

# Montana Medicaid Expansion Waiver

## Overview

The Montana Health and Economic Livelihood Partnership (HELP) Program was approved by the Centers for Medicare & Medicaid Services (CMS) on November 2, 2015, with coverage beginning on January 1, 2016.<sup>1</sup> The Section 1115 demonstration expansion of Medicaid to the new adult group uses a defined provider network managed by a third-party administrator.<sup>2</sup>

## Populations Covered

The demonstration covers adults age 19–64 whose incomes are at or below 138 percent of the federal poverty level (FPL), and above the state's Medicaid eligibility limit prior to enactment of the Patient Protection and Affordable Care Act (P.L. 111-148, as amended).<sup>3,4</sup> The demonstration exempts individuals who are medically frail or have exceptional health care needs, who are living in areas without a sufficient number of providers serving the Medicaid population, or who require continuity of coverage that is not available through the third-party administrator. Additionally, individuals with incomes at or below 50 percent FPL are excluded from the demonstration and exempted from premium and cost sharing requirements. These individuals instead are served through Montana's traditional Medicaid program. The state is implementing 12-month continuous eligibility for all individuals in the new group, including those exempted from the other provisions of the demonstration.

## Benefits

Beneficiaries enrolled in the demonstration have access to an alternative benefit plan (ABP).

## Premiums and Cost Sharing

Beneficiaries with incomes between 50 and 138 percent FPL are required to pay monthly premiums equal to 2 percent of household income. These premium payments are credited toward the enrollee's first 2 percent of copayments, meaning that they will not pay at the point of service until charges exceed 2 percent of income. Copayments do not apply to preventive health care services, immunizations, or medically necessary health screenings. Out-of-pocket spending, including premiums and copayments, must not exceed 5 percent of household income.

Individuals with incomes above 100 percent FPL who fail to pay premiums are disenrolled from coverage after a 90-day grace period, although individuals who meet good cause exemptions will not be disenrolled. They may re-enroll once they pay overdue premiums or their premium debt is assessed against their state taxes, which will

occur at least quarterly. Individuals with incomes at or below 100 percent FPL who fail to pay premiums cannot be disenrolled.

## Premium Assistance

Montana does not use premium assistance in its Medicaid expansion program.

## Delivery System

The state contracts with a third-party administrator who administers the delivery of and fee-for-service payment for health care services for most adults in the new group with incomes between 50 and 138 percent FPL. Under the state's Section 1915(b)(4) waiver agreement, the third-party administrator is described as an existing commercial insurance company with established, statewide provider networks. The state awarded the third-party administrator contract to Blue Cross and Blue Shield of Montana. Exempt individuals are served through the state's traditional Medicaid program.

For a summary of the section 1115 waivers used to expand Medicaid to the new adult group please see [Expanding Medicaid to the New Adult Group through Section 1115 Waivers](#).

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### Endnotes

<sup>1</sup> Montana enacted Medicaid expansion by section 1115 demonstration authority with CMS approval. CMS approved the demonstration through December 31, 2020, pending reauthorization of the HELP Program beyond June 30, 2019 by the state legislature.

<sup>2</sup> The state secured a Section 1915(b)(4) waiver for the defined provider network.

<sup>3</sup> Prior to the enactment of this demonstration, Montana did not offer Medicaid eligibility to any non-aged, non-disabled adults who did not have dependent children. Parents of dependent children with incomes at or below 47 percent FPL and pregnant women with incomes at or below 157 percent FPL were eligible for Medicaid.

<sup>4</sup> In 2015, 138 percent FPL for a single individual was \$16,243 annually. For a family of four, 138 percent FPL was \$33,465 annually.

### References

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015. Section 1115 of the Social Security Act Medicaid demonstration: Montana Health and Economic Livelihood Partnership (HELP) program. November 2, 2015. Baltimore, MD: CMS. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf>.



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Montana Department of Public Health and Human Services (DPHHS). 2015. Public Notice of the Health and Economic Livelihood Partnership Program (HELP Program) and a public meeting to be held for comments on the APBs. November 12, 2015. <https://dphhs.mt.gov/Portals/85/Documents/ExpansionBenefitsPublicNotice.pdf>.

