

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



DEC 20 2017

Marie Matthews
State Medicaid Director
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604

Dear Ms. Matthews:

The Centers for Medicare & Medicaid Services (CMS) is approving Montana's amendment to the demonstration project entitled, "Montana Health Economic Livelihood Partnership (HELP) Demonstration" (Project Number 11-W-00300/8). This amendment removes reference to the third party administrator (TPA) from the special terms and conditions (STC) to reflect changes to the state's delivery system, and also removes the current copay structure that credited beneficiaries' premiums toward their cost sharing obligations. Beneficiary out of pocket expenditures, including premiums, will not exceed 5 percent of household income. This demonstration, as amended, promotes the objectives of title XIX by serving the health and wellness needs of Montana's vulnerable and low-income individuals.

Montana's amendment to the copay structure is a modification that aligns with removal of the TPA. While some beneficiaries may incur a slight increase in cost-sharing as a result of this amendment, others might experience no increase. However, certain policies decrease the potential for increased cost-sharing for beneficiaries. For example, Montana generously exempts preventative health services and prescription drugs from copayments, including immunizations and medically necessary health screenings. CMS believes that these copay exemptions protect beneficiaries with high health care needs from unaffordable copays. Also, all out of pocket expenditures, including premiums, cannot exceed 5 percent of household income per quarter. The current federal evaluation will include an analysis of the state's experience with transitioning the TPA to the state's delivery system and beneficiary experience with the change in beneficiary co-pay structure.

Approval of this amendment is conditioned upon compliance with the enclosed STCs and is subject to our receiving your acknowledgement of the award and the acceptance of the STCs within 30 days of the date of this letter.

Your project officer for this demonstration is Ms. Valisha Andrus. She is available to answer any questions concerning your section 1115 demonstration Ms. Andrus's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-03-17
7500 Security Boulevard
Baltimore, MD 21244-1850
E-mail: Valisha.Andrus@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Andrus and to Mr. Richard Allen, Associate Regional Administrator for the Division of Medicaid and Children's Health Operations in our Colorado Regional Office. Mr. Allen's contact information is as follows:

Centers for Medicare & Medicaid Services
1961 Stout Street
Denver, CO 80294
E-mail: Richard.Allen@cms.hhs.gov

If you have questions regarding this approval, please contact Ms. Judith Cash, Director, State Demonstrations Group, Center for Medicaid and CHIP Services, at (410) 786-9686.

Sincerely,



Brian Neale
Director

cc: Richard Allen, Associate Regional Administrator, CMS Denver Regional Office