

What you need to know:

- No changes to Medicaid expansion coverage are happening in January 2020
- It may be a year or more before work/community engagement requirements and increased premiums take effect
- DPHHS will communicate with Medicaid members directly before changes go into effect

Q: What is happening with Medicaid expansion?

A: You may have heard that there are changes coming to the Medicaid program for low income adults (known as Medicaid expansion or the HELP Plan), including work/community engagement requirements and increased premiums. The legislature mandated the Department of Public Health and Human Services (DPHHS) to make these changes. But, **there are no changes to coverage yet – Montanans covered by Medicaid do not have to meet work requirements at this time. DPHHS will notify members before these requirements take effect.**

Q: But I heard that work requirements start in January 2020?

A: They will not. The state must first receive approval from the federal government to implement changes to the program. This process usually takes a while. Following approval, the state will need to write the administrative rules and build IT systems to implement the changes. This cannot happen by January 2020.

Q: The bill Legislature passed, HB 658, mentions an effective date of January 2020? Please explain.

A: The 2019 Legislature passed HB 658. The bill states in Section 41 (3) that ‘individuals would have to comply with the requirements of (this act) if CMS approves any waivers submitted.’ Again, before work requirements go into effect, DPHHS must first receive federal approval.

Q: Will I lose my coverage if I don’t meet the work requirements in January 2020?

A: No. **No one will have to meet work requirements in January to keep their Medicaid coverage.** They will need to meet the same eligibility criteria that has been in place since 2016, and pay their premiums if they have one.

Q: How will I know when I have to meet work requirements?

A: DPHHS will mail letters and make phone calls to every Montanan enrolled in the Medicaid expansion program to tell them before the requirements are starting. The agency will also notify the media, healthcare providers, enrollment assisters, and other interested parties before work requirements take effect.

Q: Do I need to do anything now?

A: If you are a current Medicaid member, make sure your contact information with DPHHS is up to date so we can reach you when the requirements are going to happen. **If you want to receive general information updates from DPHHS, [sign up for the interested parties list here](#).**

Q: I think I'm supposed to be exempt from work requirements?

A: Some Medicaid members will be exempt from the requirements. The law that requires work requirements also exempts people in certain circumstances from those requirements. Before the requirements take effect, DPHHS will tell you how you can apply for an exemption if you think you are exempt.

Q: What needs to happen before work requirements and higher premiums go into effect?

A: First, DPHHS must receive approval from the federal government to implement them. There are a number of administrative steps in this process.

Once the federal government approves the changes, DPHHS has to write the administrative rules and build the IT systems and infrastructure to implement all the changes.

When all that has happened, then the DPHHS will notify Medicaid members, the media, and other interested parties that work requirements and increased premiums are going to start soon.

Then the requirements will go into effect.

Q: Why does the state have to get federal approval? What is a waiver?

A: Medicaid is a federal-state partnership. The US Congress created the program, and Congress and the Montana legislature make laws about the program. Both the federal government and state government fund the program, and each makes some of the rules about how the program operates.

The new state law (HB 658) that continued Medicaid expansion in 2019 also requires the Department to make changes, like work requirements, that are not typically allowed in the Medicaid program under federal law. So, the state must ask the federal government to waive some of the federal rules - in other words, to give the state a "waiver."

Q: Are there more details about the approval and implementation process?

A: Below is an outline of the entire process, including the steps already completed and those yet to be done.

- DPHHS drafts the waiver application and releases it for public and tribal comment – *Done, June-August 2019*
- DPHHS revises the waiver application in response to public comment received and submits the application to CMS by August 30, 2019 – *Done, August 2019*

- CMS releases the waiver application for a 30 day federal comment period – *Done, September-October 2019*
- CMS and DPHHS undertake the process of obtaining CMS approval. This includes answering CMS questions and requests and receiving direction from CMS about specific terms and evaluation protocols. – *In process*
- DPHHS drafts administrative rules and scopes system changes to implement the program operational details
- DPHHS holds state public hearings and comment period regarding new administrative rules based on waiver requirements
- DPHHS conducts outreach and education to alert Medicaid members and the public that work requirements and increased premiums are about to take effect
- Work requirements and increased premiums take effect