



Montana Medicaid Cost Sharing

Medicaid and Health Services Branch Tribal Consultation, December 4-5, 2018

Issue:

The Centers for Medicaid and Medicare (CMS) has included specific protections for American Indians and Alaska Natives related to health coverage. One area of specific protection relates to premiums and cost sharing practices. Montana has been informed by the Centers for Medicare and Medicaid Services (CMS) that we are out of compliance with federal regulations related to exemptions and cost sharing (premiums and copayments) for American Indians/Alaska Natives. Montana must come into compliance with an effective date of July 1, 2019. As such, Montana is in the process of updating processes, data, and application requirements. The state is committed to minimizing impact to AI/AN members and to maximizing identification of members to meet the criteria without having to burden individuals to update records.

Why now:

At the onset of Medicaid Expansion, CMS approved Montana's waiver with a provision that Montana would work to come into full compliance with regulations by July 1, 2019.

What is currently happening:

Currently, when applying for Medicaid a member is only required to self-attest race as Native American or tribal affiliation on an application for Medicaid health coverage.

What is changing:

Moving forward, additional information will be required on the application to comply with cost sharing exemptions. The new required information will include the following:

- Premiums: Federal rule requires that AI/ANs who are eligible to receive or have received an item or service furnished by an Indian health care provider or through referral under contract health services are exempt from premiums
- Cost Sharing: Federal rule requires that AI/ANs who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services are exempt from cost sharing.

In the event an applicant is not able to self-attest to the two requirements above, they may have to pay premiums and or co-payments.

What is not changing:

DPHHS will still take self-attestation of race and tribal affiliation. Eligibility criteria for health coverage remains the same.

Input needed from tribal consultation December 5, 2018: Decision needed:

The state is requesting feedback and a recommendation related to a data matching strategy to minimize the impact to members during this transition.