

Medicaid Quarterly Report

Quarter Ending June 30, 2026

SEPT. 15, 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

TABLE OF CONTENTS

SUMMARY 3

53-6-1325 (1): NUMBER OF INDIVIDUALS WHO WERE
DETERMINED ELIGIBLE FOR MEDICAID-FUNDED SERVICES
PURSUANT TO 53-6-1304..... 3

53-6-1325 (2): DEMOGRAPHIC INFORMATION ON PROGRAM
PARTICIPANTS..... 3

53-6-1325 (3): AVERAGE LENGTH OF TIME THAT
PARTICIPANTS REMAINED ELIGIBLE FOR MEDICAL
ASSISTANCE 4

53-6-1325 (4): NUMBER OF PARTICIPANTS SUBJECT TO THE
FEES PROVIDED FOR IN 15-30-2660 AND THE TOTAL AMOUNT
OF FEES COLLECTED 4

53-6-1325 (5): AMOUNT OF MONEY DEPOSITED IN THE
MONTANA HELP ACT SPECIAL REVENUE ACCOUNT BY
FUNDING SOURCE DURING THE REPORTING PERIOD 5

53-6-1325 (6): LEVEL OF PARTICIPANT ENGAGEMENT IN
WELLNESS ACTIVITIES OR INCENTIVES OFFERED UNDER THIS
PART..... 5

53-6-1325 (8): NUMBER OF PARTICIPANTS WHO REDUCED
THEIR DEPENDENCY ON THE HELP ACT PROGRAM, EITHER
VOLUNTARILY OR BECAUSE OF INCREASED INCOME LEVELS .. 6

53-6-1325 (9): TOTAL COST OF PROVIDING SERVICES UNDER
THIS PART, INCLUDING RELATED ADMINISTRATIVE COST 7

SUMMARY

This report fulfills the requirement in 53-6-1325, MCA, to provide quarterly information on the Montana Health and Economic Livelihood Partnership (HELP) Act to the Legislative Finance Committee and the Children, Families, Health and Human Services Interim Committee. Visit the [Medicaid Enrollment Dashboard](#) and the [Medicaid Health Metrics Dashboard](#) for monthly detailed information on the Medicaid Expansion program in Montana.

53-6-1325 (1): NUMBER OF INDIVIDUALS WHO WERE DETERMINED ELIGIBLE FOR MEDICAID-FUNDED SERVICES PURSUANT TO 53-6-1304

The chart below shows the number of unduplicated individuals enrolled at any time during each month of the reporting period.

TABLE 1: INDIVIDUALS ELIGIBLE FOR MEDICAID-FUNDED SERVICES PURSUANT TO 53-6-1304

Month	Participants
April 2026	72,810
May 2026	71,015
June 2026	70,894

53-6-1325 (2): DEMOGRAPHIC INFORMATION ON PROGRAM PARTICIPANTS

The chart below shows the number of unduplicated individuals by demographic category enrolled at any time during each month of the reporting period.

TABLE 2: PARTICIPANT DEMOGRAPHICS

Month	Native American/Alaskan Indian	Female	Male
April 2026	12,861	37,986	34,824
May 2026	12,686	36,999	34,016
June 2026	12,737	36,933	33,961

53-6-1325 (3): AVERAGE LENGTH OF TIME THAT PARTICIPANTS REMAINED ELIGIBLE FOR MEDICAL ASSISTANCE

The chart below shows the enrollment duration for disenrolled participants during the reporting period. See the response to 53-6-1325 (8) below for additional information regarding disenrollment requirements during the reporting period. For example, a person enrolled in April 2026 but does not show as enrolled in May 2026 at the time of the 90-day enrollment report run on August 1, 2026, is considered disenrolled in May 2026. Enrollment is based on continuous months enrolled in Expansion prior to disenrollment.

TABLE 3: ENROLLMENT DURATION FOR DISENROLLED PARTICIPANTS

Month	0-3 Months	4-6 Months	6 or More Months	Total Disenrollments
April 2026	211	195	2,617	3,213
May 2026	201	178	2,981	3,360
June 2026	220	117	1,506	1,843

53-6-1325 (4): NUMBER OF PARTICIPANTS SUBJECT TO THE FEES PROVIDED FOR IN 15-30-2660 AND THE TOTAL AMOUNT OF FEES COLLECTED

The Department of Revenue administers the taxpayer and entity integrity fees. The Department of Revenue administers these fees; DPHHS does not receive participant-level information. In the reporting period, the following fees were collected and deposited into the Montana HELP Act state special revenue fund:

TABLE 4: FEE INFORMATION

Fee	Revenue
Taxpayer Integrity Fee	\$16,119
Entity Integrity Fee	\$1,991,900
Total	\$2,008,019

53-6-1325 (5): AMOUNT OF MONEY DEPOSITED IN THE MONTANA HELP ACT SPECIAL REVENUE ACCOUNT BY FUNDING SOURCE DURING THE REPORTING PERIOD

TABLE 5: DEPOSITS TO HELP ACT SPECIAL REVENUE

Funding Source	Revenue
Hospital Utilization Fee	\$8,611,987
Health Corporation Fee	\$4,324,353
Taxpayer Integrity Fee	\$16,119
Entity Integrity Fee	\$1,991,900
Total	\$14,944,359

53-6-1325 (6): LEVEL OF PARTICIPANT ENGAGEMENT IN WELLNESS ACTIVITIES OR INCENTIVES OFFERED UNDER THIS PART

The chart below shows the unduplicated number of Medicaid Expansion individuals who have a paid claim in the past 12 months for new patients or preventive services during each month of the reporting period. This data and more are available on the Montana Medicaid Health Metrics Dashboard.

TABLE 6: PARTICIPANT ENGAGEMENT IN WELLNESS/INCENTIVES

Month	Participants
April 2026	52,247
May 2026	52,461
June 2026	52,231

53-6-1325 (7): NUMBER OF PARTICIPANTS WHO TOOK PART IN COMMUNITY ENGAGEMENT ACTIVITIES, THE NUMBER WHOSE PROGRAM PARTICIPATION WAS SUSPENDED FOR FAILURE TO TAKE PART IN COMMUNITY ENGAGEMENT ACTIVITIES, AND THE NUMBER WHO WERE DISENROLLED FROM THE PROGRAM FOR FAILURE TO REPORT A CHANGE IN CIRCUMSTANCES

Montana implemented community engagement requirements effective July 1, 2026.

From July through Sept. 2026, DPHHS will have a hold harmless period for community engagement requirements. During these months, applications and redeterminations will be reviewed for compliance with community engagement requirements, but applicants will not be denied coverage for noncompliance with the new requirements as long as they meet all other conditions of eligibility.

Starting in Oct. 2026, the hold harmless period will end, and noncompliance with community engagement requirements will be enforced with denial and disenrollment.

53-6-1325 (8): NUMBER OF PARTICIPANTS WHO REDUCED THEIR DEPENDENCY ON THE HELP ACT PROGRAM, EITHER VOLUNTARILY OR BECAUSE OF INCREASED INCOME LEVELS

The chart below shows the number of participants exiting the program during the reporting period.

TABLE 7: PARTICIPANTS WHO EXITED THE HELP ACT PROGRAM

Month	Participants
April 2026	3,213
May 2026	3,360
June 2026	1,843

53-6-1325 (9): TOTAL COST OF PROVIDING SERVICES UNDER THIS PART, INCLUDING RELATED ADMINISTRATIVE COST

The chart below includes expenditures for SFY 2026 to date as reported in the Department's budget status report published in June 2026.

SFY 2026 Medicaid Expansion Expenditures (June 2026 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	\$8,135,074	\$1,377,561	\$85,613,716	\$95,126,351
	HRD	11	\$27,297,819	\$57,907,537	\$851,938,912	\$937,144,268
	SLTC	22	\$1,400,681		\$14,844,574	\$16,245,255
Benefits Total			\$36,833,574	\$59,285,098	\$952,397,202	\$1,048,515,874
Admin	HCSD	02	\$755,722		\$1,727,397	\$2,483,119
	DO	04	\$117,087		\$123,827	\$240,914
	BFSD	06	\$143,778		\$144,330	\$288,108
	TSD	09	\$1,773,795		\$5,068,339	\$6,842,134
	HRD	11	\$542,951	\$2,403,306	\$1,361,685	\$4,307,942
	MHS	12	\$329,401		\$858,202	\$1,187,603
Admin Total			\$3,662,734	\$2,403,306	\$9,283,780	\$15,349,820
Grand Total			\$40,496,308	\$61,688,404	\$961,680,982	\$1,063,865,694

Administrative expenditures include the following functions:

- Eligibility Management
- Plan Management
- Claims Processing / Data Management
- Departmental Accountability and Oversight