



Montana Department of Corrections

Director's Office

Steve Bullock, Governor
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BENEFITS OF HELP ACT TO DEPT. OF CORRECTIONS

Medicaid expansion has substantially reduced the cost of care for providing outside medical and inpatient treatment to the justice-involved population.

Hospitalization: Medicaid claims for individuals in prison FY17

Medicaid expansion saves DOC money simply because more of our inmates' hospitalizations are paid for by the Medicaid program. To date Medicaid expansion has paid over 171 hospitalization claims, with billed charges of over 8 million dollars, which would have previously been the responsibility of DOC.

Outside medical: Medicaid claims for individuals in prison FY17

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Payments pre-HELP Act*	\$3,329,816	\$2,572,640	\$2,977,680	\$3,470,667
Payments at Medicaid rate	\$1,244,289	\$1,207,822	\$1,193,927	\$1,040,018
Total difference	\$2,085,528	\$1,364,818	\$1,783,754	\$2,430,649
Combined Quarterly Total: \$7,664,749				

*Prior to Medicaid expansion, the Department was paying rates determined by Blue Cross Blue Shield

Medical care for justice-involved individuals in Montana is driven by several factors. Medicaid expansion has been a valuable tool in keeping the high costs at a manageable level.

Compared to the overall population, justice-involved individuals experience above-average rates of infectious disease and elevated levels of chronic illness and mental illness. This includes, on average:

- 1/3 of inmates experience mental illness
- 7 times more alcohol or drug-related disorders than the general population
- Increased rates of Hepatitis C – in the male incarcerated population, the number of chronic cases has been rapidly increasing. The Department identified 939 cases in 2010 and saw increases to 1,324 in 2016. Hepatitis C comprises 20 percent of the chronic care cases in the male population and 27 percent of the female population.

National inmate healthcare costs have risen an alarming rate in the past two decades, with a median growth rate of 49%.

Treating an aging inmate population also adds to high costs. Providing healthcare to elderly inmates is expensive, and can cost facilities as much as 2 to 3 times more to care for someone over the age of 55 than for a younger inmate. In Montana, there was a 41% increase in inmates who were 55 years or older from 2007 to 2011.

Most individuals in prerelease centers are now Medicaid eligible and can access the health services they need to successfully reenter the community.

Medicaid expansion has given Montanans in prerelease centers access to much-needed health care services. Without Medicaid expansion, most offenders in prerelease centers would have no health coverage, so their only access to health care would be the emergency room, which shifts costs to state, county, and city agencies. Most of these individuals would not be able to continue the substance use and mental health treatment they needed because they could not afford it – and if they did seek care, they were charged the full uninsured rates without the ability to cover the costs. Because of the HELP Act, all Medicaid eligible individuals in prerelease have health coverage that includes these vital services for mental health and substance use disorders.

Montana’s state prisons assess an individual while incarcerated for Medicaid eligibility and begins the application process. If the individual qualifies, they are provided an identification number. Upon release to a prerelease center (or other community placement), an offender must only contact DPHHS to activate Medicaid coverage.

Once released from incarceration, access to medical care is an important component to successful reentry. The Michigan Prisoner Reentry Initiative found that recidivism rates – defined as a return to prison within three years of release – fell 46% while participating in a statewide coordinated care program that helps recently released prisoners access community-based health care and social services.