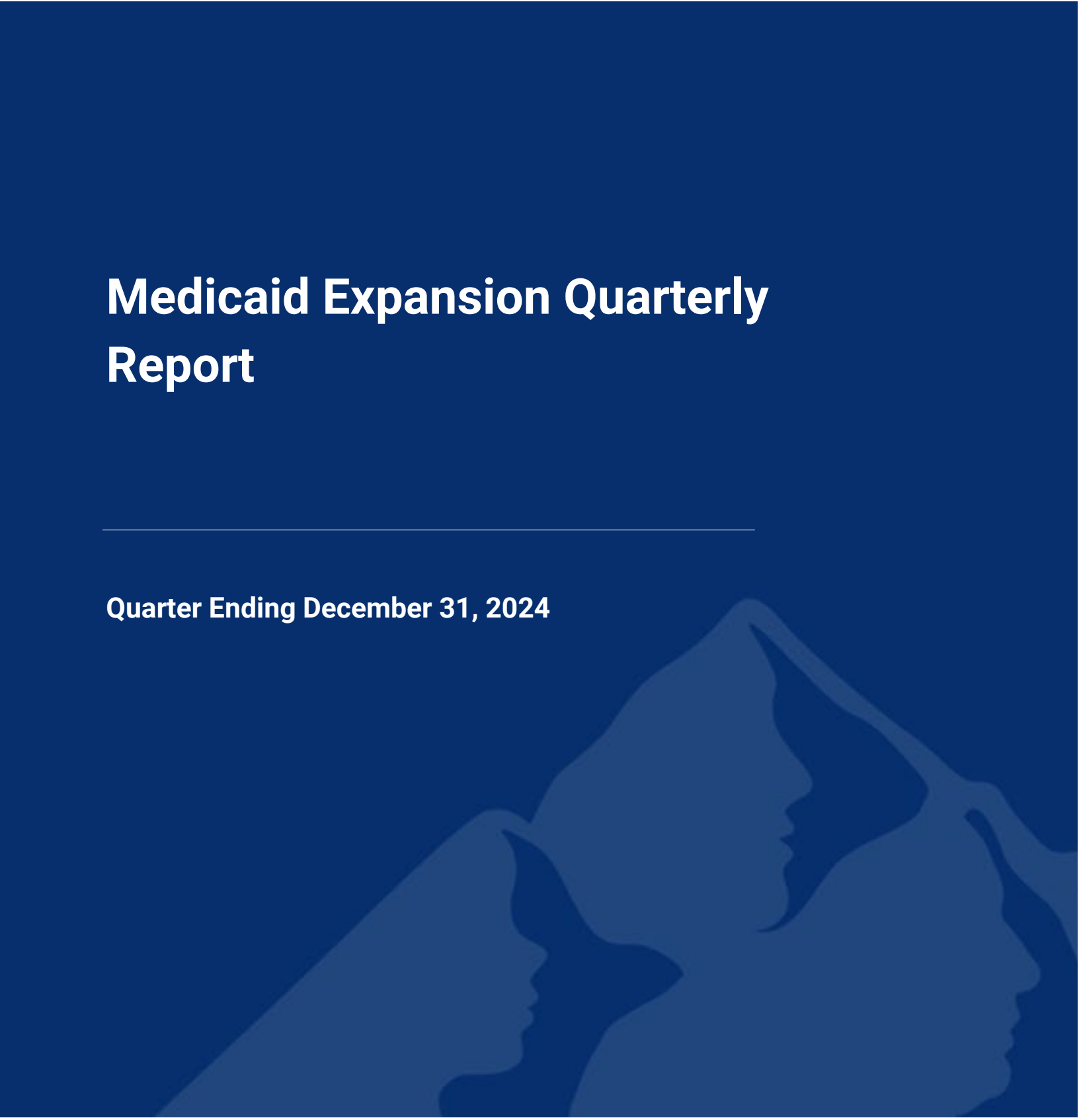
Medicaid Expansion Quarterly Report

Quarter Ending December 31, 2024



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
October 2024	76,619
November 2024	76,188
December 2024	75,667

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
October 2024	13,128	40,196	36,423
November 2024	12,980	40,022	36,166
December 2024	12,867	39,765	35,902

53-6-1325 (3): AVERAGE LENGTH OF TIME THAT PARTICIPANTS REMAINED ELIGIBLE FOR MEDICAL ASSISTANCE

The table shows enrollment duration among participants who disenrolled during the reporting period. “Disenrollment month” reflects the status at the time of the 90-day enrollment report run (February 1, 2025). For example, a person enrolled in October 2024 but who does not show as enrolled in November 2024 at the time of the 90-day enrollment report run on February 1, 2025, is considered disenrolled in November 2024. Enrollment is based on continuous months enrolled in Medicaid expansion prior to disenrollment.

Month	0-3 Months	4-6 Months	≥6 months	Total Disenrollments
October 2024	255	125	2,422	2,802
November 2024	228	115	3,224	3,567
December 2024	241	120	3,473	3,835

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	$24,736
Entity Integrity Fee	$46,607
Total	**$71,343**

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	$0
Health Corporation Fee	$0
Taxpayer Integrity Fee	$24,736
Entity Integrity Fee	$46,607
Total	**$71,343**

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. Additional measures are available on the Medicaid Health Metrics Dashboard.

Month	Participants
October 2024	58,694
November 2024	57,695
December 2024	56,889

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 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.

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
October 2024	2,802
November 2024	3,567
December 2024	3,835

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

The table below presents SFY2025 year-to-date Medicaid expansion expenditures from the Department's December 2024 Budget Status Report.

SFY 2025 Medicaid Expansion Expenditures (December 2024 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	$ 2,833,181	$ 457,682	$ 30,311,962	$ 33,602,825
	HRD	11	$ 13,609,955	$ 7,132,216	$ 213,293,115	$ 234,035,286
	SLTC	22	$ 440,591		$ 5,013,700	$ 5,454,291
Benefits Total			**$ 16,883,727**	**$ 7,589,898**	**$ 248,618,777**	**$ 273,092,402**
Admin	HCSD	02	$216,787		$506,481	$723,268
	DO	04				$0
	BFSD	06	$30,601		$30,671	$61,272
	TSD	09	$647,522		$1,655,552	$2,303,074
	HRD	11	$112,314	$100,773	$326,442	$539,529
	MHS	12	$75,168		$225,504	$300,672
Admin Total			**$1,082,392**	**$100,773**	**$2,744,650**	**$3,927,815**
Grand Total			**$ 17,966,119**	**$ 7,690,671**	**$ 251,363,427**	**$ 277,020,217**

Administrative expenditures include the following functions:

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