

# Medicaid Expansion Quarterly Report

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Quarter Ending September 30, 2025



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

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## 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.

Month	Participants
October 2025	74,935
November 2025	75,447
December 2025	75,979

### 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.

Month	Native American / Alaskan Indian	Female	Male
October 2025	13,252	39,139	35,796
November 2025	13,174	39,436	36,011
December 2025	13,078	39,619	36,360

### 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 October 2025 but does not show as enrolled in November 2025 at the time of the 90-day enrollment report run on February 1, 2026, is considered disenrolled in May 2025. Enrollment is based on continuous months enrolled in Expansion prior to disenrollment.

Month	0-3 Months	4-6 Months	6 or More Months	Total Disenrollments
October 2025	182	117	1,644	1,943
November 2025	176	99	1,671	1,946
December 2025	210	108	2,328	2,646

### 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 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:

Fee	Revenue
Taxpayer Integrity Fee	\$12,146
Entity Integrity Fee	\$94,436
<b>Total</b>	<b>\$106,582</b>

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

Funding Source	Revenue
Hospital Utilization Fee	(\$28,619)
Health Corporation Fee	\$0
Taxpayer Integrity Fee	\$12,146
Entity Integrity Fee	\$94,436
<b>Total</b>	<b>\$77,963</b>

### 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.

Month	Participants
October 2025	51,981
November 2025	51,948
December 2025	52,072

**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’s previous waiver request to implement community engagement activities was not approved. Accordingly, during the reporting period, no participants were suspended for non-participation in community engagement activities, and none were disenrolled for failure to report a change in circumstances under this provision. Montana submitted a new waiver request to implement community engagement requirements to CMS on September 2, 2025.

**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.

Month	Total Disenrollments
October 2025	1,943
November 2025	1,946
December 2025	2,646

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

The chart below includes expenditures for SFY2026 to date as reported in the Department’s budget status report published December 2025.

SFY 2025 Medicaid Expansion Expenditures (December 2025 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	\$ 2,709,136	\$ 541,434	\$ 29,081,589	\$ 32,332,159
	HRD	11	\$ 15,931,725	\$ 3,544,826	\$ 199,156,546	\$ 218,633,097
	SLTC	22	\$ 427,593		\$ 4,008,786	\$ 4,436,379
<b>Benefits Total</b>			<b>\$ 19,068,454</b>	<b>\$ 4,086,260</b>	<b>\$ 232,246,921</b>	<b>\$ 255,401,635</b>
Admin	HCSD	02	\$197,670		\$458,962	\$656,632
	DO	04	\$35,183		\$37,674	\$72,857
	BFSD	06	\$28,235		\$28,342	\$56,577
	TSD	09	\$511,449		\$1,278,435	\$1,789,884
	HRD	11	\$195,460	\$232,856	\$556,459	\$984,775
	MHS	12	\$65,829		\$197,488	\$263,317
<b>Admin Total</b>			<b>\$1,033,826</b>	<b>\$232,856</b>	<b>\$2,557,360</b>	<b>\$3,824,042</b>
<b>Grand Total</b>			<b>\$ 20,102,280</b>	<b>\$ 4,319,116</b>	<b>\$ 234,804,281</b>	<b>\$ 259,225,677</b>

Administrative expenditures include the following functions:

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