

Medicaid in Montana

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Greg Gianforte, Governor | Charlie Brereton, Director

Medicaid – A State and Federal Partnership

- Federal
 - Title XIX Social Security Act, 42 U.S. Code 1396
- State
 - Article XII, Section 3 of the Montana Constitution
 - 53-6-101, Montana Code Annotated
- State Plan
 - Formal, written agreement between a state and the federal government describing how the state administers its Medicaid program
- Waivers
 - Vehicle to allow states to tailor their Medicaid program to best meet the needs of Montana residents

Federal Medical Assistance Percentage (FMAP)

- Medicaid is jointly funded by the federal government and states
- FMAP—Federal Medical Assistance Percentage
- Federal government reimburses states for specific percentage of expenditures depending on the expenditure type
- How FMAP is determined—formula that considers the average per capita income for each State relative to the national average
- Standard FMAP SFY 2023
 - State Share 35.77%
 - Federal Share 64.23%

Services Funding Rates – FMAP

SERVICES FUNDING RATES

Services Funding (SFY 2025)	State Share	Federal Share
Indian & Tribal Health Services		100%
Medicaid Expansion	10%	90%
Family Planning Service	10%	90%
Money Follows the Person	18.73%	81.27%
Breast and Cervical Cancer Program	26.07%	73.93%
Community First Choice (FMAP +6%)	31.45%	68.55%
Standard FMAP	37.45%	62.55%
State Funded	100%	

Services Funding Rates—FMAP

MONTANA MEDICAID BENEFITS FEDERAL/STATE MATCHING RATE

<u>State Fiscal Year</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Federal Match Rate	64.95%	65.43%	64.96%	64.23%	63.84%	62.55%	61.61%	61.47%
State Match Rate	35.05%	34.57%	35.04%	35.77%	36.16%	37.45%	38.39%	38.53%

Montana Medicaid At a Glance

- SFY 2023 Expenditure--\$2,386,032,556
(21%state--\$503,691,473/79%federal--\$1,882,341,083)
 - Standard Medicaid--\$1,350,965,928
 - Medicaid expansion--\$1,035,066,628
- SFY 2023 average monthly enrollment--289,413 individuals
 - Standard Medicaid--168,003 individuals
 - Medicaid expansion--121,410 individuals

Montana Medicaid Across DPHHS

- Medicaid and Health Services Management Practice
 - Senior and Long-Term Care Division (SLTC)
 - Behavioral Health and Developmental Disabilities Division (BHDD)
 - Health Resources Division (HRD)
- Human Services Practice
 - Human and Community Services Division (HCSD)
- Office of Inspector General (OIG)
 - Program Compliance Bureau

Medicaid Eligibility

Chappell Smith, Administrator, Human and Community Services Division



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How Eligibility for Medicaid is Determined

Eligibility for Medicaid is based on several factors, depending on the type of coverage. Primary factors include:

- Income as a percent of the Federal Poverty Limit (FPL)
- Resources, or assets, including investments and real estate
- Age
- Residency

Programs provide coverage for 12 months unless a reported change impacts eligibility; eligibility is determined annually

Medicaid Programs in Montana

Infants and Children

- Newborn
- Healthy Montana Kids Plus (HMK +)
- Subsidized Adoptions, Subsidized Guardianship, and Foster Care

Low Income Adults

- Low Income Families – Standard Medicaid
- Low Income Adults – Expansion Medicaid
- Pregnant Woman

Special Populations

- Breast and Cervical Cancer Treatment
- Low Income Adults with an SDMI

Individuals with Disabilities

- Aged, Blind/Disabled and/or receiving Supplemental Security Income
- Montana Medicaid for Workers with Disabilities (MWD)

Medically Needy

Infants and Children

Newborn Coverage

- Children born to women receiving Medicaid automatically qualify for Medicaid coverage through the month of their first birthday

Healthy Montana Kids Plus (HMK+)

- Health care coverage for children through the month of their 19th birthday, in families with income up to 143% FPL
- Services must be within scope and provided by a Montana Medicaid/HMK Plus enrolled provider

Subsidized Adoption, Subsidized Guardianship, and Foster Care

- Children eligible for an adoption or guardianship subsidy through DPHHS automatically qualify for Medicaid coverage

Low-Income Adults

Low-Income Families – Standard Medicaid

- Adult members whose household income is less than 25% FPL; these families must include a dependent child

Low-Income Adults – Expansion Medicaid

- Adults whose household income equal is between than 0% and 138% FPL

Pregnant Woman

- Eligible pregnant women with household income equal to or less than 157% FPL who meet the nonfinancial criteria for Affordable Care Act (ACA) Pregnancy Medicaid
- Coverage extends for 12 months beyond conclusion of the pregnancy

Special Populations

Breast and Cervical Cancer Treatment

- Individuals who received a breast and/or cervical health screening through the Montana Breast and Cervical Health Program;
 - diagnosed with breast and/or cervical cancer or pre-cancer as a result of the screening;
 - not have health insurance or other coverage for breast and/or cervical cancer, including Medicare;
 - not eligible for any other Categorically Needy Medicaid program; and
- Individual's income must be at or below 250% FPL.

Special Populations (cont.)

Severe and Disabling Mental Illness (SDMI)

- Individuals who have a SDMI and are otherwise ineligible for Medicaid;
- Individual must be at least 18 years of age; and
- Have a family income 0-138% of FPL and are eligible for or enrolled in Medicare; or 139-150% of FPL regardless of Medicare status.

Individuals with Disabilities

Blind/Disabled

- Determined blind or disabled using Social Security criteria
- Resources do not exceed \$2,000 for an individual or \$3,000 for a couple

Aged, Blind, or Disabled Recipients of Supplemental Security Income (SSI)

- Any aged, blind, or disabled individual determined eligible for SSI receives Medicaid

Montana Medicaid for Workers with Disabilities (MWD)

- Individuals who meet Social Security's disability criteria to receive benefits through a cost share
- Individuals must be employed (either through an employer or self-employed)
- Resource standards are significantly higher than other programs: \$15,000 for an individual and \$30,000 for a couple; while the income limit is 250% of the FPL.

Medically Needy

Medically Needy

- Individuals whose income is too high for Medicaid but would otherwise qualify
 - Individuals who have limited resources but have significant medical needs.
 - Individuals may qualify for benefits through a process known as spend down;
 - Incurring medical expenses equal to spend down amount;
 - Making a cash payment to the department; or
 - Paying both incurred medical expenses and cash payment.

Medicaid Expansion

*Rebecca de Camara, Executive Director
Medicaid and Health Services Management Practice*



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Medicaid Expansion in Montana

- 2015: Medicaid Expansion became law
 - SB 405 authorized the Health and Economic Livelihood Partnership (HELP) Act, which authorized Medicaid coverage for adults up to 138% FPL.
 - DPHHS applied for and received approval for a federal 1115 demonstration waiver
 - Key provisions:
 - Expansion of Medicaid eligibility to adults up to 138% FPL
 - Established premiums and co-payments
 - 12-months continuous eligibility
 - Third-party administrator (TPA)
 - Voluntary HELP-Link workforce program
 - Taxpayer Integrity Fee (TIF)
- 2016: Medicaid Expansion begins 1/1/2016

Medicaid Expansion in Montana (cont.)

- 2017: TPA removed as a cost saving measure
- 2019: Legislature reauthorized HELP/Medicaid Expansion
 - HB 658 --The Medicaid Reform and Integrity Act
 - Key provisions:
 - Mandatory community engagement/employment
 - Increasing premiums based on duration of coverage
 - Eliminated co-payments
 - Expanded TIF
 - Established hospital provider fee and health service corporation fee
 - August 2019 DPHHS submitted a waiver amendment to CMS requesting approval of community engagement/work requirements and increasing premiums

Medicaid Expansion in Montana (cont.)

- December 2020: CMS grants a one-year extension of the HELP 1115 demonstration waiver initially approved in 2015, not incorporating the changes requested in the 2019 waiver amendment request.
- 2021: Montana Legislature passed a budget that removed funding for 12-month continuous eligibility and directed DPHHS to submit an amendment removing the policy from the HELP Waiver.

Medicaid Expansion in Montana (cont.)

- December 2021: CMS approved the removal of the 12-month continuous eligibility, and CMS indicated it did not intend to renew the authority to charge premiums
- HELP 1115 demonstration waiver expired December 31, 2022, and expansion enrollees transitioned to being covered under the State Plan

Medicaid Benefits



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Mandatory and Optional Benefits

Mandatory Benefits

- Physician and Nurse Practitioner
- Nurse Midwife
- Medical and Surgical Service of a Dentist
- Laboratory and X-ray
- Inpatient Hospital (excluding IMDs)
- Outpatient Hospital
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Family Planning
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Nursing Home Facility
- Home Health
- Durable Medical Equipment
- Transportation
- Behavioral Health

Optional Benefits

- Outpatient Drugs
- Dental and Denturist Services
- Ambulance
- Physical and Occupational Therapies and Speech Language Pathology
- Home and Community Based Services
- Eyeglasses and Optometry
- Personal Assistance Services
- Targeted Case Management
- Podiatry
- Community First Choice Hospice

Waivers

- Section 1915(c)
 - Home and Community Based Services Waivers
- Section 1115
 - Demonstration Waivers
- Section 1915(b)
 - Allows states to waive state-wideness, comparability of services, and freedom of choice

1915(c) – HCBS Waivers

- 0208 Comprehensive Services Waiver
 - Facilitates individuals with developmental disabilities living in their community while decreasing the cost of their health care.
- Big Sky Waiver
 - Facilitates members who meet nursing facility level of care living in their community while decreasing the cost of their health care.
- Serious and Disabling Mental Illness Waiver
 - Provides Medicaid reimbursement for community-based services for adults with SDMI that meet the criteria for nursing home level of care and demonstrate a functional level of impairment.

1115 Demonstration Waivers

- Healing and Ending Addiction through Recovery and Treatment (HEART)
 - Governor Gianforte's HEART Initiative aimed at increasing behavioral health services across Montana
- Waiver for Additional Services and Populations (WASP)
 - SDMI State Plan coverage
 - Expanded dental benefit
 - Fertility preservation
- Plan First Waiver
 - Family planning and reproductive health

1915(b) – Passport to Health

- Provides care coordination services from a limited number of providers in order to minimize ineffective or inappropriate medical care
- Two components:
 - Passport to Health
 - Primary Care Case Management (PCCM) Program
 - Team Care
 - Reduces inappropriate or excessive utilization of health care services including hospital emergency rooms and pharmacy services

Tribal Health Activities



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Indian Health Service and Tribal Health

- Collaborative effort:
 - Indian Health Service—100% federally funded
 - Tribal Health 638 Programs/Departments--100% federally funded
 - Urban Indian Organizations—Traditional or Expansion FMAP
 - Billings Urban Indian Health and Wellness Center
 - Helena Indian Alliance
 - Indian Family Health Clinic of Great Falls
 - Missoula All Nations Health Center
 - North American Indian Alliance of Butte

Tribal Health

- Medicaid Tribal Consultations
 - DPHHS formally consults with Tribal Governments, Indian Health Service, and the Urban Indian Health Organizations regarding matters related to Medicaid and CHIP having a direct impact on Indian Health Programs and Urban Indian Organizations.
 - These regular consultations allow DPHHS to seek input on an ongoing basis and foster open communication.

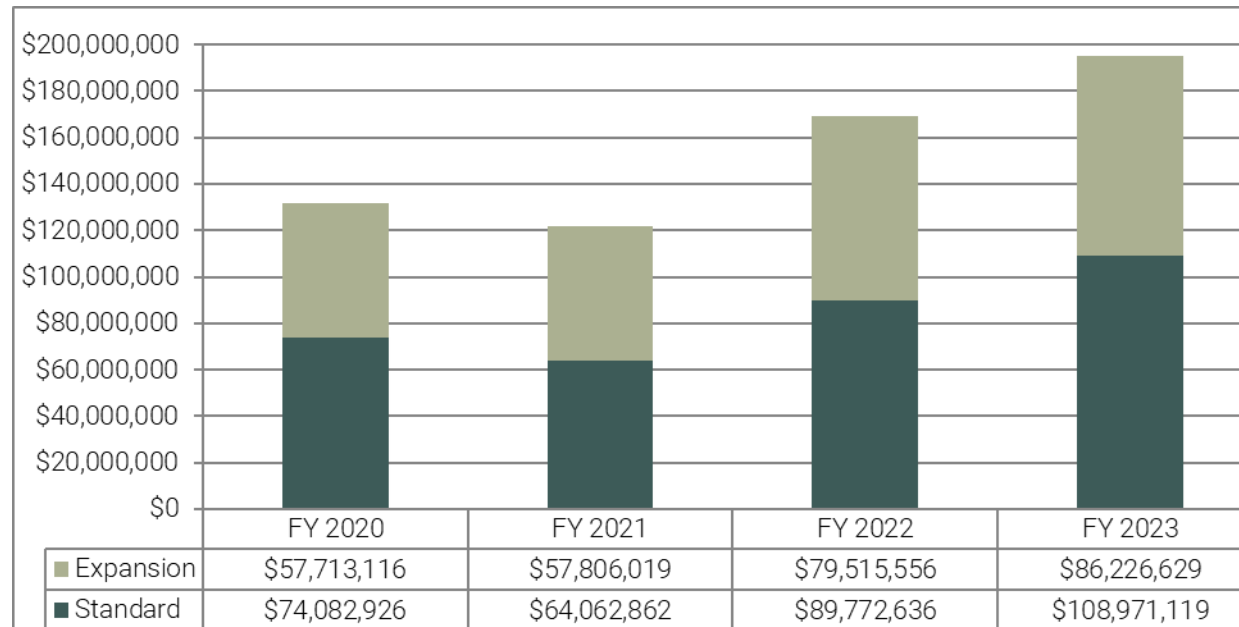
American Indian Medicaid Payments

AMERICAN INDIAN MEDICAID PAYMENTS

Organization	Location	Eligible Client	Services Provided	Federal Match
Indian Health Service	Reservation	Tribal Member or Descendent	Inpatient – Blackfeet, Crow/Northern Cheyenne and Fort Belknap Outpatient – Northern Cheyenne Service Unit, Fort Peck Service Unit, Little Shell Service Unit– services offered vary	100% Federal Funds
Tribal Health (operating under a 638 compact) or contract	Reservation	Tribes are sovereign and set their own requirements for who is eligible for services.	Outpatient – services offered vary. Nursing Facility - Blackfeet, Crow	100% Federal Fund
Urban Indian Organizations	Billings Butte Great Falls Helena Missoula	Tribal Member or Descendent Plus Non-Natives	Outpatient – services offered vary	Standard 62.55% Federal Funds/ 35.45% State Funds; Medicaid Expansion 90% Federal Funds/ 10% State Funds

Medicaid IHS/Tribal Reimbursement By SFY

MEDICAID INDIAN HEALTH SERVICE/TRIBAL REIMBURSEMENT BY STATE FISCAL YEAR



Medicaid Enrollment and Expenditures



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Summary of Medicaid Enrolled Persons SFY 2023

SUMMARY OF MEDICAID ENROLLED PERSONS FOR SFY 2023

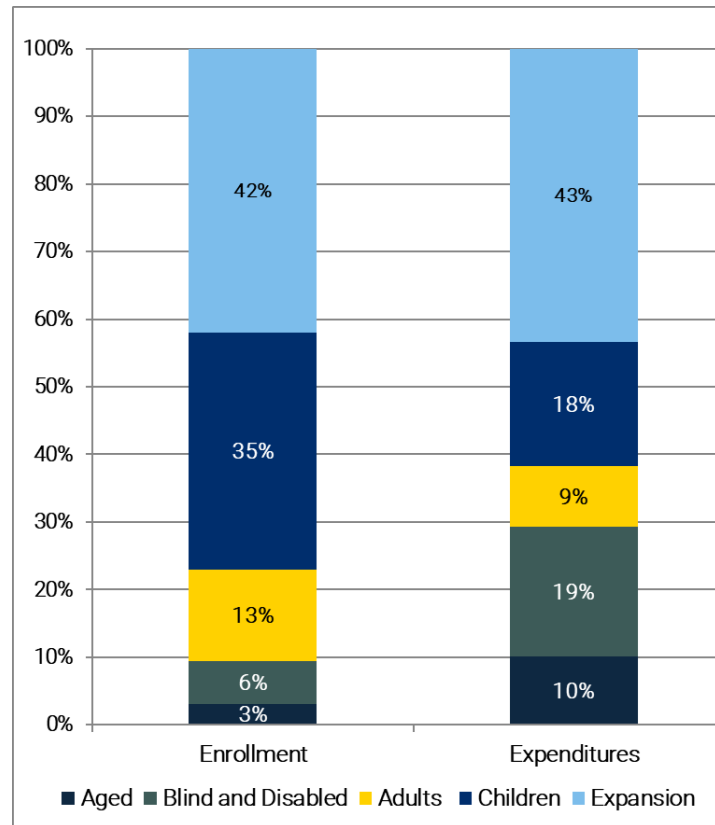
Beneficiary Characteristic	Average Monthly Enrollment						% of Medicaid Total	% of Montana Population
	All	Standard			Expansion			
		Aged	Disabled	Adults	Children	Adults		
Total	289,413	8,988	18,367	39,062	101,586	121,410	100%	
Age								
0 to 1	5,376	0	21	0	5,355	0	2%	1%
1 to 5	28,012	0	231	0	27,781	0	10%	5%
6 to 18	70,243	0	1,793	0	68,450	0	24%	16%
19 to 20	9,590	0	443	7,034	0	2,113	3%	2%
21 to 64	166,104	0	14,779	32,028	0	119,297	57%	55%
65 and older	10,088	8,988	1,100	0	0	0	4%	21%
Gender								
Male	136,320	3,255	9,410	13,269	51,652	58,734	47%	51%
Female	153,093	5,733	8,957	25,793	49,934	62,676	53%	49%
Race								
White	198,782	6,887	14,216	27,841	62,439	87,399	69%	89%
AIAN	54,562	1,016	2,922	7,535	23,316	19,773	19%	6%
Other	4,837	109	263	743	1,783	1,939	2%	5%
Unknown *	31,232	976	966	2,943	14,048	12,299	11%	
Assistance Status								
Medically Needy	825	525	300	0	0	0	0%	
Categorically Needy	288,588	8,463	18,067	39,062	101,586	121,410	100%	
Medicare Status								
Part A and B	18,369	8,468	8,690	1,211	0	0	6%	
Part A only	163	45	75	43	0	0	0%	
Part B only	466	383	79	4	0	0	0%	
None	270,415	92	9,523	37,804	101,586	121,410	93%	
Medicare Saving Plan (not included in total)								
QMB Only	4,668	2,640	2,014	14	0	0		
SLMB - QI Only	4,853	3,372	1,481	0	0	0		
Other Medicaid Eligibles (not included in total)								
HK Med Plus	6,842	0	0	0	6,842	0		
Plan First Waiver	1,880	0	0	1,880	0	0		

* Individuals that decline to report their race on their Medicaid application are included in the Unknown race category.

Excludes HMK (CHIP) and State Fund Mental Health. For QMB only enrollees Medicaid pays for Medicare premiums, co-insurance, and deductibles. For SLMB - QI only enrollees Medicaid pays for Medicare Premiums. HK Med Plus are Medicaid clients age 6 to 18 that are funded through CHIP.

Enrollment and Expenditures by Major Aid Categories SFY 2023

MEDICAID 2023 ENROLLMENT AND EXPENDITURES BY MAJOR AID CATEGORIES



Enrollment and Expenditures By Standard Medicaid Category SFY 2023

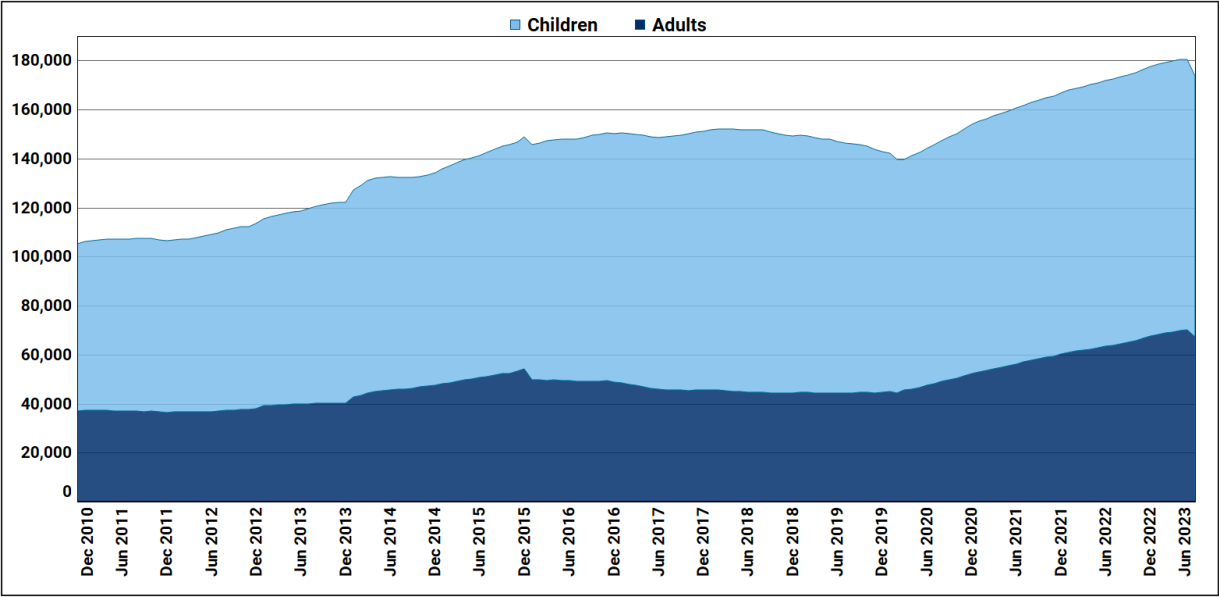
ENROLLMENT AND EXPENDITURES BY STANDARD MEDICAID CATEGORY SFY 2023

<u>Aid Category</u>	<u>Average Monthly Enrollment</u>	<u>Percent of Enrollment</u>	<u>Expenditures</u>	<u>Percent of Expenditures</u>
Aged	8,988	3%	\$ 239,973,752	10%
Blind and Disabled	18,367	6%	458,743,237	19%
Adults	39,062	13%	215,470,909	9%
Children	101,586	35%	436,778,031	18%
Expansion	121,410	42%	1,035,066,628	43%
Total	289,413	100%	\$ 2,386,032,556	100%



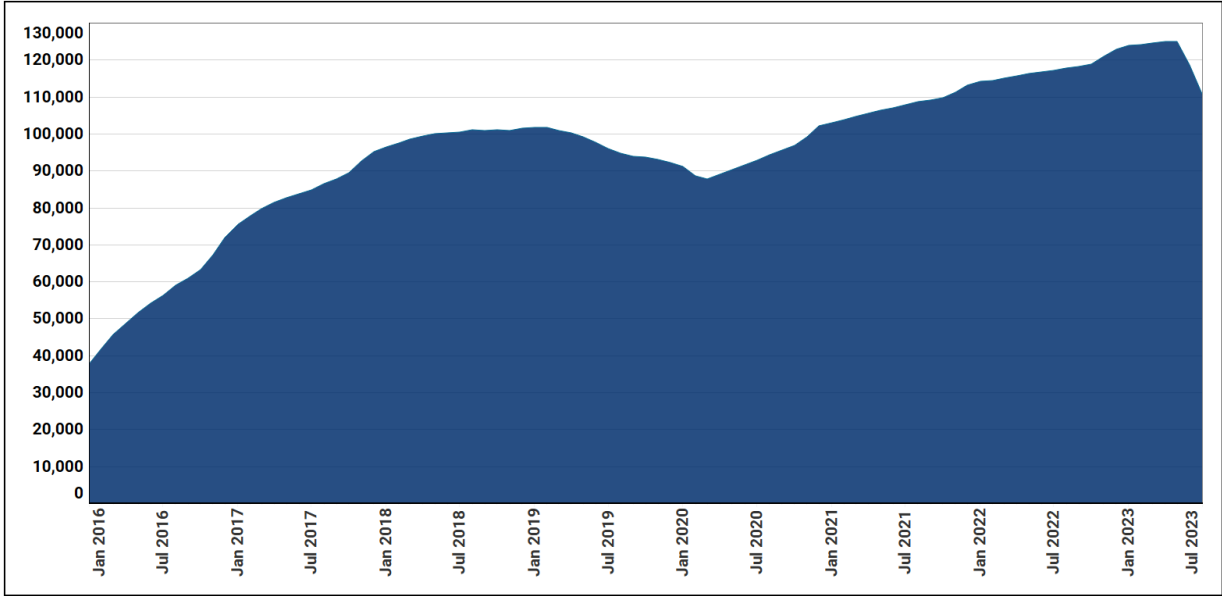
Standard Medicaid Enrollment—Adults and Children

STANDARD MEDICAID ENROLLMENT – ADULTS AND CHILDREN
(EXCLUDES MEDICARE SAVINGS PLAN ONLY)



Medicaid Expansion Enrollment

MEDICAID EXPANSION ENROLLMENT



Medicaid Enrollment and Expenditures by County SFY 2023

MEDICAID ENROLLMENT AND EXPENDITURES BY COUNTY SFY 2023

County	Population	Average Monthly Medicaid Enrollment		Percent on Medicaid	Rank by Percent on Medicaid	Total County Expenditures	
		Standard	Expansion			Standard	Expansion
BEAVERHEAD	9,885	1,273	932	22%	34	10,913,696	8,757,787
BIG HORN	12,751	4,587	2,398	55%	3	36,215,139	34,733,791
BLAINE	6,899	1,849	891	40%	8	19,286,657	13,071,000
BROADWATER	8,032	705	460	15%	53	4,477,352	3,792,392
CARBON	11,419	1,288	1,014	20%	40	7,668,398	7,751,901
CARTER	1,418	104	73	12%	56	779,236	486,397
CASCADE	84,900	13,737	9,428	27%	22	119,154,293	82,715,526
CHOUTEAU	5,847	660	468	19%	42	6,285,548	4,642,607
CUSTER	11,985	1,923	1,160	26%	27	19,717,936	10,003,614
DANIELS	1,633	179	126	19%	43	1,698,841	1,555,487
DAWSON	8,810	1,320	741	23%	32	12,978,940	7,225,347
DEER LODGE	9,673	1,442	1,204	27%	21	16,175,678	9,226,433
FALLON	2,994	338	188	18%	47	2,304,975	1,886,727
FERGUS	11,772	1,696	1,043	23%	33	17,191,199	7,992,610
FLATHEAD	113,679	16,412	11,819	25%	29	106,651,597	92,701,101
GALLATIN	126,409	8,899	8,640	14%	55	48,195,287	47,673,904
GARFIELD	1,211	229	93	27%	23	1,276,695	591,374
GLACIER	13,609	4,970	3,094	59%	1	50,231,252	45,331,758
GOLDEN VALLEY	835	200	152	42%	6	890,969	837,993
GRANITE	3,595	350	269	17%	48	2,475,074	2,370,057
HILL	16,276	4,436	2,638	43%	5	37,458,309	27,879,253
JEFFERSON	13,048	1,383	910	18%	46	14,696,174	6,683,801
JUDITH BASIN	2,093	271	194	22%	35	1,157,594	1,236,639
LAKE	33,338	6,807	4,427	34%	11	51,704,661	44,609,559
LEWIS AND CLARK	75,011	9,441	6,784	22%	37	83,914,068	55,387,574
LIBERTY	1,974	359	237	30%	16	2,670,312	1,916,868
LINCOLN	21,895	4,214	2,844	32%	13	29,879,861	23,743,443
MADISON	9,521	803	566	14%	54	5,589,129	4,446,643
MCCONE	1,676	155	105	16%	51	998,022	878,184
MEAGHER	2,071	385	273	32%	14	2,240,045	2,500,298
MINERAL	5,090	1,012	691	33%	12	5,106,599	5,133,882
MISSOULA	121,849	14,924	14,045	24%	31	137,556,713	95,189,517
MUSSELSHELL	5,308	944	620	29%	18	7,578,859	5,317,906
PARK	17,903	1,948	1,832	21%	38	15,876,122	15,691,009

Medicaid Enrollment and Expenditures by County SFY 2023 (cont.)

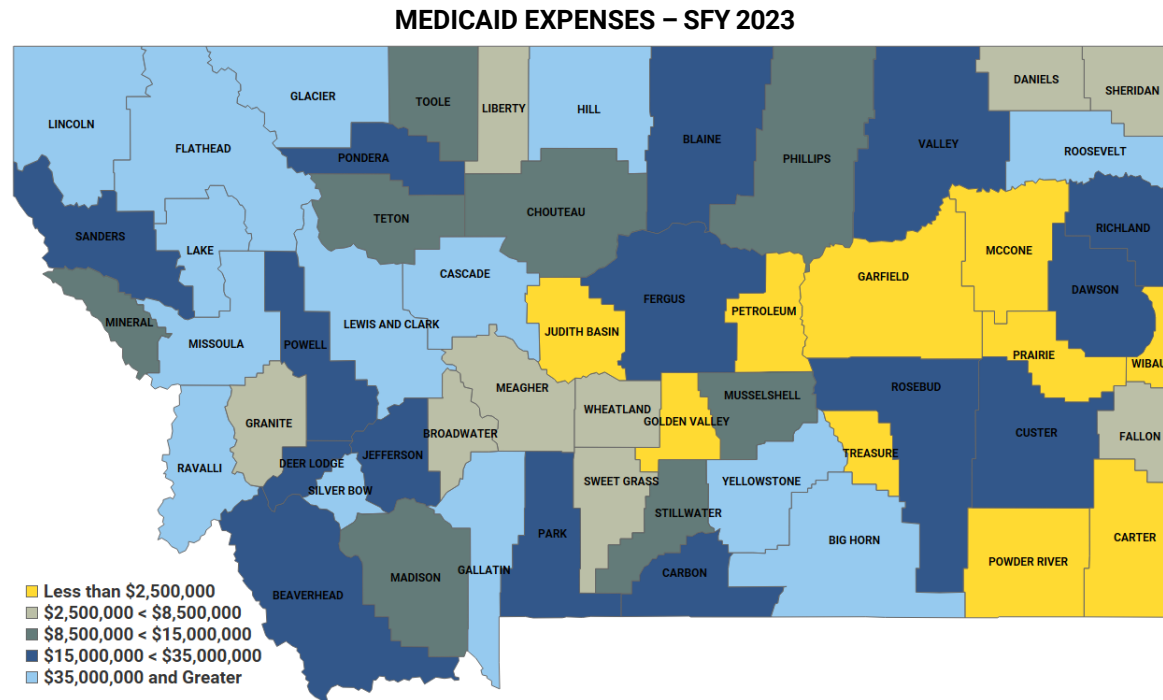
MEDICAID ENROLLMENT AND EXPENDITURES BY COUNTY SFY 2023 (CONTINUED)

County	Population	Average Monthly Medicaid Enrollment		Percent on Medicaid	Rank by Percent on Medicaid	Total County Expenditures	
		Standard	Expansion			Standard	Expansion
PETROLEUM	554	53	36	16%	50	\$263,155	\$238,602
PHILLIPS	4,249	924	519	34%	10	6,929,992	5,790,400
PONDERA	6,125	1,506	976	41%	7	13,440,306	10,550,660
POWDER RIVER	1,743	156	101	15%	52	1,111,992	731,980
POWELL	7,133	951	1,143	29%	19	7,987,988	7,081,662
PRAIRIE	1,112	167	80	22%	36	1,530,584	836,840
RAVALLI	47,738	6,638	5,080	25%	30	48,348,530	38,764,276
RICHLAND	11,173	1,451	830	20%	39	11,709,460	9,148,195
ROOSEVELT	10,319	3,871	2,133	58%	2	39,477,098	33,108,030
ROSEBUD	8,160	2,427	1,255	45%	4	19,919,451	14,900,021
SANDERS	13,684	2,433	1,676	30%	17	19,266,591	12,065,078
SHERIDAN	3,498	443	251	20%	41	3,846,350	2,205,883
SILVER BOW	36,360	5,958	5,097	30%	15	57,304,870	41,325,338
STILLWATER	9,173	1,059	609	18%	45	5,896,729	3,916,946
SWEET GRASS	3,763	388	255	17%	49	2,171,050	1,735,614
TETON	6,430	1,001	669	26%	25	6,780,446	4,574,332
TOOLE	5,133	840	662	29%	20	7,485,692	4,619,531
TREASURE	772	130	66	25%	28	586,752	508,646
VALLEY	7,474	1,265	671	26%	26	13,965,680	7,125,538
WHEATLAND	2,057	488	311	39%	9	3,030,181	2,959,480
WIBAUX	910	115	54	19%	44	1,436,042	599,495
YELLOWSTONE	170,843	26,149	18,366	26%	24	196,795,965	157,955,276
Other / Unknown		349	212			685,791	362,420
Sub Total	1,132,812	168,003	121,410	26%		\$1,350,965,928	\$1,035,066,628
Plan First		1,880				170,049	
QMB Only		4,668				16,889,300	
SLMB - QI Only		4,853				9,656,088	
HK (CHIP Funded)		6,842				23,130,858	
Grand Total	1,132,812	186,246	121,410	27%		\$1,400,812,223	\$1,035,066,628

Population estimates as 2023. Columns may not sum to total due to rounding.

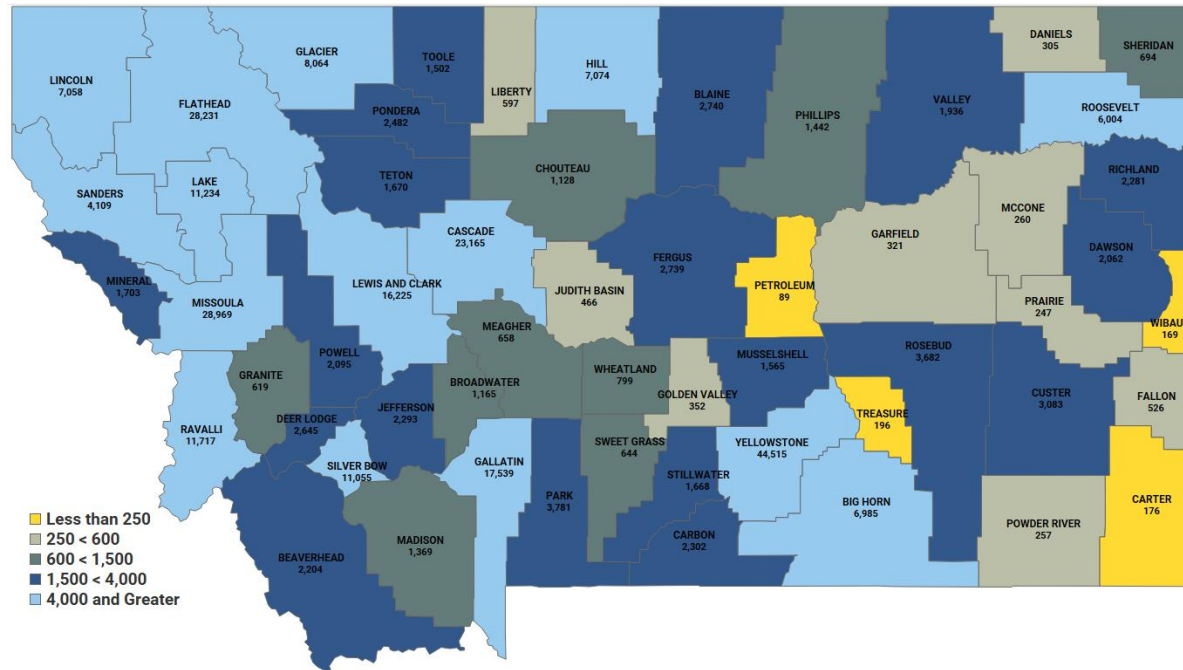
Excludes HMK (CHIP) and State Fund Mental Health. For QMB only enrollees, Medicaid pays for Medicare Premiums, co-insurance, and deductibles. For SLMB - QI only enrollees, Medicaid pays for Medicare Premiums.

Medicaid Expenses SFY 2023



Medicaid Average Monthly Enrollment SFY 2023

MEDICAID: AVERAGE MONTHLY ENROLLMENT – SFY 2023



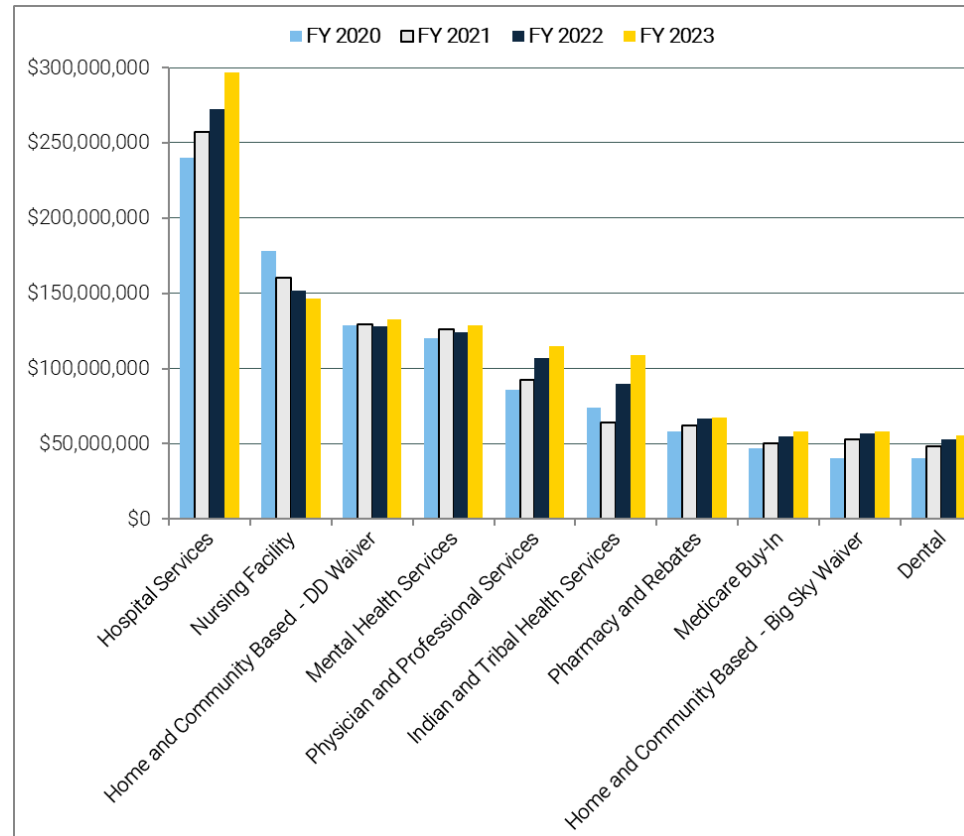
Traditional Medicaid Benefit Expenditures By Category

BENEFIT EXPENDITURES BY CATEGORY (TRADITIONAL MEDICAID)

Categories	FY 2020	FY 2021	FY 2022	FY 2023
Hospital Services	\$ 239,935,498	\$ 256,914,739	\$ 272,133,940	\$ 296,982,027
Physician and Professional Services	85,816,853	92,218,394	107,158,092	114,658,032
Pharmacy and Rebates	58,300,287	62,106,654	66,491,748	67,389,580
Dental	40,148,262	48,059,714	52,774,226	55,425,572
Health Centers and Clinics	34,476,484	34,967,936	39,505,187	43,784,043
Medical Equipment and Supplies	18,003,077	21,545,459	23,390,131	25,452,420
Laboratory and Imaging Services	4,784,195	6,850,085	6,951,606	6,869,754
Medical Transportation	8,687,516	7,810,328	8,992,138	9,440,257
Other Services	2,241,981	2,020,315	2,193,957	2,587,654
Nursing Facility	177,972,379	160,647,033	151,750,194	146,642,703
Home and Community Based - Other Services	6,188,666	4,797,068	4,508,349	3,936,880
Home and Community Based - CFC	47,032,978	48,079,208	49,103,604	49,212,046
Home and Community Based - Big Sky Waiver	40,280,154	53,005,770	57,167,158	57,844,521
Care and Case Management	14,534,884	16,765,911	16,734,376	17,575,244
Substance Use Disorder Services	2,949,955	3,151,047	3,876,237	4,155,670
Mental Health Services	120,178,136	126,347,963	124,064,291	128,737,576
Home and Community Based - SDMI Waiver	6,291,500	12,911,103	15,376,910	18,538,488
Mental Health Services - HIFA Waiver	7,676,380	7,205,950	6,995,412	6,740,858
Developmental Disability Services	285,200	646,522	1,144,790	1,666,601
Home and Community Based - DD Waiver	128,945,129	129,164,590	127,991,212	132,344,299
Indian and Tribal Health Services	74,082,926	64,062,862	89,772,636	108,971,119
School Based - Physical Health	4,227,431	4,414,947	5,090,273	4,945,537
School Based - Mental Health	25,042,572	19,981,903	19,717,067	15,631,320
Medicare Buy-In	46,829,969	50,070,053	54,650,799	58,149,164
Standard Total	\$ 1,194,912,411	\$ 1,233,745,554	\$ 1,307,534,333	\$ 1,377,681,365

Traditional Medicaid Benefit Expenditures By Category

TRADITIONAL MEDICAID BENEFIT EXPENDITURES BY CATEGORY: FY 2020 TO FY 2023



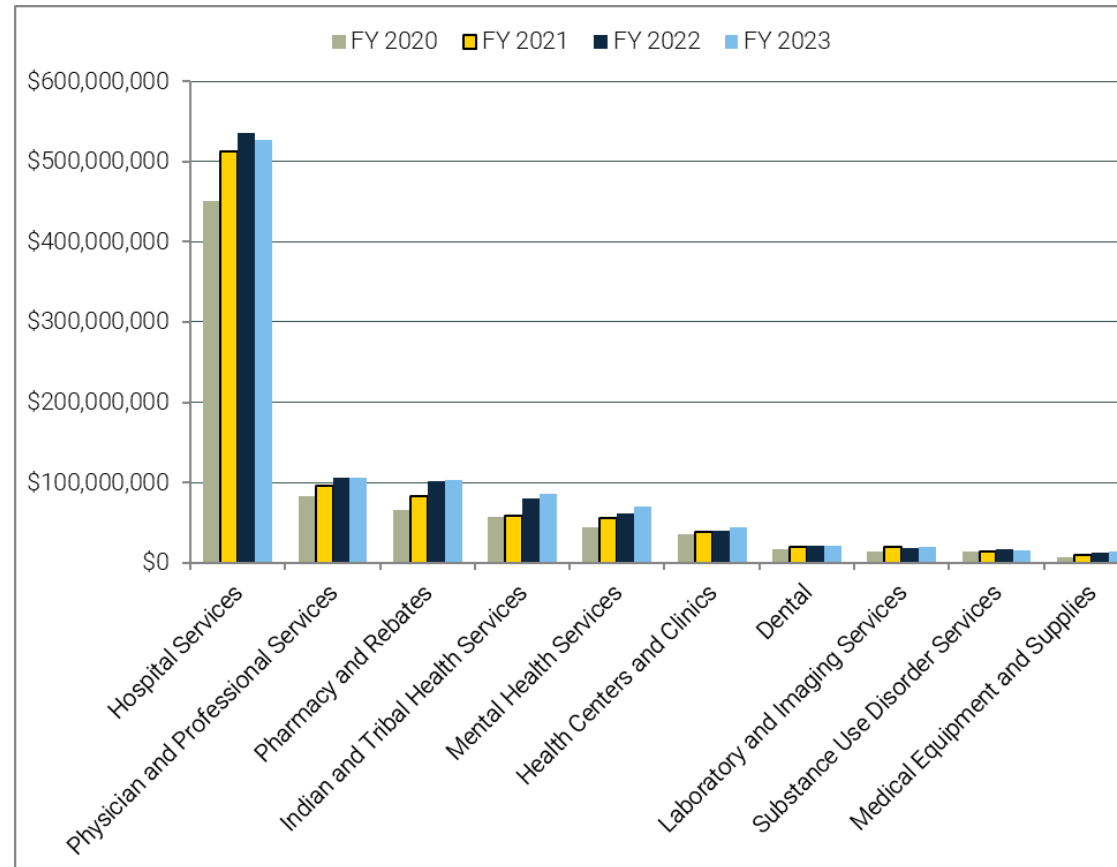
Expansion Medicaid Benefit Expenditures by Category

BENEFIT EXPENDITURES BY CATEGORY (MEDICAID EXPANSION)

Categories	FY 2020	FY 2021	FY 2022	FY 2023
Hospital Services	\$ 451,260,939	\$ 512,249,055	\$ 535,466,027	\$ 526,212,770
Physician and Professional Services	83,410,487	95,664,580	105,534,825	106,300,364
Pharmacy and Rebates	65,322,889	82,789,335	100,987,858	102,514,478
Dental	17,436,161	20,384,696	20,788,876	21,152,129
Health Centers and Clinics	35,242,251	38,523,241	40,474,485	43,495,167
Medical Equipment and Supplies	7,497,715	9,763,441	12,188,265	14,392,437
Laboratory and Imaging Services	13,574,537	19,014,196	18,325,960	20,149,248
Medical Transportation	5,825,363	6,782,160	8,179,231	8,181,066
Other Services	935,919	1,192,506	1,041,711	839,023
Nursing Facility	6,469,241	7,069,892	6,988,263	8,347,415
Home and Community Based - Other Services	1,655,535	1,502,870	1,814,067	1,364,075
Home and Community Based - CFC	1,347,545	1,886,811	2,959,568	3,291,054
Home and Community Based - Big Sky Waiver	50,996	122,063	167,853	156,607
Care and Case Management	5,898,899	6,527,257	6,652,531	7,404,938
Substance Use Disorder Services	13,498,199	13,805,650	16,294,558	15,286,956
Mental Health Services	43,508,585	55,823,973	61,607,692	69,670,818
Home and Community Based - SDMI Waiver	27,898	80,759	133,232	81,455
Indian and Tribal Health Services	57,713,116	57,806,019	79,515,556	86,226,629
Expansion Total	\$ 810,676,274	\$ 930,988,505	\$ 1,019,120,555	\$ 1,035,066,628

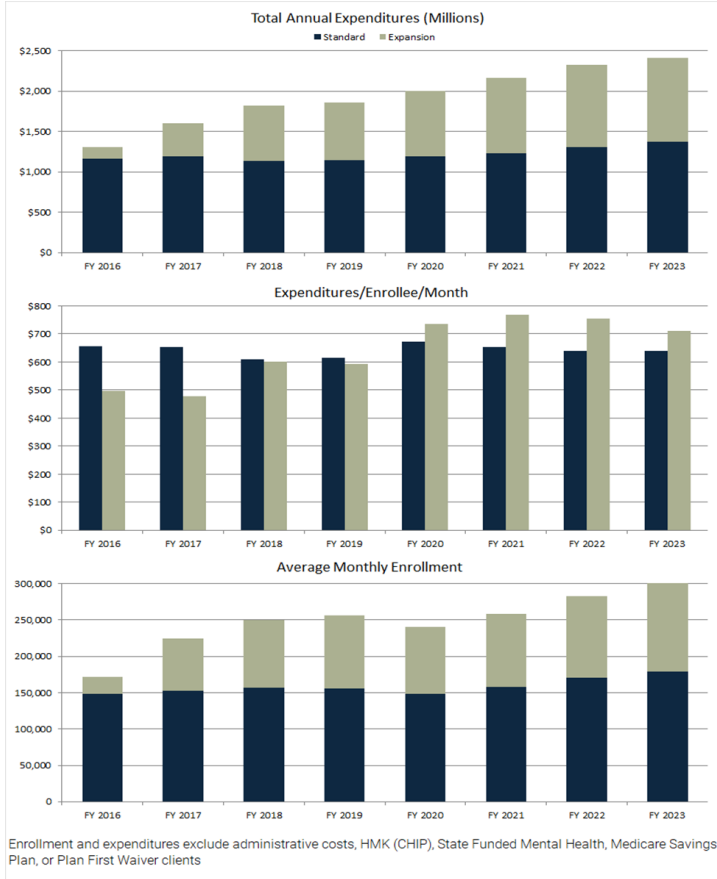
Expansion Medicaid Benefit Expenditures by Category (cont.)

FIGURE 14B – EXPANSION MEDICAID BENEFIT EXPENDITURES BY CATEGORY: FY 2020 TO FY 2023



History of Expenditures and Enrollment

HISTORY OF EXPENDITURES AND ENROLLMENT



Medicaid Average Per Month Enrollment

MEDICAID AVERAGE PER MONTH ENROLLMENT

		State Fiscal Year					
Age	Category	2018	2019	2020	2021	2022	2023
< 1	Blind/Disabled	47	38	26	26	29	21
< 1	Child	6,599	6,235	5,910	5,551	5,420	5,355
1 to 5	Blind/Disabled	368	363	351	292	250	231
1 to 5	Child	30,192	29,634	27,004	27,498	28,080	27,781
6 to 18	Blind/Disabled	2,350	2,200	2,043	1,929	1,890	1,793
6 to 18	Child	60,447	61,243	56,781	59,913	64,888	68,450
19 to 20	Blind/Disabled	421	408	405	425	431	443
19 to 20	Adult	1,264	1,395	1,244	2,902	5,533	7,034
21 to 64	Blind/Disabled	15,185	14,899	14,886	15,234	14,990	14,779
21 to 64	Adult	18,699	17,984	18,471	22,872	27,473	32,028
65 +	Aged	7,674	7,811	8,162	8,632	8,779	8,988
65 +	Blind/Disabled	437	447	501	704	890	1,099
Total		143,685	142,656	135,785	145,976	158,653	168,003
All	Plan First	1,637	1,528	1,426	1,327	1,646	1,880
All	QMB	5,660	5,823	5,689	5,194	4,934	4,668
All	SLMB - QI	5,250	5,384	5,421	5,200	5,035	4,853
Total	Standard	156,232	155,390	148,321	157,697	170,268	179,404
All	Expansion	94,023	100,591	91,781	100,901	112,625	121,410
Total	All Medicaid	250,255	255,981	240,102	258,597	282,893	300,813
6 to 18	HK Med Plus	5,590	5,253	6,022	6,473	6,732	6,842
Total	All Categories	255,845	261,234	246,123	265,070	289,625	307,655

Medicaid Monthly Reimbursement – Per Member

MEDICAID MONTHLY REIMBURSEMENT – PER MEMBER

Age	Category	State Fiscal Year					
		2018	2019	2020	2021	2022	2023
< 1	Blind/Disabled	\$11,221	\$3,815	\$6,054	\$4,985	\$2,725	\$7,030
< 1	Child	733	668	774	856	887	1,013
1 to 5	Blind/Disabled	2,091	2,422	1,833	1,734	1,543	1,546
1 to 5	Child	186	190	194	176	231	255
6 to 18	Blind/Disabled	2,039	2,149	1,538	1,578	1,671	1,582
6 to 18	Child	321	324	345	332	338	349
19 to 20	Blind/Disabled	1,317	1,376	1,801	1,626	1,662	1,858
19 to 20	Adult	386	388	490	383	331	322
21 to 64	Blind/Disabled	1,832	1,880	2,026	2,048	2,051	2,101
21 to 64	Adult	479	475	544	542	511	490
65 +	Aged	2,402	2,497	2,525	2,312	2,279	2,225
65 +	Blind/Disabled	1,664	1,577	3,380	3,042	2,899	2,733
Total		\$647	\$654	\$716	\$690	\$673	\$670
All	Plan First	15	13	13	13	9	8
All	QMB	253	266	275	272	287	302
All	SLMB - QI	129	134	141	139	153	166
Total	Standard	\$608	\$615	\$671	\$652	\$640	\$640
All	Expansion	600	593	736	769	754	710
Total	All Medicaid	\$605	\$606	\$696	\$698	\$685	\$668
6 to 18	HK Med Plus	184	235	248	238	269	282
Total	All Categories	\$596	\$599	\$685	\$686	\$676	\$660

Medicaid Providers

- In SFY 2023, 37,903 providers across Montana delivered Medicaid services
 - Primary care
 - Preventive care
 - Health maintenance
 - Treatment of illness and injury
 - Pediatrics
 - Behavioral health
 - Long term care
 - Developmental disabilities

Medicaid Payment Methodologies

*Gene Hermanson, Medicaid Chief Financial Manager
Medicaid and Health Services Management Practice*



DEPARTMENT OF
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Payment Methodologies

- Professional Services (Physicians, Psychiatrists, Therapists, etc.)
 - Resource-based relative value scale (RBRVS)
 - Relative Value for Dentists (RVD)
- Hospital Services
 - Cost-based reimbursement (Critical Access Hospitals)
 - All Patient Refined Diagnosis Related Groups (APR-DRG) (Inpatient PPS Hospitals)
 - Outpatient Prospective Payment System (OPPS) (Outpatient PPS Hospitals)
 - Supplemental Payments
- Ambulatory Surgical Centers, Durable Medical Equipment, Prosthetics, Orthotics and Supplies, Laboratory Services, and Physician Administered Drugs
 - 100% of Medicare rates

Payment Methodologies

- Pharmacy Reimbursement
 - Professional Dispensing Fee
 - Allowed Drug Ingredient Cost
- Federally Qualified Health Center (FQHC), Rural Health Clinic (RHS), and Urban Indian Organizations (UIO),
 - Encounter Rate
- Indian Health Service/Tribal 638 Services
 - All-inclusive Rate
- Nursing Homes
 - Base daily per diem + quality component

Cost Containment Measures



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Medicaid Cost Containment Measures

- Designed to reduce costs and improve the efficiency of the Medicaid program
- Healthy Outcome Initiatives
- Physician/Mid-Level
- Hospitals
- Pharmacy
- Long-term care
- Third Party Liability

Program and Payment Integrity

- DPHHS Office of Inspector General (OIG)--responsible for ensuring proper payment and recovering misspent funds
- Department of Justice (DOJ) Medicaid Fraud Control Unit (MFCU)--responsible for investigating and ensuring the prosecution of Medicaid fraud
- In SFY 2023, Montana cost avoided \$292.4 million and recovered \$14.3 million of improper Medicaid payments

Conclusion

