

Medicaid Expansion Quarterly Report

Quarter Ending June 30, 2025



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
April 2025	76,255
May 2025	76,547
June 2025	76,761

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
April 2025	13,064	40,031	36,224
May 2025	13,152	40,201	36,346
June 2025	13,225	40,283	36,478

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 April 2025 but does not show as enrolled in May 2025 at the time of the 90-day enrollment report run on August 1, 2025, is considered disenrolled in May 2025. 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
April 2025	202	123	1,490	1,815
May 2025	177	163	1,281	1,621
June 2025	193	194	1,227	1,614

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 administers the taxpayer and entity integrity fees. The Department of Revenue administers these fees; 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	\$-1,129
Entity Integrity Fee	\$1,711,849
Total	\$1,710,720

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	\$11,037,313
Health Corporation Fee	\$325
Taxpayer Integrity Fee	\$-1,129
Entity Integrity Fee	\$1,711,849
Total	\$12,748,358

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
April 2025	53,165
May 2025	52,730
June 2025	52,639

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's previous waiver request to implement community engagement activities was not approved. Accordingly, during the reporting period, no participants were suspended for non-participation in community engagement activities, and none were disenrolled for failure to report a change in circumstances under this provision. Montana submitted a new waiver request to implement community engagement requirements to CMS on September 2, 2025.

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
April 2025	1,815
May 2025	1,621
June 2025	1,614

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

Because the reporting period coincides with the end of state fiscal year 2024, the chart below includes expenditures for the entire year, not just the quarter ending June 30, 2025.

Administrative expenditures include the following functions:

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

SFY 2025 Medicaid Expansion Expenditures (June 2025 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	\$ 7,050,429	\$ 1,425,347	\$ 76,281,988	\$ 84,757,764
	HRD	11	\$ 22,483,292	\$ 54,780,607	\$ 763,789,937	\$ 841,053,836
	SLTC	22	\$ 1,145,014		\$ 12,099,972	\$ 13,244,986
Benefits Total			\$ 30,678,735	\$ 56,205,954	\$ 852,171,897	\$ 939,056,586
Admin	HCSD	02	\$869,750		\$2,385,961	\$3,255,711
	DO	04	\$59,838		\$63,998	\$123,836
	BFS	06	\$118,548		\$118,899	\$237,447
	TSD	09	\$1,925,591		\$4,921,174	\$6,846,765
	HRD	11	\$492,743	\$592,392	\$1,555,461	\$2,640,596
	MHS	12	\$230,337		\$691,009	\$921,346
Admin Total			\$3,696,807	\$592,392	\$9,736,502	\$14,025,701
Grand Total			\$ 34,375,542	\$ 56,798,346	\$ 861,908,399	\$ 953,082,287