

***Presentation to the 2021 Health and Human Services
Joint Appropriation Subcommittee***

**Medicaid and Health Services Branch
Department of Public Health and Human Services**

The following topics are covered in this report:

- Overview
- Summary of Major Functions
- Triple Aim Initiatives
- Funding and FTE Information
- Change Packages

Overview

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

HRD works in close collaboration with Tribal Governments, Indian Health Service, and Urban Indian programs to support health care delivery in tribal communities with the goal of building greater health care capacity to serve Montana's American Indians, allowing for better access and culturally appropriate care. DPHHS formally consults with Tribal Governments, Indian Health Service, and Urban Indian programs on a regular basis, to discuss the Medicaid program and its impact on American Indians, tribal, and urban communities.

Summary of Major Functions

Medicaid Services

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

Medicaid Primary Care Services

Rural Health Clinics and Federally Qualified Health Centers

Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) provide primary care and preventive services. There are currently 19 main FQHCs with a combined 99 satellite locations and 57 Rural Health Clinics across Montana. These facilities are paid for services provided to Medicaid members using the prospective payment system (PPS) a predetermined facility specific per-visit rate based on the providers' allowable costs and scope of service.

Tribal and Indian Health Services

Tribal health and Indian Health Services clinics provide physical health, behavioral health, dental services, hospital and long-term care services. Most Medicaid eligible services delivered at Tribal and Indian Health Service facilities are paid at a federally established all-inclusive rate (AIR). Other services are reimbursed using a fee for service schedule. Services provided to Medicaid-eligible American Indians through an

Indian Health Service (IHS) facility or tribal health clinic are funded with 100% federal funds.

Physician Services (including specialty services)

The physician program includes physician, mid-level practitioners, podiatrists, lab, independent diagnostic treatment clinics, public health clinics and family planning clinics. Medicaid reimbursement for these services includes but is not limited to: office visits, lab tests, x-rays, surgeries, prenatal care, deliveries and anesthesia. The Medicaid provider network includes 18,457 practitioners and clinics. Medicaid reimburses for services utilizing the nationally developed payment methodology, Resource Based Relative Value System (RBRVS), customized to Montana.

Medicaid Pharmacy Program

The pharmacy program administers the prescription drug benefit for the Medicaid program. Over 260 pharmacies are enrolled across Montana, providing access to medications for members throughout Montana.

Covered Drugs

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

Drug Rebates

All prescription drugs covered by the Medicaid and Chip programs are required to be included in the federal drug rebate program. The rebates are billed and collected from the manufactures each quarter reducing the overall costs of the pharmacy program. In SFY 2020 drug rebates offset 58.5% of the prescription drug costs.

Clinical Pharmacist Practitioners

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

Medicaid Ancillary Services

Dental and Denture Services

The Medicaid dental benefit provides services up to \$1,125* per year to adult Medicaid members (above the age of 20 and not enrolled as Aged, Blind, and Disabled).

Members who are age 20 and under or eligible under Aged, Blind and Disabled have no dental benefit limit. Dental services are eligible for payment if provided by dentists, denturists, dental hygienists, and oral surgeons.

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

Durable Medical Equipment

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

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

Medicaid Hospital Services

Hospital Services are provided in Montana through an in-state network of 15 Acute Care Prospective Payment System (PPS) Facilities and 47 Critical Access Hospitals across the state. Included in the 15 Acute Care PPS hospitals is new acute rehabilitation hospital in Billings, Montana, The Rehabilitation Hospital of Montana. Health Care Programs reimburse for inpatient services, outpatient services and emergency care. Providing these services in Montana supports Montana's healthcare system and helps ensure access to health services for all Montanans.

Montana Health Care Programs covers inpatient hospital care outside of the state only in special circumstances. Out-of-state inpatient coverage is limited to services that are: 1) not available in Montana (i.e. transplants); 2) for people who live near the border and normally get their health care in Idaho, Wyoming, North Dakota or South Dakota; and 3) for Montanans who have traveled outside the state and need emergency services.

Big Sky RX Program

Seniors in Montana can get help with the cost of prescription drugs through the Big Sky Rx program. Each year over 9,700 seniors use this program to help pay their Medicare Part D premium. Individuals who are enrolled in Medicare Part D and have a family income at or below 200% of the FPL can receive up to \$35.80 in monthly premium assistance.

Healthy Montana Kids

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

Coverage includes physician visits; well-child checkups; routine physicals; hospital in-patient and out-patient services; emergency visits; hearing and vision screenings; dental services; prescription drugs and behavioral health services.

Alternative Pain Management Block Grant Program

As authorized in the 2019 Legislature, SB265, DPHHS is implementing an Alternative Pain Management Block Grant Program effective April 2021. The block grant will pay the costs of the following alternative pain management treatments for Montana residents who have no other payment source for the treatments:

- acupuncture;
- chiropractic;
- physical therapy; and
- naturopathic physician services.

Additionally, DPHHS will launch an education program to inform the public about alternative pain management techniques and treatments that do not involve the use of opioid drugs.

Triple Aim Initiatives

The term “Triple Aim” refers to the combined objective of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. HRD has several long term and more recent initiatives aligned with the triple aim.

New Prescription Drug Costs

Governor Gianforte has authorized a full review of the prescription drug programs in Medicaid, DPHHS facilities and the Department of Corrections. This focused rapid review of the prescription drug coverage formulary and related business processes is expected to result in savings to both the state and federal governments.

Perinatal Behavioral Health Program

In September 2018, DPHHS in partnership with the Montana Healthcare Foundation, was awarded a five-year Maternal Depression and Related Behavioral Disorders (MDRBD) HRSA grant to implement the Montana Meadowlark Initiative (previously known as the Perinatal Behavioral Health Initiative.). This initiative is implementing an integrated behavioral health

model into obstetric practices throughout the state. The model aims to improve access to timely care, build health system capacity, and improve health outcomes for Montana's pregnant and postpartum mothers experiencing behavioral health issues and their children.

The project is focusing on supporting providers in rural and underserved regions throughout the state and has extend access to behavioral health screening and effective early intervention to pregnant and postpartum women statewide. It helping practices implement a coordinated team of primary care providers, behavioral health providers, and care coordinators, as well as peer supports. Teams are located on site to support effective warm handoffs between obstetric and behavioral health providers.

The other major component of the HRSA MDRBD grant is creating a state-wide psychiatric teleconsultation line for communities to be used in three ways:

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

HRD plans to have this teleconsultation line implemented in January 2021.

Comprehensive Primary Care Plus (CPC+)

Montana Medicaid (along with Blue Cross Blue Shield, Pacific Source and Allegiance Life and Health) was chosen as one of 14 regions nationally to participate in the CPC+ Program in coordination with Medicare. CPC+, the largest-ever initiative of its kind, is a five-year, multi-payer initiative to improve primary care, which is critical to promoting health equity, reducing overall health care costs, and improving population health. It is a national advanced primary care medical home model that aims to strengthen primary care through a regionally based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States. Track 2 practices are required to integrate behavioral health services. The care delivery redesign ensures practices in each track have the infrastructure to deliver better care to result in a healthier patient population. The multi-payer payment redesign will give practices greater financial resources and flexibility to make appropriate investments to improve the quality and efficiency of care and reduce unnecessary health care utilization such as emergency room and inpatient hospital utilization. CPC+ provides practices with a robust learning system, as well as actionable patient-level cost and utilization data feedback, to guide their decision making. CPC+ providers report quality measures annually to DPHHS; 2017 quality measures are currently being compiled and will be reported out to providers. Currently 48 practices participate in Montana Medicaid's CPC+ Program throughout the state and approximately 62,000 Medicaid members including Medicaid expansion members. Participating practices include independent practices and hospital-based

practices. All members participating in Medicaid Expansion can partake and will benefit from services provided.

Patient Centered Medical Home (PCMH)

PCMH is designed to improve health care by transforming how primary care is standardized and delivered. In June 2018, DPHHS expanded the PCMH program from 5 to 23 sites and includes any practice that is certified through the National Committee for Quality Assurance (NCQA). PCMH now covers 39,000 Medicaid members. The current PCMH program has been transformed to model the CPC+ program for practices that did not qualify for the CPC+ program and have received PCMH recognition from the NCQA. The model is centered on the following core principles:

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

Value-based payment that recognizes alternative visits, care coordination, health information technology, enhanced communication, and risk-based population stratification.

Tribal Health Improvement Program (T-HIP)

Health disparities on tribal lands have been a growing concern for the people who reside on Montana's reservations. DPHHS, in partnership with Tribal and Centers for Medicare & Medicaid Services (CMS) created an opportunity for tribes to build and operate health promotion programs and activities that are culturally based and relevant to their membership and community.

The T-HIP is a historic partnership between tribal, state, and federal governments to address factors that contribute to health disparities in the American Indian population. This program has a three-tiered structure where tier 1 is designed to enhance communication and intensive care coordination of services for members with chronic illnesses or at-risk of these illnesses. Tiers 2 and 3 focus on specific areas of health disparities as defined by each tribe, such as obesity prevention programming for grade school youth.

Six tribes are currently participating in T-HIP; those being Fort Peck, Chippewa Cree, Confederated Salish and Kootenai Tribes (CSKT), Fort Belknap, Northern Cheyenne and Blackfeet. DPHHS provides payments to tribes for over 19,000 tribal members. Three tribes have completed task orders with the Department to participate at tier 2 and another one is

currently working with the Department to move to tier 2. One tribe is currently working with the Department to move to tier 3.

Passport to Health

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

Team Care

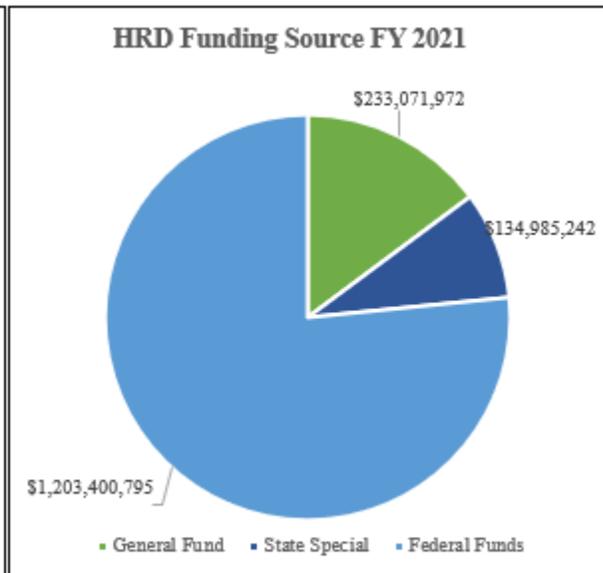
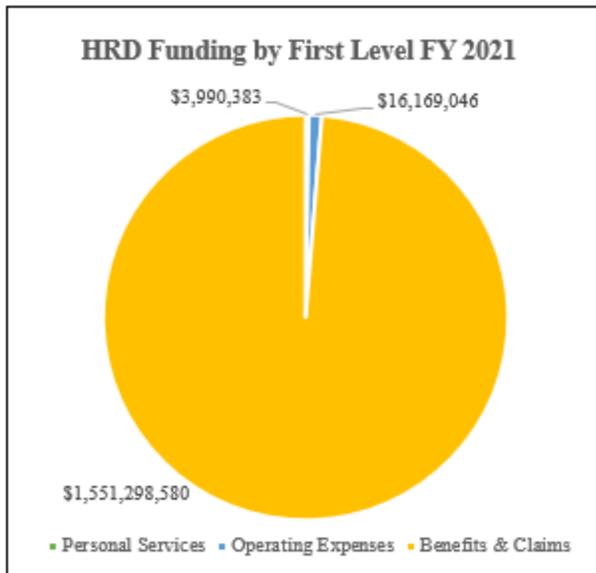
This is a program which reduces inappropriate or excessive utilization of healthcare services, including overutilization of hospital emergency rooms. Members are identified for Team Care through claim reviews, provider referrals, Drug Utilization Review Board referrals, and Health Improvement Program care managers. Individuals are enrolled in Team Care for at least 12 months and are assigned to one pharmacy and one medical provider. Approximately 350 Medicaid and HMK Plus members are currently enrolled in the Team Care program.

Nurse First Advice Line

This is a 24/7 nurse advice line that all Medicaid, HMK and HMK Plus members can call for healthcare questions. The advice line is operated by a vendor and through clinically based algorithms which directs callers to the most appropriate level of care: self-care, provider visit, or emergency department visit. Quality, access to care, and health outcomes are continuously monitored, tracked, and reported.

Funding & FTE Information

Health Resources	FY 2021 Budget	FY 2022 Request	FY 2023 Request
FTE	43.62	43.62	43.62
Personal Services	\$ 3,990,383	\$ 3,513,197	\$ 3,560,970
Operating Expenses	\$ 16,169,046	\$ 15,081,741	\$ 15,118,602
Benefits & Claims	\$ 1,551,298,580	\$ 1,481,008,461	\$ 1,520,504,787
TOTAL COSTS	\$ 1,571,458,009	\$ 1,499,603,399	\$ 1,539,184,359
	FY 2021 Budget	FY 2022 Request	FY 2023 Request
General Fund	\$ 233,071,972	\$ 202,808,515	\$ 218,610,183
State Special	\$ 134,985,242	\$ 137,572,736	\$ 133,155,190
Federal Funds	\$ 1,203,400,795	\$ 1,159,222,148	\$ 1,187,418,986
TOTAL Funds	\$ 1,571,458,009	\$ 1,499,603,399	\$ 1,539,184,359



Change Packages

Present Law Adjustments:

SWPL 1 – Personal Services

The budget includes a decrease of \$442,778 total funds in FY 2022 and \$429,413 total funds in FY 2023 to annualize various personal services costs including FY 2021 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$177,300)	(\$342)	(\$265,136)	(\$442,778)
FY 2023	(\$171,261)	(\$176)	(\$257,976)	(\$429,413)
Biennium Total	(\$348,561)	(\$518)	(\$523,112)	(\$872,191)

SWPL 3 – Inflation / Deflation

The executive requests adjustments to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, gasoline, and others.

PL – 11001 - Pain Management Program

The executive requests a present law adjustment to fund the costs of alternative pain management treatments. This change package requests a biennial increase in state special revenue funds of \$2,000,000.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$1,000,000	\$0	\$1,000,000
FY 2023	\$0	\$1,000,000	\$0	\$1,000,000
Biennium Total	\$0	\$2,000,000	\$0	\$2,000,000

PL – 11791 - HMK Caseload HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division which covers the projected increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$24,550,826 in total funds. The biennial funding is \$6,021,172 in state special funds and \$18,529,654 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$2,234,296	\$6,903,929	\$9,138,225
FY 2023	\$0	\$3,786,876	\$11,625,725	\$15,412,601
Biennium Total	\$0	\$6,021,172	\$18,529,654	\$24,550,826

PL – 11891 - Med Exp Core HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a reduction of \$78,007,089 in total funds. The biennial funding is an increase in general fund of \$2,097,991, a decrease of \$10,401,641 in state special revenue funds and a decrease of \$69,703,439 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$1,171,766	(\$5,778,226)	(\$37,757,430)	(\$42,363,890)
FY 2023	\$926,225	(\$4,623,415)	(\$31,946,009)	(\$35,643,199)
Biennium Total	\$2,097,991	(\$10,401,641)	(\$69,703,439)	(\$78,007,089)

PL – 11893 - Med Exp Fed HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division which covers projected changes in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a biennial increase in federal funds of \$23,344,227.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	\$12,474,422	\$12,474,422
FY 2023	\$0	\$0	\$10,869,805	\$10,869,805
Biennium Total	\$0	\$0	\$23,344,227	\$23,344,227

PL – 11896 - Med Exp Core FMAP HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid Expansion program in the Health Resource Division. The change package requests a general fund reduction of \$7,573,294 in FY 2022 and \$7,573,294 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$7,573,294)	\$0	\$7,573,294	\$0
FY 2023	(\$7,573,294)	\$0	\$7,573,294	\$0
Biennium Total	(\$15,146,588)	\$0	\$15,146,588	\$0

PL – 11897 - Med Exp Core HUF HRD

The executive requests a present law adjustment for the Medicaid Expansion hospital utilization fee in the Health Resources Division. This change package requests an increase of \$33,145,720 in total funds. The biennial funding is an increase of \$3,314,572 in state special revenue and increase of \$29,831,148 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$1,345,205	\$12,106,849	\$13,452,054
FY 2023	\$0	\$1,969,367	\$17,724,299	\$19,693,666
Biennium Total	\$0	\$3,314,572	\$29,831,148	\$33,145,720

PL – 11899 - Med Exp Core HUF FMAP HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid Expansion Hospital Utilization Fee in the Health Resource Division. The change package requests a state special revenue fund decrease of \$824,313 in FY 2022 and \$824,313 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	(\$824,313)	\$824,313	\$0
FY 2023	\$0	(\$824,313)	\$824,313	\$0
Biennium Total	\$0	(\$1,648,626)	\$1,648,626	\$0

PL – 11991 - Med Core HRD

The executive requests a present law adjustment for caseload growth in the Health Resources Division which covers projected changes in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a reduction of \$84,573,052 in total funds. The biennial funding is a decrease of \$29,627,224 in general fund and \$55,945,828 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$18,422,994)	\$0	(\$34,229,175)	(\$52,652,169)
FY 2023	(\$11,204,230)	\$0	(\$20,716,653)	(\$31,920,883)
Biennium Total	(\$29,627,224)	\$0	(\$54,945,828)	(\$84,573,052)

PL – 11993 - Med Federal HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division which covers projected changes in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a biennial decrease in federal funds of \$6,226,220.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	(\$3,160,160)	(\$3,160,160)
FY 2023	\$0	\$0	(\$3,066,060)	(\$3,066,060)
Biennium Total	\$0	\$0	(\$6,226,220)	(\$6,226,220)

PL – 11994 - Med Other HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid Clawback program in the Health Resources Division. The change package requests a reduction of total funds of \$97,456 for the biennium with a decrease in the general fund amount of \$440,667 in FY 2022 and an increase of \$343,211 in FY 2023.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$440,667)	\$0	\$0	(\$440,667)
FY 2023	\$343,211	\$0	\$0	\$343,211
Biennium Total	(\$97,456)	\$0	\$0	(\$97,456)

PL – 11996 - Med Core FMAP HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid program in the Health Resource Division. The change package requests a general fund decrease of \$3,786,467 in FY 2022 and \$3,192,382 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$3,786,467)	\$0	\$3,786,467	\$0
FY 2023	(\$3,192,382)	\$0	\$3,192,382	\$0
Biennium Total	(\$6,978,849)	\$0	\$6,978,849	\$0

PL – 11997 - Med Core HUF HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid Inpatient Hospital Utilization Fee and programs in the Health Resources Division. The change package requests a reduction in total funds of \$14,358,314 for the biennium with a decrease in State Special Revenue of \$5,031,161 and a decrease in federal funds of \$9,327,153.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	(\$2,737,986)	(\$5,087,067)	(\$7,825,053)
FY 2023	\$0	(\$2,293,175)	(\$4,240,086)	(\$6,533,261)
Biennium Total	\$0	(\$5,031,161)	(\$9,327,153)	(\$14,358,314)

PL – 11998 - Med Fed IHS HRD

The executive requests a present law adjustment for caseload growth in the Health Resource Division which covers projected changes in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a biennial decrease in federal funds of \$25,862,254.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	(\$13,776,288)	(\$13,776,288)
FY 2023	\$0	\$0	(\$12,085,966)	(\$12,085,966)
Biennium Total	\$0	\$0	(\$25,862,254)	(\$25,862,254)

PL – 11999 - Med Core HUF FMAP HRD

The executive requests a present law adjustment to maintain existing services for the Medicaid program in the Health Resource Division. The change package requests a state special revenue increase of \$3,591,837 in FY 2022 and \$3,674,143 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$3,591,837	(\$3,591,837)	\$0
FY 2023	\$0	\$3,674,143	(\$3,674,143)	\$0
Biennium Total	\$0	\$7,265,980	(\$7,265,980)	\$0

PL – 11796 - HMK FMAP HRD

The executive requests a present law adjustment to maintain existing services for the Healthy Montana Kids program in the Health Resource Division. The change package requests a state special revenue fund increase of \$3,757,023 in FY 2022 and \$3,890,641 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$3,757,023	(\$3,757,023)	\$0
FY 2023	\$0	\$3,890,641	(\$3,890,641)	\$0
Biennium Total	\$0	\$7,647,664	(\$7,647,664)	\$0

New Proposals:

NP – 11789 - Realign Funding for CHIP/HMK

The executive requests a new proposal to maintain existing services for the Healthy Montana Kids program in the Health Resources Division. The change package requests an increase in general fund of \$8,410,000 in FY 2023 with an offsetting adjustment in I-146/CHIP tobacco settlement state special funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	\$0	\$0
FY 2023	\$8,410,000	(\$8,410,000)	\$0	\$0
Biennium Total	\$8,410,000	(\$8,410,000)	\$0	\$0

NP – 11002 - Prescription Efficiencies

This new proposal reflects anticipated savings attributable to increased efficiencies in prescription drug administration.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$1,000,000)	\$0	\$0	(\$1,000,000)
FY 2023	(\$2,000,000)	\$0	\$0	(\$2,000,000)
Biennium Total	(\$3,000,000)	\$0	\$0	(\$3,000,000)

NP – 5555 - Reduce GF Budget for State Share Holiday

Governor Gianforte has proposed legislation to impose a two-month state share holiday for employer contributions into the state health insurance fund. This change package removes the general fund portion of the savings generate by the contribution holiday. Savings from other funding sources will remain in the agency to be able to address ongoing functions of the agency. This change package is contingent on passage and approval of the proposed legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$34,408)	\$0	\$0	(\$34,408)
FY 2023	\$0	\$0	\$0	\$0
Biennium Total	(\$34,408)	\$0	\$0	(\$34,408)