. continued their federal evaluation that began in 2016. Urban Institute researchers returned for in person interviews with key stakeholders and focus groups with participants. Focus groups were held with HELP participants in
 - *Premium Invoice*: The DPHHS Montana's Program for Automating and Transforming Health Care (MPATH) team was selected to develop a Request for Proposal (RFP) and contract for a new premium invoice billing process as BCBSMT would no longer

be contractually obligated to process the HELP Program premiums. Certifi was awarded the contract in early fall 2017. The HELP Program team, MPATH, DPHHS fiscal, and BCBSMT worked together to develop and implement a new process. Members received their final premium invoice from BCBSMT in December, 2017 with their first invoice coming from Certifi in January, 2018.

- Given the short timeline for the transition, it went very smoothly for both members and providers. The main issue encountered was a short four day delay between BCBSMT turning off the ability for members to pay their premiums online, and Certifi’s go live date. This caused an increase in call volume to the Department, however, the Department did have an interim solution that allowed members to pay their premiums online using the Departments Delinquent Premium Payment online payment option.

- **Key Milestones and Accomplishments**

- Preventive Care

- The expansion of Medicaid in Montana has been an opportunity to dramatically improve the health of the state by incentivizing primary and preventive care. To promote use of high value health services, the state did not apply copayments for preventive health care services. As of December 31, 2017, the ten most commonly used preventive services, excluding pharmaceuticals, in 2017 are below:

Preventive Service	Unduplicated Number of Clients
Dental Preventive	30,711
Cholesterol Screening	12,642
Preventive/Wellness Exams	10,942
Diabetes Screening	9,910
Vaccines	9,606
Chlamydia Screening	8,734
Colorectal Cancer Screening	8,623
Gonorrhea Screening	8,282
Cervical Cancer Screening	7,414
Abdominal Aortic Aneurism Screening	4,045
Hepatitis C Screening	4,045

- **Participant Enrollment**

- Medicaid expansion enrollment has grown to 90,825 as of December 31, 2017 and 95,417 as of October 1, 2018.

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Provider Relations: 1-800-624-3958