Medicaid Expansion Quarterly Report

Quarter Ending March 31, 2026

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
January 2026	75,403
February 2026	74,644
March 2026	73,895

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
January 2026	13,029	39,300	36,103
February 2026	12,968	38,905	35,739
March 2026	12,981	38,553	35,342

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 January 2026 but does not show as enrolled in February 2026 at the time of the 90-day enrollment report run on May 1, 2026, is considered disenrolled in February 2026. 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
January 2026	355	97	2,335	2,787
February 2026	325	72	2,142	2,539
March 2026	258	132	2,207	2,597

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 (DOR) administers the taxpayer and entity integrity fees; the Department of Public Health and Human Services (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	$73,663
Entity Integrity Fee	$24,437
Total	**$98,100**

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	$27,832,741
Health Corporation Fee	$0
Taxpayer Integrity Fee	$73,663
Entity Integrity Fee	$24,437
Total	**$27,930,841**

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 twelve 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
January 2026	52,519
February 2026	52,211
March 2026	52,254

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 is implementing community engagement requirements effective July 1, 2026.

From July through September 2026, DPHHS will have a hold harmless period for community engagement requirements. During these months, applications will be reviewed for compliance with community engagement requirements, but applicants will not be denied coverage for noncompliance with the new requirements as long as they meet all other conditions of eligibility.

Starting in October 2026, the hold harmless period will end, and noncompliance with community engagement requirements will be enforced with denial and disenrollment.

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
January 2026	2,787
February 2026	2,539
March 2026	2,597

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

The chart below includes expenditures for expenditures in SFY2026 to date as reported in the Department's budget status report published March 2026.

SFY 2026 Medicaid Expansion Expenditures (March 2026 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	$ 4,480,666	$ 885,025	$ 48,397,711	$ 53,763,402
	HRD	11	$ 29,827,636	$ 2,436,699	$ 330,929,094	$ 363,193,429
	SLTC	22	$ 754,637		$ 7,299,077	$ 8,053,714
Benefits Total			**$ 35,062,939**	**$ 3,321,724**	**$ 386,625,882**	**$ 425,010,545**
Admin	HCSD	02	$197,914		$459,697	$657,611
	DO	04	$35,183		$37,674	$72,857
	BFSD	06	$28,235		$28,342	$56,577
	TSD	09	$1,082,547		$2,965,003	$4,047,550
	HRD	11	$289,015	$359,820	$891,135	$1,539,970
	MHS	12	$155,830		$467,490	$623,320
Admin Total			**$1,788,724**	**$359,820**	**$4,849,341**	**$6,997,885**
Grand Total			**$ 36,851,663**	**$ 3,681,544**	**$ 391,475,223**	**$ 432,008,430**

Administrative expenditures include the following functions:

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