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Federal Public Health Emergency Medicaid Unwind
Data Report and Overview of Montana's Process

Background

The federal Public Health Emergency (PHE) was a significant event during which most rules governing ongoing Medicaid eligibility were suspended. As a condition for receiving enhanced federal financial participation in the program, from March 2020 through the end of the PHE, individuals who were determined to be eligible for Medicaid were given a continuous enrollment condition. This means that individuals who were already enrolled in March 2020 and those who applied later and were found eligible were not disenrolled from Medicaid during the PHE with very few exceptions. Accordingly, the Department of Public Health and Human Services (DPHHS) suspended the required practice of sending redetermination packets to clients to collect and verify eligibility annually. Clients were still required to report changes; however, no negative action was allowed if changes were not reported. During the PHE, it was understood that this suspension of the ordinary redetermination process would end when the PHE was declared to have ended or when states were given directives from the Centers for Medicare & Medicaid Services (CMS) to begin redetermining the eligibility status of all Medicaid recipients. This review process is commonly referred to as the "PHE unwinding period" or "redeterminations".

For the State of Montana, this unwinding process equated to reviewing over 300,000 individuals to redetermine eligibility status using updated client information. DPHHS submitted an unwinding plan to CMS which was reviewed and approved by the Biden Administration prior to DPHHS beginning the process. Despite CMS requiring many states to pause their unwinding activities due to concerns with approach and redetermination processing accuracy, Montana was not required to adjust or stop the redetermination process at any point during the unwinding period. DPHHS elected to begin the unwinding activities in April 2023 and chose a population-based approach to redeterminations. This means that DPHHS prioritized cases that were most likely to be ineligible and cases that were part of the Medicaid Expansion population earlier in the process. The case distribution did not consider demographic information such as age, county, tribal affiliation, or sex. DPHHS chose a 10-month distribution plan as permitted and acknowledged by CMS; progress through this process was continuously tracked on a public facing redetermination dashboard.

Communication

Prior to the beginning of the redetermination process, DPHHS's Human and Community Services Division (HCSD) conducted outreach to current clients about the impact of redeterminations, urging them to update their contact information and to prepare for redetermination steps. Additionally, webinars for community partners and health care providers were hosted beginning in November 2022. HCSD also invested in media and website updates with information for clients

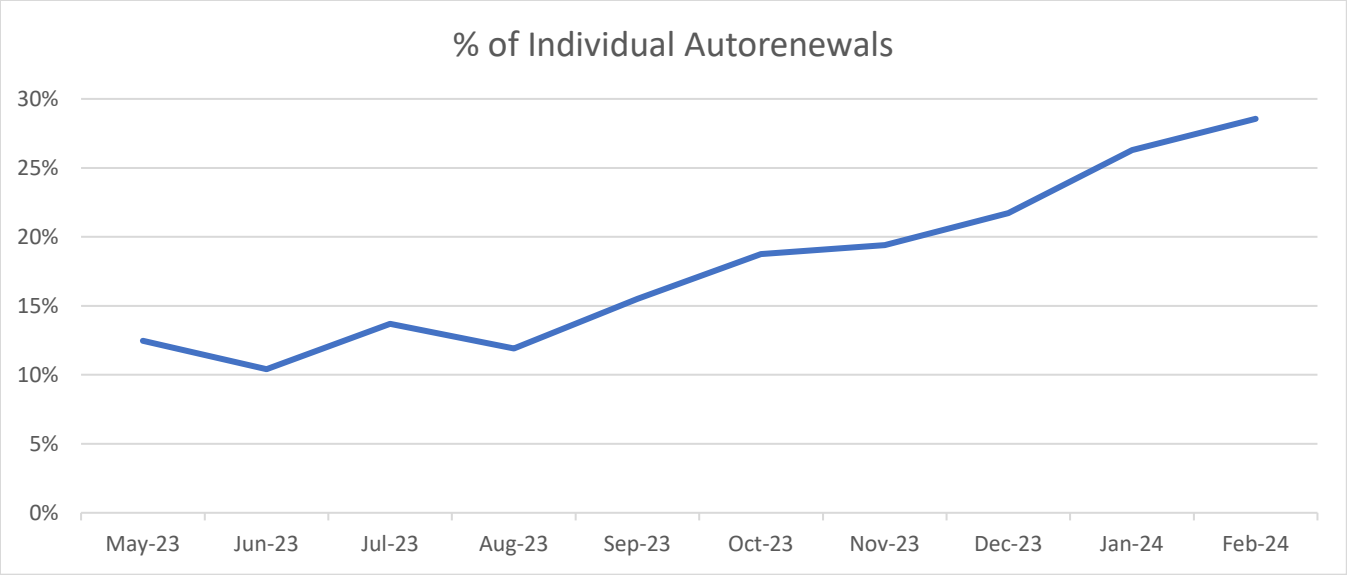
and stakeholders, including funding statewide public service announcements on the radio and on social media platforms. During the unwinding period, a variety of communications were sent to clients over a multi-month period via mail, email, and text message. HCSD provided information to Tribal stakeholders to aid in communication to affiliated members. Additionally, DPHHS worked closely with health care navigators in partner organizations to ensure that those who were disenrolled were sent communication and given resources on how to navigate alternative sources of health coverage.

Eligibility Data (as of June 27, 2024)

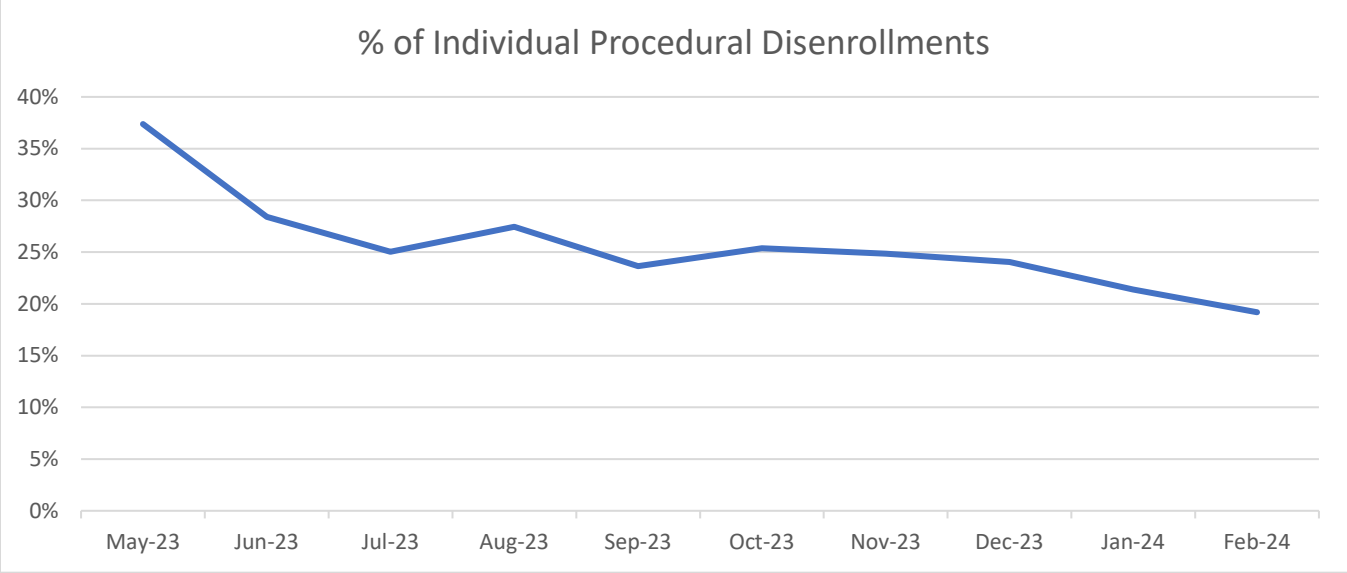
During the unwinding period, cases continued to follow PHE eligibility guidelines until the case was processed and a new determination of eligibility was made. For example, an individual who has had an increase in income that might make them ineligible for Medicaid coverage continued to receive coverage until a new determination was made. Once a determination has been made, cases begin following the normal program rules. Montana's eligibility determination processes work at the case level but eligibility for Medicaid is determined at the individual level. This means some members in a household may be disenrolled while others remain enrolled based on program rules. For example, parents may be disenrolled while children are still eligible for Healthy Montana Kids, which is Montana's Children's Health Insurance Program (CHIP).

Most clients are subject to a standard redetermination process. Client cases follow a 60-day determination cycle starting at the beginning of a month, with the due date the end of the following month. The month during which the case begins the process is referred to as the initiation month; the next month, when the packet is due, is the determination month. As a first step in the process, DPHHS attempts to redetermine the case through the autorenewal process. A series of electronic databases are checked to attempt to re-validate the information currently part of the client's case. If information can be re-validated, the individual is renewed for an additional year and the client receives a letter letting them know that the process is complete. If DPHHS is unable to validate all necessary information, the client is mailed a pre-populated redetermination packet that must be updated and returned to DPHHS. Clients have at least 30 days to return their paperwork for determination; if a client does not return information requested by DPHHS within the timeframe required (by the end of their determination month), their coverage will close through a process known as procedural disenrollment. A late redetermination packet will be accepted for up to three months after the coverage closes without requiring the client to complete a new application. In this circumstance, if the client is eventually determined eligible to receive coverage, their coverage can be retroactive for up to 90 days from the point the packet was received. If a client returns their redetermination packet timely, the case will remain open until eligibility is reassessed, regardless of the time it takes DPHHS to process the case.

The population-based approach that was used to distribute the cases throughout the processed prioritized cases most likely to be ineligible. Based on this distribution, it was expected that fewer individuals would be eligible for autorenewal during the first months of the process and more clients would be procedurally disenrolled during the first months. The graphs below show the anticipated movement towards more autorenewals and fewer procedural disenrollments as unwinding progressed.



Percent of Individual Autorenewals



Percent of Individual Disenrollments

Some types of coverage do not undergo the standard process and are redetermined through a separate ex parte process. Examples of individuals receiving these types of coverage include those who are Medicaid eligible due to their eligibility through eligibility for the federal Supplemental Security Income program (SSI), foster care status, transitional status, and individuals in special Medicaid programs like Pregnant Woman or Child Newborn. These cases are not tracked on the redetermination dashboard but are included in DPHHS's overall enrollment figures. The information presented below only applies to individuals redetermined through the standard redetermination process.

Medicaid eligibility is currently operating under "normal" program rules since the end of the unwinding period in March 2024. Normal operations include processing new applications, annual redeterminations, and reported changes for all cases.

Section A – Individual Eligibility Status

The current eligibility status of individuals is presented below in Table A1. For those individuals who underwent the redetermination process, 41% had coverage closed, 51% had coverage renewed, and 8% had a pending determination as of date of publication of this report. For pending determinations, DPHHS continues to engage with individuals and families to obtain the necessary information to make a final eligibility determination. Children are defined as ages birth through 18.

	Total Individuals	Children	Tribal Affiliation
Renewed	51%	56%	62%
	141,216	56,560	21,884
Disenrolled	41%	36%	35%
	115,302	36,175	12,465
Pending	8%	8%	3%
	23,662	7,921	1,042
	280,180	100,656	35,391

Table A1: Individual Eligibility Status

Adults comprised 64% of the total redetermination population; children comprised 36% of the total redetermination population. Among the individuals whose coverage closed, 69% were adults aged 19 and older, and 31% were children. Proportionally, there were fewer children disenrolled than adults. This is expected because income limits are higher for children coverage programs than adult programs.

	Total	Percent of Total
Children	100,656	36%
Adults	179,524	64%
Total	280,180	100%

Table A2: Total by Age Group

Table A3 illustrates eligibility status by age group and Table A4 illustrates the corresponding percent of the total redetermination population by age group.

	0 to 1	1 to 5	6 to 18	19 to 20	21 to 64	65 and Older	Total
Renewed	<1%	8%	32%	1%	53%	5%	100%
Disenrolled	<1%	6%	26%	5%	56%	7%	100%
Pending	<1%	6%	27%	2%	50%	15%	100%

Table A3: Eligibility Status by Age Group

	Total	Percent of Total
0 to 1	560	0.20%
1 to 5	18,909	7%
6 to 18	81,187	29%
19 to 20	8,840	3%
21 to 64	151,973	54%
65 and older	18,711	7%
	280,180	100%

Table A4: Age Group as a Percent of Total

Section B – Children Eligibility Status

Population is only those individuals 0 through 18 years of age.

Table B1 illustrates the percentage of individuals in each age group that were renewed, disenrolled, or are pending eligibility determination.

	Renewed	Disenrolled	Pending	Total
0 to 1	54%	33%	13%	100%
	303	185	72	560
1 to 5	59%	34%	7%	100%
	11,139	6,373	1,397	18,909
6 to 18	56%	36%	8%	100%
	45,118	29,617	6,452	81,187
Total	56,560	36,175	7,921	100,656

Table B1: Children Age Group and Eligibility Status

The table below illustrates children with a reported Tribal affiliation and their respective eligibility status.

	Renewed	Disenrolled	Pending	Total
Children with Tribal Affiliation	66%	32%	2%	100%
	8,521	4,109	273	12,903

Table B2: Eligibility Status of Children with a Reported Tribal Affiliation

Table B3 illustrates children receiving Healthy Montana Kids (HMK) coverage vs. other coverage within each eligibility status category.

	Renewed	Disenrolled	Pending	Total
HMK	8,755	9,046	2,416	20,217
Other	47,805	27,129	5,505	80,439

Table B3: Eligibility Status of Children by Coverage Type

The table below illustrates children eligibility status by sex. There are a total of 51,478 male children and 49,178 female children in Table B4.

	Renewed		Disenrolled		Pending	
	Male	Female	Male	Female	Male	Female
Total	28,821	27,739	18,515	17,660	4,142	3,779

Table B4: Eligibility Status and Sex of Children

Section C – Adult Eligibility Status
Population is only those individuals aged 19 and older.

Table C1 illustrates age groups within the over 19 category and respective eligibility status. As mentioned above, the pending individuals are being processed and DPHHS continues to engage with individuals and families to obtain the necessary information to make a final eligibility determination. Disenrollment for the 19 to 20 age group is expected to be a higher percentage than other age groups because income limits are lower for adult coverage than children coverage.

	Renewed	Disenrolled	Pending	Total
19 to 20	24%	71%	5%	100%
	2,118	6,240	482	8,840
21 to 64	49%	43%	8%	100%
	75,076	65,124	11,773	151,973
65 and older	40%	41%	19%	100%
	7,462	7,763	3,486	18,711
Total	84,656	79,127	15,741	179,524

Table C1: Adult Age Group and Eligibility Status

The table below illustrates adults with a reported Tribal affiliation and their respective eligibility status.

	Renewed	Disenrolled	Pending	Total
Adults with Tribal Affiliation	59%	37%	3%	100%
	13,363	8,356	769	22,488

Table C2: Eligibility Status of Adults with a Reported Tribal Affiliation

The table below illustrates adults on Traditional Medicaid vs. Medicaid Expansion coverage within each eligibility status category.

	Renewed	Disenrolled	Pending	Total
Traditional	48%	37%	15%	100%
Expansion	50%	44%	6%	100%

Table C3: Eligibility Status of Adults with Traditional and Expansion Coverage

Table C4 illustrates adult coverage by sex. There are a total of 80,699 men and 98,825 women.

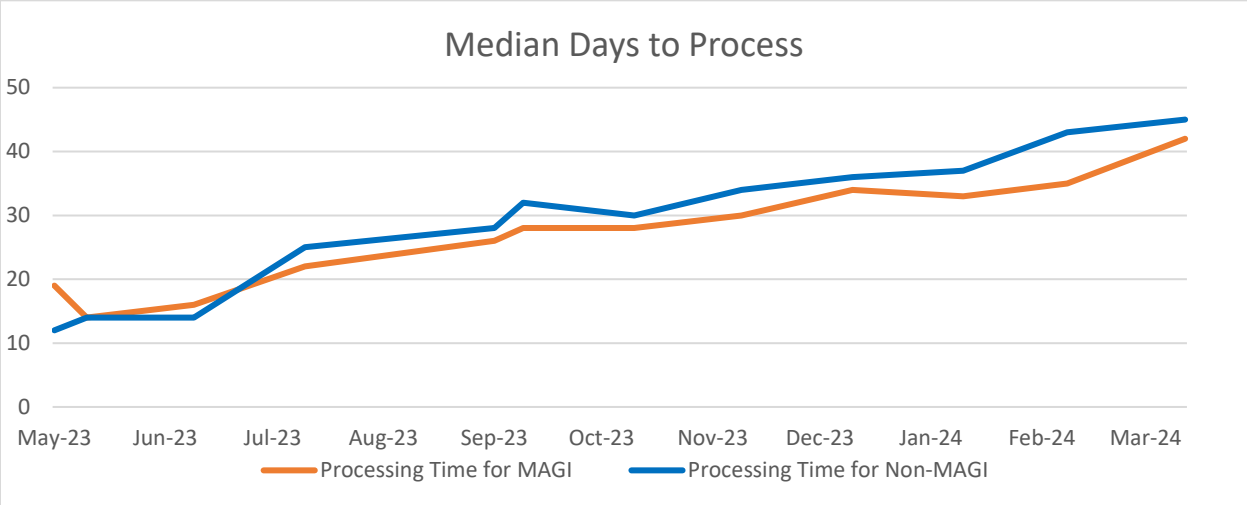
	Renewed		Disenrolled		Pending	
	Male	Female	Male	Female	Male	Female
Total	35,941	48,715	38,133	40,994	6,625	9,116

Table C4: Eligibility Status and Sex of Adults

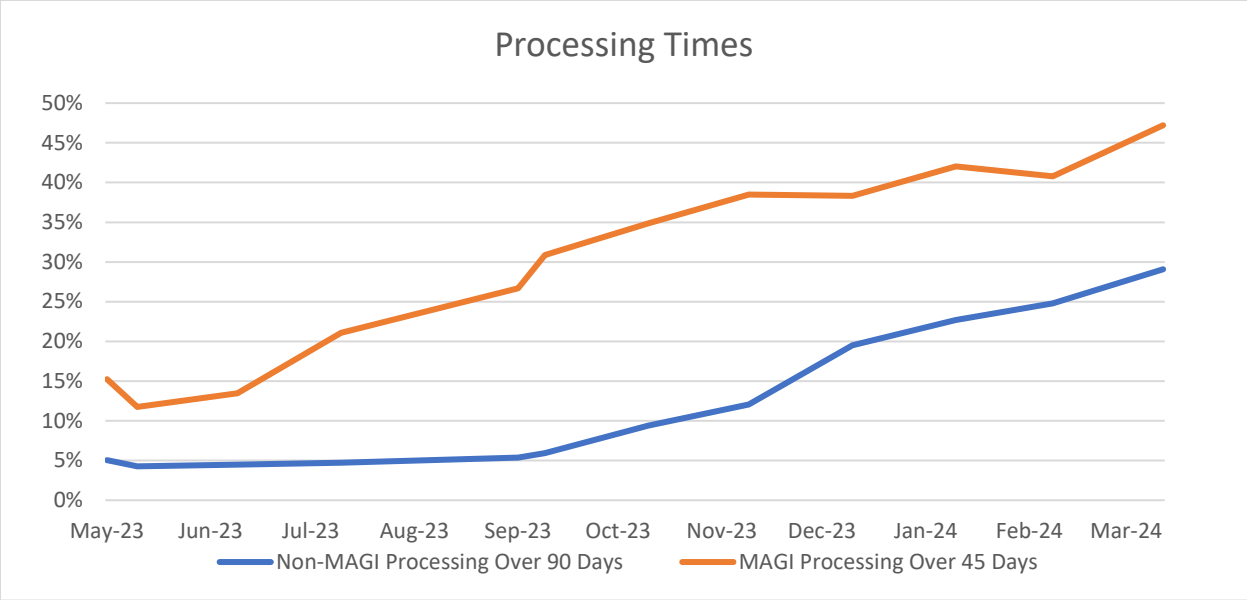
Section D: Operations Data

It is important to note that no federal processing time requirements for redeterminations or case changes existed during the unwinding period. A new federal rule, however, will require timeliness standards within the next three years. DPHHS has the goal of meeting non-redetermination/standard processing time requirements for applications when processing redeterminations. There are two categories for processing times. Processing guidelines for initial applications are 45 days for MAGI (based on Modified Adjusted Gross Income) cases and 90 days for non-MAGI cases. The processing guidelines can be extended to allow for additional time for clients to return verifications and information requested by DPHHS. The information below represents times for both applications and redeterminations combined by type.

Graph D1 illustrates the median days to process applications and redeterminations by type during the unwinding period. D2 illustrates the percent of applications and redeterminations that exceeded the processing guidelines for applications during the unwinding period.



Graph D1: Median Days to Process



Graph D2: Processing Times

Client Services

Clients can engage with Medicaid eligibility services through a variety of access points. HCSD staff process information received online through the Self-Service Portal at apply.mt.gov, in person at the 19 Offices of Public Assistance (OPAs) or four tribal Medicaid offices, and by phone through the Public Assistance Helpline (PAHL). These access points are staffed by Client Service Coordinators (CSC) who provide direct service to clients. DPHHS worked in anticipation of the unwinding period to recruit, train, and retain CSCs in all locations. Adjustments were made to CSC onboarding and training plans to introduce Medicaid earlier in the process and more rapidly deploy new employees to field work. These efforts continued throughout the unwinding period. The average vacancy rate for HCSD between March 2023 and February 2024 was under 5% compared to 10% in fall 2022.

In preparation for the unwinding period, DPHHS proactively worked to secure additional contracted support to augment the efforts of CSCs. Following a competitive procurement process, DPHHS contracted with Public Consulting Group (PCG) to provide limited case processing and customer support services on a temporary basis. PCG provided these services from the beginning of the unwinding period through March 2024 in different capacities as the needs of the Department and clients evolved.

DPHHS's Public Assistance Helpline (PAHL) serves a variety of public assistance programs including Medicaid, SNAP, and TANF. It must meet the standards and needs of all programs in both design and service. PAHL wait times varied greatly during the unwinding period and highlighted longstanding challenges with the system that predated the Gianforte Administration. Several improvements to the PAHL were implemented at different times to alleviate wait times and ensure program rules were met for all programs.

Some program-specific differences that impacted the changes that could be made to the PAHL include:

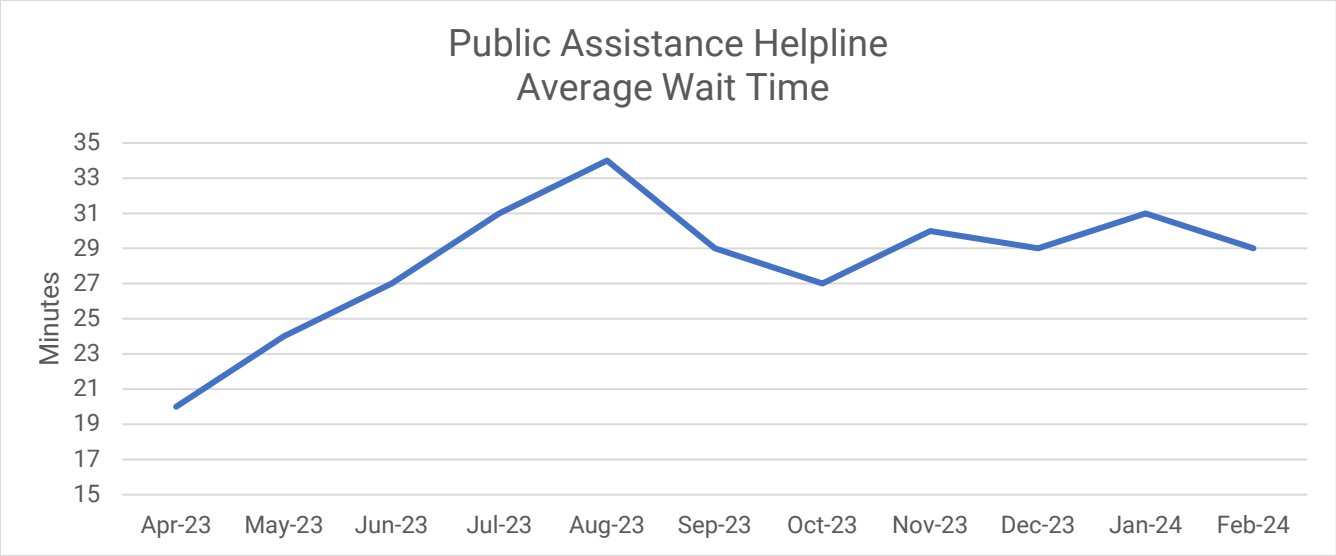
- SNAP and TANF programs require an interview as a condition of eligibility.
- Medicaid programs do not require an interview as a condition of eligibility.
- Only state employees can provide information to a client about a SNAP case on the PAHL.
- Certain Medicaid and associated cases were only handled by specialized offices. Examples include Medically Needy programs, individuals exiting Department of Corrections custody, and individuals entering a state hospital.

DPHHS leadership directed continuous changes to the PAHL during the unwinding period to meet the changing demands of clients. As a first step, the phone system was updated to distinguish between clients calling for Medicaid and clients calling for other programs. The IVR (i.e., interactive voice response or 'phone menu') and internal PAHL functions were modified so that only SNAP/TANF callers were offered a scheduled interview callback option due to the program requirements for interviews.

For clients calling regarding Medicaid-only cases and not in need of a conversation with a fully trained state eligibility worker, a team of PCG contracted resources were deployed to provide quick answers to redetermination-related questions, instructions, and basic case information. This queue was referred to as Tier 1 and operated between late Summer 2023 through March 2024. The average wait time for Tier 1 was approximately five minutes during this period and many clients had their issues resolved at this step. Any client who wanted to talk to a fully trained state eligibility worker could re-enter the standard call queue to receive a higher level of resolution or have their case processed on the line.

Additionally, DPHHS suspended the option for certain OPA employees to work from home part time as a permanent schedule to meet shifting client demands for in-office and phone support. This operational decision allowed HCSD officials to respond to surges in phone calls or lobby traffic across the state by reallocating resources throughout the day.

The average PAHL wait time hovered around 30 minutes throughout the duration of the unwinding period. These wait times, while exceeding the preferences of DPHHS leadership, were in line with historical call wait times for all programs despite significantly increased call volumes. The peak for average wait times on the PAHL during the unwinding period occurred in August 2023 at 34 minutes, with the lowest average wait times occurring in April 2023 at 20 minutes.



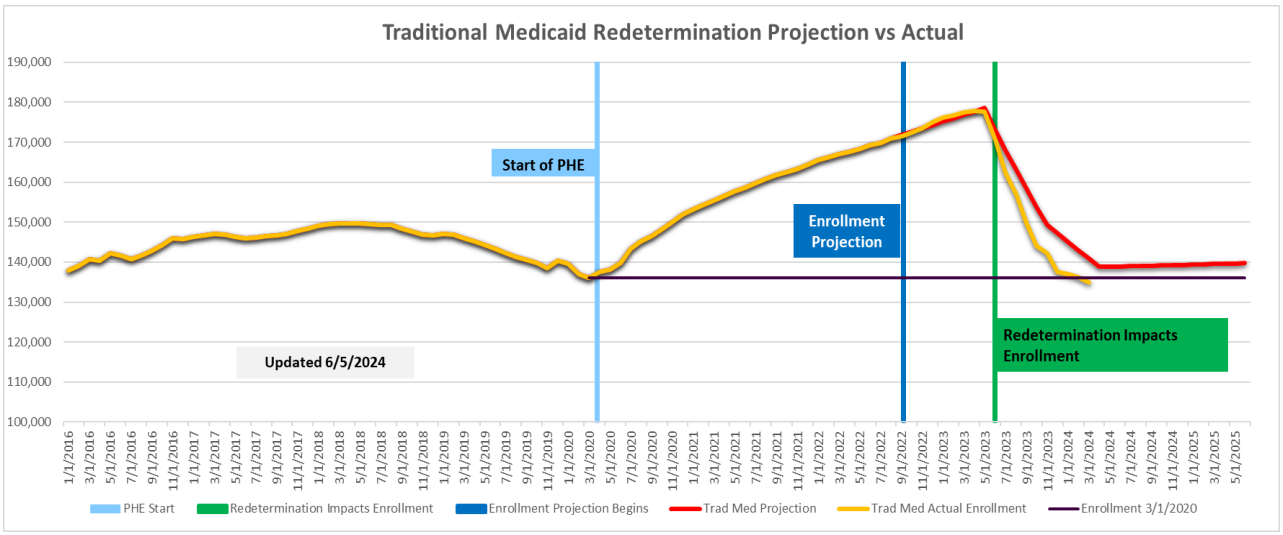
Graph D3: Public Assistance Helpline Average Wait Time

Redetermination Forecasting

When building the Medicaid budget for the 2025 biennium the Department assumed 70% of ineligible members would be disenrolled in the first six months of the redetermination process (by December 2023), with the remaining ineligible members disenrolled within 12 months (by June 2024). This projection was developed midway through 2022 to incorporate into the Governor's proposed budget in November 2022. At the time the forecast was created, the end date of the PHE was still unknown, and the Department's unwind plan was incomplete and not yet accepted by CMS. Actual enrollment declined quicker than projected, but overall current enrollment is close to where the Department projected it would be at the end of the unwinding process.

Traditional Medicaid Population

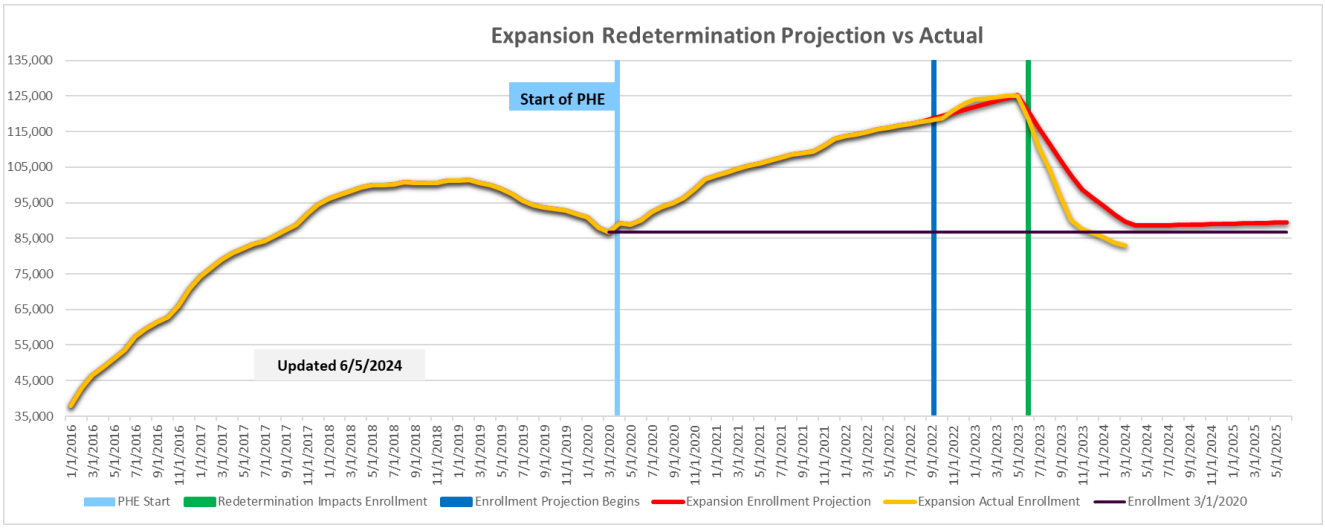
- Traditional Medicaid enrollment was declining prior to the PHE and was at 136,017 in March 2020.
- Enrollment as of March 2024 was 134,899. This compares to DPHHS's projection that enrollment would be 138,814 at the end of the redetermination process. This equates to a difference of 3,915 (2.8%) and does not consider potential "bounce back" applications from those who lost coverage, reapplied, and were determined to be eligible for coverage (regardless of whether they were in fact ineligible for coverage at time of closure).
- Current enrollment is 1,118 (0.8%) less than at the beginning of the PHE.



Graph D2: Traditional Medicaid Projection vs. Actual

Medicaid Expansion Population

- Medicaid Expansion enrollment was declining prior to the PHE and was at 86,788 in March 2020.
- Enrollment as of March 2024 was 82,940. This compares to DPHHS's projection that enrollment would be 88,572 at the end of the redetermination process. This equates to a difference of 5,632 (6.3%) and does not consider potential "bounce back" applications from those who lost coverage, reapplied, and were later determined to be eligible for coverage (regardless of whether they were in fact ineligible for coverage at time of closure).
- Current enrollment is 3,848 (4.4%) less than at the beginning of the PHE.



Graph D3: Expansion Projection vs. Actual

Current and Future State

Montana is no longer in an unwinding period and has returned to normal eligibility operations.

- Clients will continue to have an annual redetermination (federally required).

- Clients are required to report changes in circumstances to DPHHS between redeterminations. Some reportable changes would include changes in income, household size, or resources.

- HCSD will continue to use autorenewal and electronic interfaces to the extent possible to simplify application and eligibility determination processes for clients.

As part of its commitment to continuous improvement and providing a positive client experience, DPHHS has gathered staff from multiple areas of the agency, including those belonging to its eligibility, budget, operations, and policy teams, to identify and review lessons learned from the unwinding process and consider necessary improvements to Montana's public assistance system. A client-centered holistic approach that considers the integrated eligibility of multiple programs is being used. Examples include:

- Client Experience: staffing and wait times on the PAHL, availability and need for staff in the office and/or in alternate locations, and business models for non-interview programs.

- Client Communication: timing and modality of reminder notices, involvement of authorized representatives, verification checklists, Self Service Portal ease of use.

- Business Operations: autorenewal and interfaces, system processing of verifications and tasks, more frequent reports provided to local office leadership, and training/capacity gaps (such as for Medically Needy and Waiver cases).

Appendix

Data Notes

- Data illustrated in this report is point-in-time; case and/or individual status can change daily.
- Data in this report is as of June 27, 2024.
- Montana's unwinding process initiated cases monthly for the period of April 2023 through January 2024.
- Data will shift further as pending determinations are finalized.
- Age is reported as of the redetermination due date.
- Due to the 90-day reconsideration period, individual specific data should not be considered final until 90 days post-termination.
- Redetermination dates can shift from the initial/targeted redetermination date (i.e., a client can opt for a redetermination prior to their targeted redetermination date). This means that monthly eligibility status information may shift when point-in-time reports are created.
- Clients may use an application in lieu of a redetermination. This can impact reporting of the number of individuals assessed based on a redetermination packet received.
- Data is unduplicated. In some instances, clients may be on multiple types of coverage. Each client is only counted once for the purposes of this report. The status of the most recently changed coverage type is used.
- Tribal affiliation is self-reported and not mandatory. It is not based on reported ethnicity.
- HMK is defined as Healthy Montana Kids and includes the following programs: HMK and HMK Presumptive. It does not include HMK + or HMK+ expansion.
- Adults who were covered by a children program at the time of redetermination are not included in Table C3: Eligibility Status of Adults with Traditional and Expansion Coverage
- Traditional Medicaid coverage is defined by non-Affordable Care Act (ACA) Adult coverage.
- Expansion is defined as all ACA Adult coverage.

Waivers / Flexibilities

CMS allowed for many strategies to help states improve autorenewals and decrease the number of procedural disenrollments. Some of these flexibilities required waivers and others were state options that did not require explicit permission through a waiver. It is important to note that some of the strategies made available to states by CMS were not applicable to Montana due to its fee-for-service (non-managed care) Medicaid program. Others did not align operationally with Montana's well-established eligibility processes and systems. Of the 17 applicable strategies, Montana opted to leverage 10 during the unwinding period.

The following waivers were requested by Montana and approved by CMS:

- Renew Medicaid Eligibility for Individuals with No Income and No Data Returned on an Ex Parte Basis ($0 Income Strategy).
- Renew Medicaid Eligibility for Individuals with Income at or below 100% of Federal Poverty Level (FPL) and No Data Returned (100% Income Strategy).
- Suspend the Requirement to Apply for Other Benefits Under 42 C.F.R. 435.608 (Applying for Other Benefits Strategy).

The following state option flexibilities were used by DPHHS and did not require a waiver from CMS:

- Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) program, or other means-tested benefits programs.
- Renew Medicaid for individuals for whom information from the Asset Verification System (AVS) is not returned or is not returned within a reasonable timeframe (AVS strategy).
- Renew eligibility if able to do so based on available information, and establish a new eligibility period whenever contact is made with hard-to-reach populations.
- Permit the designation of an authorized representative for the purposes of signing an application or redetermination form via the telephone without a signed designation from the applicant or beneficiary.
- Inform all beneficiaries of their scheduled redetermination date during unwinding.
- Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of Presumptive Eligibility on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days.
- Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period.

County Breakdown by Eligibility Status

The following table illustrates a breakdown of individuals by county and their respective eligibility status.

	Renewed	Disenrolled	Pending
Beaverhead - 01	47%	44%	9%
Big Horn - 02	59%	37%	4%
Blaine - 03	58%	37%	5%
Broadwater - 04	51%	41%	8%
Carbon - 05	43%	47%	10%
Carter - 06	37%	55%	8%
Cascade - 07	58%	35%	7%
Chouteau - 08	54%	36%	10%
Custer - 09	53%	37%	9%
Daniels - 10	46%	36%	18%
Dawson - 11	52%	40%	8%
Deer Lodge - 12	55%	37%	8%
Fallon - 13	47%	40%	13%
Fergus - 14	51%	38%	11%
Flathead - 15	44%	44%	12%
Gallatin - 16	39%	53%	8%
Garfield - 17	51%	42%	7%
Glacier - 18	59%	37%	4%
Golden Valley - 19	58%	33%	9%
Granite - 20	49%	41%	10%
Hill - 21	64%	35%	1%
Jefferson - 22	52%	39%	8%
Judith Basin - 23	51%	38%	11%
Lake - 24	54%	38%	8%
Lewis and Clark - 25	52%	40%	7%
Liberty - 26	67%	22%	11%
Lincoln - 27	50%	38%	11%
Madison - 28	50%	39%	11%
McCone - 29	43%	36%	21%
Meagher - 30	61%	32%	7%
Mineral - 31	49%	41%	10%
Missoula - 32	47%	43%	11%
Musselshell - 33	53%	38%	9%

	Renewed	Disenrolled	Pending
Park - 34	43%	47%	9%
Petroleum - 35	40%	43%	17%
Phillips - 36	55%	35%	11%
Pondera - 37	66%	27%	7%
Powder River - 38	49%	42%	9%
Powell - 39	58%	36%	6%
Prairie - 40	54%	33%	13%
Ravalli - 41	47%	40%	13%
Richland - 42	47%	46%	7%
Roosevelt - 43	62%	34%	4%
Rosebud - 44	58%	37%	5%
Sanders - 45	48%	41%	11%
Sheridan - 46	47%	44%	9%
Silver Bow - 47	55%	38%	7%
Stillwater - 48	42%	48%	9%
Sweet Grass - 49	39%	48%	13%
Teton - 50	63%	28%	9%
Toole - 51	65%	27%	7%
Treasure - 52	55%	33%	12%
Valley - 53	55%	35%	10%
Wheatland - 54	65%	29%	6%
Wibaux - 55	40%	49%	11%
Yellowstone - 56	50%	43%	7%